AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2028
September 2026 Meeting

TABLE OF CONTENTS

Introductory Materials **TAB**

Table of Contents 01

RUC Recommendations Cover Letter 02

Resource Materials 03

Relative Value Recommendations for CPT 2028 **TAB**

Injection Bone Substitute-Subchondral Defect (2XXX1, 2XXX2) 04

Bronchoscopy with Navigational Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654) 05

Peri-Prostatic Implantation-Biodegradable Material (55874, 55876, 55XX0) 06

Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data (93XXX) 07

Recommendations for CMS Request/Relativity Assessment Identified Codes **TAB**

Maxillofacial Prosthetic Services (21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088) 08

Exclusion of Left Atrial Appendage (33267, 33268, 33269) 09

Per-Oral Endoscopic Myotomy (43497) 10

Vertical Electrodes (PE Only) (92547) 11

Other Related Recommendations **TAB**

Other RAW Related Recommendations 12

Other PE Related Recommendations 13

HCPAC Review Board Recommendations 14

AMA
AMERICAN MEDICAL ASSOCIATION

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

October 8, 2026

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

Subject: RUC Recommendations

Dear Administrator Oz,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2028* and to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the September 24-26, 2026, RUC meeting.

CPT 2028 New and Revised Codes – October 2026 RUC Submission

The enclosed submission contains RUC recommendations, including those for new and revised CPT codes. **The RUC submits work value and/or practice expense inputs for 13 new/revised/related family CPT codes from the September 2026 meeting, three of which are referrals to CPT Editorial Panel.**

Existing Services Identified by RUC and CMS for Review

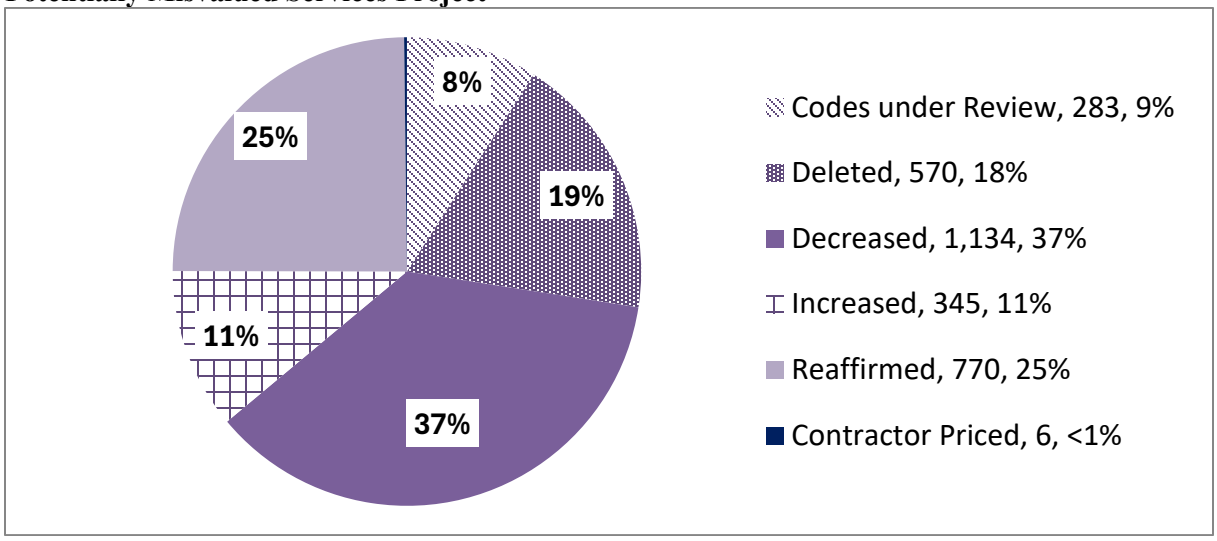
In addition to the new/revised CPT code submission, the RUC submits work value/or practice expense input recommendations for 17 services identified by the RUC or CMS as potentially misvalued and reviewed at the September 2026 RUC meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 3,108 potentially misvalued services through objective screening criteria and has completed review of 2,825 of these services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC has recommended that 60% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS in a concerted effort to address potentially misvalued services.

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

Potentially Misvalued Services Project



Source: American Medical Association

Other RAW Related Recommendations

Open Neuroplasty -Arm or Leg and Internal Neurolysis (64708 and 64727)

In September 2026, the RAW reviewed action plans for CPT codes 64708 and 64727 under the high volume growth screen. **The RUC would like to notify CMS's program integrity office about possible misreporting of these services. Ophthalmologists should not be reporting CPT codes 64708 and 64727 and NCCI edits should be created to indicate that these services should not be reported with cataract surgery.** *Please see folder 12 Other RAW Related Recommendations.*

Practice Expense Subcommittee

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

High-Cost Disposable Supplies

At the September 2026 meeting, the RUC considered Tab 06 *Peri-prostatic Implantation Biodegradable Material* which includes the use of existing high-cost supply item SA126 *Biodegradable Material Kit – PeriProstatic* ($4036.22) for CPT codes 55874 and 55XX0. The RUC is disappointed that CMS did not include a proposal to address high-cost disposable supplies in the Proposed Rule for the CY 2027 Medicare Physician Payment Schedule (MFS) as the issue continues to grow in both magnitude and importance.

This year's Proposed Rule includes 96 medical supply items with a purchase price of more than $500 which are currently embedded in codes. Collectively, these high-cost medical supplies represent $1.77 billion in direct costs for the 2027 MFS and 23 percent of all direct practice expense medical supply costs in the non-facility setting. The continued embedding of high-cost disposable supplies within individual service-level PE inputs is increasingly difficult to reconcile with CMS's goals of accurate, transparent, and current resource-based payment. *Please see the analysis of high-cost supplies over $500 in folder 13 Other Practice Expense Related Recommendations.*

For two decades, the RUC has recommended that CMS separately identify and pay for high-cost disposable supplies using appropriate Healthcare Common Procedure Coding System (HCPCS) supply codes and, in February 2025, the CPT Editorial Panel and the RUC submitted a joint recommendation letter to CMS urging the Agency to address the escalating issue of high-cost disposable supplies within the MFS. The joint letter reinforced the long-standing RUC recommendation and strongly encouraged accurate pricing and review of the high-cost supply items. We await a response from CMS on this important issue.

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

The RUC also emphasizes the importance of accurate pricing of high-cost supplies. It is CMS' responsibility, as required by law, to ensure the accurate pricing of the high-cost supply items. Accurate pricing of the 96 high-cost supplies is critical and should be based on a transparent process. The RUC notes that invoices for high-cost supplies are required at the time of submission but should be reviewed annually to ensure accuracy.

The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process whereby items are reviewed and updated on an annual basis.

Practice Expense (PE) RVU Methodology and Professional Liability Insurance (PLI) RVUs – Expected Specialty Overrides for Low Volume Service Codes

The RUC appreciates the CMS policy of using expected specialty overrides for certain low volume services. The CMS list also includes a column specifying if a service that previously had an anticipated specialty override continues to meet the criteria for the override to be applied for 2028. *Please see the Proposed Additions to Specialty Assignment Overrides for Low Volume Services for CY2028 attachment to this letter.*

The RUC performed an analysis to identify all codes that meet the criteria to receive a specialty override under this CMS policy and drafted updated recommendations for 2028. The specialty assignments for these codes are intended to appropriately represent the professional liability risk that is inherent in the code itself and reflected in the professional liability risk of a single specialty. The purpose of assigning a

specialty to these codes is to avoid the major adverse impact on PLI and PE RVUs that result from errors in specialty utilization data magnified in representation by small sample size. Further, the impact of these errors on the performing specialties can be severe due to the true overall code utilization being related to non-Medicare beneficiaries (frequently children). In addition, the proposed specialty overrides are intended to appropriately represent the expected indirect practice expense for each service.

In previous years, CMS has applied the expected specialty override to services with fewer than 100 Medicare claims across a three-year average without adjusting the utilization to interpret any Current Procedural Terminology (CPT®) modifiers. The RUC agrees that the usage of a three-year average continues to be appropriate.

Attached is a list of 62 additional low volume codes with proposed expected specialty overrides. The RUC recommends that CMS append these additional codes, and the RUC recommended specialty overrides to the existing CMS list of anticipated specialty assignment for low volume services.

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

The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated into the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 (w/o efficiency adjustment) and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and aligns with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code (or 2.47 with the efficiency adjustment). Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

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

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2028.*

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

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

- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the September 2026 RUC meeting.

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

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

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

- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2028 conversion factor increase.

- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 952 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

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

Sincerely,

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

Enclosures

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

RUC Proposed Additions to Specialty Assignment Overrides for Low Volume Services for 2028

CPT/ HCPCS	DESCRIPTION	Global	3-Year Average	RUC-Recommended Low Volume Specialty Overrides
11451	Exc skn hdrdnt ax complex	090	89	GENERAL SURGERY
19030	Njx px only mam ducto/glcto	000	73	DIAGNOSTIC RADIOLOGY
19297	Place breast cath for rad	ZZZ	81	GENERAL SURGERY
20661	Application halo cranial	090	97	NEUROSURGERY
21032	Remove exostosis maxilla	090	97	ORAL SURGERY
21400	Closed tx orbit w/o manipulj	090	97	PLASTIC AND RECONSTRUCTIVE SURGERY
26477	Tendon shortening	090	97	HAND SURGERY
27267	Cltx thigh fx	090	92	ORTHOPEDIC SURGERY
27826	Treat lower leg fracture	090	96	ORTHOPEDIC SURGERY
28046	Resect foot/toe tumor < 3 cm	090	94	PODIATRY
31290	Nasal/sinus endoscopy surg	010	94	OTOLARYNGOLOGY
31365	Removal of larynx	090	99	OTOLARYNGOLOGY
31513	Injection into vocal cord	000	91	OTOLARYNGOLOGY
31730	Intro windpipe wire/tube	000	96	GENERAL SURGERY
32440	Remove lung pneumonectomy	090	99	THORACIC SURGERY
32507	Wedge resect of lung diag	ZZZ	81	THORACIC SURGERY
33322	Repair major blood vessel(s)	090	97	THORACIC SURGERY
33542	Removal of heart lesion	090	99	THORACIC SURGERY
35341	Rechanneling of artery	090	100	VASCULAR SURGERY
36100	Establish access to artery	XXX	79	VASCULAR SURGERY
38765	Remove groin lymph nodes	090	95	GENERAL SURGERY
39000	Exploration of chest	090	97	THORACIC SURGERY
39541	Repair of diaphragm hernia	090	85	GENERAL SURGERY
42160	Treatment mouth roof lesion	010	97	OTOLARYNGOLOGY
42806	Biopsy of upper nose/throat	010	85	OTOLARYNGOLOGY
43213	Esophagoscopy retro balloon	000	94	GASTROENTEROLOGY
43415	Repair esophagus wound	090	94	THORACIC SURGERY
43848	Revj open gstr rstcv px	090	81	GENERAL SURGERY
44147	Partial removal of colon	090	85	GENERAL SURGERY
47539	Perq plmt bile duct stent	000	100	INTERVENTIONAL RADIOLOGY
48100	Biopsy of pancreas open	090	93	GENERAL SURGERY
49419	Insert tun ip cath w/port	090	81	GYNECOLOGICAL ONCOLOGY
50650	Removal of ureter	090	94	UROLOGY
52270	Cystoscopy & revise urethra	000	77	UROLOGY
52282	Cystoscopy implant stent	000	98	UROLOGY
58925	Removal of ovarian cyst(s)	090	95	OBSTETRICS/GYNECOLOGY
60254	Extensive thyroid surgery	090	98	OTOLARYNGOLOGY
61314	Crnec/crnot ittl xdrl/sdrl	090	96	NEUROSURGERY
63040	Laminotomy single cervical	090	93	NEUROSURGERY
64569	Revise/repl vagus n eltrd	090	95	NEUROSURGERY
66990	Ophthalmic endoscope add-on	ZZZ	100	OPHTHALMOLOGY
70170	X-ray exam of tear duct	XXX	42	DIAGNOSTIC RADIOLOGY
74363	X-ray bile duct dilation	XXX	43	INTERVENTIONAL RADIOLOGY
74470	X-ray exam of kidney lesion	XXX	16	DIAGNOSTIC RADIOLOGY
77053	X-ray of mammary duct	XXX	85	DIAGNOSTIC RADIOLOGY
77520	Proton trmt simple w/o comp	XXX	72	RADIATION ONCOLOGY
78258	Esophageal motility	XXX	87	DIAGNOSTIC RADIOLOGY
78414	Non-imaging heart function	XXX	98	CARDIOLOGY
78432	Myocrd img pet 2rtracer	XXX	78	CARDIOLOGY
78701	Kidney imaging with flow	XXX	90	DIAGNOSTIC RADIOLOGY
86153	Cell enumeration phys interp	XXX	86	PATHOLOGY
88372	Protein analysis w/probe	XXX	4	PATHOLOGY
93593	R hrt cath chd nml nt cnj	000	100	INTERVENTIONAL CARDIOLOGY
93594	R hrt cath chd abnl nt cnj	000	78	INTERVENTIONAL CARDIOLOGY
93595	L hrt cath chd nm/abn nt cnj	000	16	INTERVENTIONAL CARDIOLOGY

RUC Proposed Additions to Specialty Assignment Overrides for Low Volume Services for 2028

CPT/ HCPCS	DESCRIPTION	Global	3-Year Average	RUC-Recommended Low Volume Specialty Overrides
93598	Car outp meas drg cath chd	ZZZ	42	INTERVENTIONAL CARDIOLOGY
93618	Indctj arrhythmia elec pacg	000	87	CARDIAC ELECTROPHYSIOLOGY
95824	Eeg cerebral death only	XXX	59	NEUROLOGY
95965	Meg spontaneous	XXX	90	NEUROLOGY
G2007	Post-d/c h vst ext pt 30 m	XXX	38	INTERNAL MEDICINE
G2008	Post-d/c h vst ext pt 45 m	XXX	38	INTERNAL MEDICINE
G2009	Post-d/c h vst ext pt 60 m	XXX	82	INTERNAL MEDICINE

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2028

RESOURCE MATERIALS
TABLE OF CONTENTS

RUC Recommendations Status Report: New and Revised Codes 01

RUC Recommendations for Existing Codes.....02

RUC Relativity Assessment Workgroup Progress Report.....03

CMS Requests and Relativity Assessment Workgroup Status Data.....04

RUC Referrals to CPT Editorial Panel.....05

RUC Referrals to CPT Assistant 06

Physician Time File.....07

Pre-Service Time Packages Table 08

Post-Service Time Packages Table.....09

PLI Crosswalk Table.....10

BETOS Assignment Table 11

Utilization Data Crosswalk 12

New Technology/New Services List.....13

New Technology/New Services Timeline 14

Specialty Societies and Acronym List 15

RUC Recommendations on Modifications to Visits in Global Period 16

CPT 2028 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0202T	YYY	D	Sep 2026	13	Posterior Vertebral Column Arthroplasty		Jan 2027	06					☐		☐
0338T	YYY	D	Sep 2026	19	Renal Nerve Denervation		Jan 2027	10					☐		☐
0339T	YYY	D	Sep 2026	19	Renal Nerve Denervation		Jan 2027	10					☐		☐
0479T	YYY	D	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn		Jan 2027	05					☐		☐
0480T	YYY	D	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn		Jan 2027	05					☐		☐
0483T	YYY	D	Sep 2026	18	Transcatheter Mitral Valve Replacement (TMVR)		Jan 2027	07					☐		☐
0484T	YYY	R	Sep 2026	18	Transcatheter Mitral Valve Replacement (TMVR)		Jan 2027	07					☐		☐
0523T	YYY	D	May 2026	31	Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data		Sep 2026	07					☐		☐
0559T	YYY	R	Sep 2026	73	Anatomical Model 3D Printing		Cat III						☐		☐
0560T	YYY	R	Sep 2026	73	Anatomical Model 3D Printing		Cat III						☐		☐
0582T	YYY	R	Sep 2026	29	Water Vapor Thermotherapy Ablation-Prostate Tissue		Cat III						☐		☐
0620T	YYY	D	Sep 2026	20	Deep Venous Arterialization (DVA)		Jan 2027	11					☐		☐
0707T	YYY	R	May 2026	06	Injection Bone Substitute – Subchondral Defect		Sep 2026	04	AAOS				☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0816T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
0817T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
0818T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
0819T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
0897T	YYY	D	Sep 2026	46	Noninvasive Arrhythmia Augmentative Algorithmic Analysis		Jan 2027	17					☐		☐
0988T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
0989T	YYY	D	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services		Jan 2027	14					☐		☐
14000	090	R	Feb 2026	06	Adjacent Tissue Transfer	A1	Apr 2026	04	AADA, ACS, ASBrS, ASPS	6.40	6.40		☑		☐
14001	090	R	Feb 2026	06	Adjacent Tissue Transfer	A2	Apr 2026	04	AADA, ACS, ASBrS, ASPS	8.61	8.61		☑		☐
14020	090	R	Feb 2026	06	Adjacent Tissue Transfer	A3	Apr 2026	04	AADA, AAO-HNS, ASPS, ASSH	7.20	7.20		☑		☐
14021	090	R	Feb 2026	06	Adjacent Tissue Transfer	A4	Apr 2026	04	AADA, AAO-HNS, ASPS, ASSH	9.50	9.50		☑		☐
14040	090	R	Feb 2026	06	Adjacent Tissue Transfer	A5	Apr 2026	04	AADA, AAO-HNS, ASPS, ASSH	8.50	8.50		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
14041	090	R	Feb 2026	06	Adjacent Tissue Transfer	A6	Apr 2026	04	AADA, AAO-HNS, ASPS, ASSH	10.56	10.56	Yes	☑		☐
14060	090	R	Feb 2026	06	Adjacent Tissue Transfer	A7	Apr 2026	04	AADA, AAO-HNS, ASPS	9.14	9.14		☑		☐
14061	090	R	Feb 2026	06	Adjacent Tissue Transfer	A8	Apr 2026	04	AADA, AAO-HNS, ASPS	11.21	11.21		☑		☐
14301	090	R	Feb 2026	06	Adjacent Tissue Transfer	A9	Apr 2026	04	AADA, AAO-HNS, ACS, ASPS	12.50	12.50		☑		☐
14302	ZZZ	R	Feb 2026	06	Adjacent Tissue Transfer	A10	Apr 2026	04	AADA, AAO-HNS, ACS, ASPS	3.64	3.64	Yes	☑		☐
17000	010	D	Sep 2026	07	Destruction of Premalignant Lesions		Jan 2027	04					☑		☐
17003	ZZZ	D	Sep 2026	07	Destruction of Premalignant Lesions		Jan 2027	04					☑		☐
17004	010	D	Sep 2026	07	Destruction of Premalignant Lesions		Jan 2027	04					☑		☐
17X01	ZZZ	N	Sep 2026	07	Destruction of Premalignant Lesions	H2	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐
17X02	000	N	Sep 2026	07	Destruction of Premalignant Lesions	H3	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐
17X03	000	N	Sep 2026	07	Destruction of Premalignant Lesions	H6	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐
17X05	000	N	Sep 2026	07	Destruction of Premalignant Lesions	H1	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐
17X06	000	N	Sep 2026	07	Destruction of Premalignant Lesions	H4	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
17X07	ZZZ	N	Sep 2026	07	Destruction of Premalignant Lesions	H5	Jan 2027	04	AADA				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX0	000	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I1	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX1	ZZZ	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I2	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX2	000	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I3	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX3	ZZZ	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I4	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX4	000	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I5	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX5	ZZZ	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I6	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX6	000	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I7	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
17XX7	ZZZ	N	Sep 2026	08	Fractional Ablative Laser Services-Hypertrophic Burn	I8	Jan 2027	05	AADA, ABA, ASPS				☑	To be surveyed for the January 2027 RUC meeting	☐
22860	ZZZ	R	Sep 2026	14	Disc Arthroplasty Parenthetical Revision		Editorial						☑		☐
22XX1	090	N	Sep 2026	13	Posterior Vertebral Column Arthroplasty	J1	Jan 2027	06	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
22XX2	090	N	Sep 2026	13	Posterior Vertebral Column Arthroplasty	J2	Jan 2027	06	AANS, AAOS, CNS, ISASS, NASS				☑	To be surveyed for the January 2027 RUC meeting	☐
27096	000	R	Sep 2026	15	Sacroiliac Joint Injection		Editorial						☑		☐
2XXX1	090	N	May 2026	06	Injection Bone Substitute – Subchondral Defect	D1	Sep 2026	04	AAOS	7.10	7.10		☑		☑
2XXX2	ZZZ	N	May 2026	06	Injection Bone Substitute – Subchondral Defect	D2	Sep 2026	04	AAOS	1.46	1.46		☑		☑
31624	000	F	May 2026	10	Bronchoscopy with Navigational Assistance	E1	Sep 2026	05	ATS, CHEST	2.52	2.04		☑		☑
31627	ZZZ	R	May 2026	10	Bronchoscopy with Navigational Assistance	E2	Sep 2026	05	ATS, CHEST	1.95	1.95	Yes	☑		☑
31628	000	F	May 2026	10	Bronchoscopy with Navigational Assistance	E3	Sep 2026	05	ATS, CHEST	3.75	3.40		☑		☑
31629	000	F	May 2026	10	Bronchoscopy with Navigational Assistance	E4	Sep 2026	05	ATS, CHEST	3.80	3.40		☑		☑
31652	000	F	May 2026	10	Bronchoscopy with Navigational Assistance	E5	Sep 2026	05	ATS, CHEST	3.98	3.98		☑		☑
31653	000	F	May 2026	10	Bronchoscopy with Navigational Assistance	E6	Sep 2026	05	ATS, CHEST	4.22	4.22		☑		☑
31654	ZZZ	F	May 2026	10	Bronchoscopy with Navigational Assistance	E7	Sep 2026	05	ATS, CHEST	1.29	1.29		☑		☑
33418	090	F	Sep 2026	18	Transcatheter Mitral Valve Replacement (TMVR)	K1	Jan 2027	07	ACC, SCAI				☑	To be surveyed for the January 2027 RUC meeting	☐
33419	ZZZ	F	Sep 2026	18	Transcatheter Mitral Valve Replacement (TMVR)	K2	Jan 2027	07	ACC, SCAI				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33XX0	000	N	Sep 2026	18	Transcatheter Mitral Valve Replacement (TMVR)	K3	Jan 2027	07	AATS, ACC, SCAI, STS				☑	To be surveyed for the January 2027 RUC meeting	☐
36260	090	R	Sep 2026	10	Hepatic Artery Infusion Pump Services	L1	Jan 2027	08	ACS				☑	To be surveyed for the January 2027 RUC meeting	☐
36261	090	R	Sep 2026	10	Hepatic Artery Infusion Pump Services	L2	Jan 2027	08	ACS				☑	To be surveyed for the January 2027 RUC meeting	☐
36262	090	R	Sep 2026	10	Hepatic Artery Infusion Pump Services	L3	Jan 2027	08	ACS				☑	To be surveyed for the January 2027 RUC meeting	☐
36557	010	D	Sep 2026	21	Central Venous Catheter Insertion Services		Jan 2027	09					☑		☐
36558	000	R	Sep 2026	21	Central Venous Catheter Insertion Services	M7	Jan 2027	09	ACR, ACS, APSA, OEIS, RPA SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
36560	000	F	Sep 2026	21	Central Venous Catheter Insertion Services	M9	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36561	000	R	Sep 2026	21	Central Venous Catheter Insertion Services	M11	Jan 2027	09	ACR, ACS, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36563	010	D	Sep 2026	21	Central Venous Catheter Insertion Services		Jan 2027	09					☑		☐
36565	000	R	Sep 2026	21	Central Venous Catheter Insertion Services	M13	Jan 2027	09	ACR, ACS, APSA, OEIS, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
36566	000	R	Sep 2026	21	Central Venous Catheter Insertion Services	M14	Jan 2027	09	ACR, ACS, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
36X10	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M2	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X11	000	N	Sep 2026	21	Central Venous Catheter Insertion Services	M3	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X12	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M4	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X13	000	N	Sep 2026	21	Central Venous Catheter Insertion Services	M5	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X14	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M6	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X15	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M8	Jan 2027	09	ACR, ACS, APSA, OEIS, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
36X16	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M10	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36X17	ZZZ	N	Sep 2026	21	Central Venous Catheter Insertion Services	M12	Jan 2027	09	ACR, ACS, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
36XX0	000	N	Sep 2026	21	Central Venous Catheter Insertion Services	M1	Jan 2027	09	ACR, APSA, OEIS, SIR				☑	To be surveyed for the January 2027 RUC meeting	☐
37765	010	R	Sep 2026	24	Stab Phlebectomy-Varicose Viens	P2	Jan 2027	12	ACR, ACS, AVF, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
37766	010	F	Sep 2026	24	Stab Phlebectomy-Varicose Viens	P3	Jan 2027	12	ACR, ACS, AVF, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
377X0	090	N	Sep 2026	10	Hepatic Artery Infusion Pump Services	L4	Jan 2027	08	ACS				☑	To be surveyed for the January 2027 RUC meeting	☐
37X47	000	N	Sep 2026	19	Renal Nerve Denervation	N2	Jan 2027	10	ACC, ACR, OEIS, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
37X48	000	N	Sep 2026	19	Renal Nerve Denervation	N1	Jan 2027	10	ACC, ACR, OEIS, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
37X49	000	N	Sep 2026	20	Deep Venous Arterialization (DVA)	O1	Jan 2027	11	ACC, ACR, OEIS, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
37X50	010	N	Sep 2026	24	Stab Phlebectomy-Varicose Viens	P1	Jan 2027	12	ACR, ACS, AVF, SCAI, SIR, SVS				☑	To be surveyed for the January 2027 RUC meeting	☐
55874	000	F	May 2026	11	Peri-prostatic Implantation Biodegradable Material	F1	Sep 2026	06	ACRO, ASTRO, AUA	2.21	2.21		☑		☐
55876	000	F	May 2026	11	Peri-prostatic Implantation Biodegradable Material	F2	Sep 2026	06	ACRO, ASTRO, AUA	1.46	1.46		☑		☐
55XX0	000	N	May 2026	11	Peri-prostatic Implantation Biodegradable Material	F3	Sep 2026	06	ACRO, ASTRO, AUA	3.21	3.21		☑		☐
64582	090	R	Sep 2026	31	Cranial Nerve Neurostimulator Services-Hypoglossal Nerve	Q1	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐
64583	090	R	Sep 2026	31	Cranial Nerve Neurostimulator Services-Hypoglossal Nerve	Q2	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐
64584	090	R	Sep 2026	31	Cranial Nerve Neurostimulator Services-Hypoglossal Nerve	Q3	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
64X21	010	N	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services	R1	Jan 2027	14	ACOG, AUA				☑	To be surveyed for the January 2027 RUC meeting	☐
64X22	010	N	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services	R2	Jan 2027	14	ACOG, AUA				☑	To be surveyed for the January 2027 RUC meeting	☐
64X23	010	N	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services	R3	Jan 2027	14	ACOG, AUA				☑	To be surveyed for the January 2027 RUC meeting	☐
64X24	010	N	Sep 2026	33/34	Open Posterior Tibial Neurostimulator Services	R4	Jan 2027	14	ACOG, AUA				☑	To be surveyed for the January 2027 RUC meeting	☐
64XX0	090	N	Sep 2026	31	Cranial Nerve Neurostimulator Services- Hypoglossal Nerve	Q5	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐
64XX1	090	N	Sep 2026	31	Cranial Nerve Neurostimulator Services- Hypoglossal Nerve	Q6	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐
64XXX	090	N	Sep 2026	31	Cranial Nerve Neurostimulator Services- Hypoglossal Nerve	Q4	Jan 2027	13	AAO-HNS				☑	To be surveyed for the January 2027 RUC meeting	☐
65820	090	R	Feb 2026	15	Goniotomy	B1	Apr 2026	05	AAO, ASCRS(cataract)	11.00	11.00		☑		☐
65XX0	090	N	Feb 2026	15	Goniotomy	B2	Apr 2026	05	AAO, ASCRS(cataract)	8.93	6.20		☑		☐
81520	XXX	D	Sep 2026	39	MAAA-Oncology-Breast		Deleted						☐		☐
86077	XXX	D	Sep 2026	40	Blood Bank Physician Services		Jan 2027	15					☑		☐
86078	XXX	R	Sep 2026	40	Blood Bank Physician Services	S4	Jan 2027	15	CAP				☑	To be surveyed for the January 2027 RUC meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
86079	XXX	R	Sep 2026	40	Blood Bank Physician Services	S5	Jan 2027	15	CAP				☑	To be surveyed for the January 2027 RUC meeting	☐
86XX2	XXX	N	Sep 2026	40	Blood Bank Physician Services	S1	Jan 2027	15	CAP				☑	To be surveyed for the January 2027 RUC meeting	☐
86XX3	XXX	N	Sep 2026	40	Blood Bank Physician Services	S2	Jan 2027	15	CAP				☑	To be surveyed for the January 2027 RUC meeting	☐
86XX4	XXX	N	Sep 2026	40	Blood Bank Physician Services	S3	Jan 2027	15	CAP				☑	To be surveyed for the January 2027 RUC meeting	☐
87XX3	XXX	N	Sep 2026	41	Infectious Agent Detection-Adenovirus		CLFS						☐		☐
87XX4	XXX	N	Sep 2026	41	Infectious Agent Detection-Adenovirus		CLFS						☐		☐
908X1	XXX	N	Sep 2026	50	Supervised Self-Administration Intranasal Esketamine	T1	Jan 2027	16	ANA, APA(psychiatry)				☑	To be surveyed for the January 2027 RUC meeting	☐
92575	XXX	D	Sep 2026	42	Sensorineural Acuity Test		Deleted						☑		☐
93XX7	XXX	N	Sep 2026	46	Noninvasive Arrhythmia Augmentative Algorithmic Analysis	U1	Jan 2027	17	ACC, HRS				☑	To be surveyed for the January 2027 RUC meeting	☐
93XXX	ZZZ	N	May 2026	31	Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data	G1	Sep 2026	07	ACC, SCAI	1.29	0.83		☑		☑
99408	XXX	R	Sep 2026	05	Alcohol-Substance Use Assessment	C1	Jan 2027	06	AAFP, AAPM, AAPM&R, ACP, ANA, AOA(oseto), ASA, ASRA				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99409	XXX	R	Sep 2026	05	Alcohol-Substance Use Assessment	C2	Jan 2027	06	AAFP, AAPM, AAPM&R, ACP, ANA, AOA(oseto), ASA, ASRA				☑		☐
9940X	XXX	N	Sep 2026	05	Alcohol-Substance Use Assessment	C3	Jan 2027	06	AAFP, AAPM, AAPM&R, ACP, ANA, AOA(oseto), ASA, ASRA				☑		☐
G0396	XXX	D	Sep 2026	05	Alcohol-Substance Use Assessment		Jan 2027	06					☑		☐
G0397	XXX	D	Sep 2026	05	Alcohol-Substance Use Assessment		Jan 2027	06					☑		☐
G2011	XXX	D	Sep 2026	05	Alcohol-Substance Use Assessment		Jan 2027	06					☑	Referred to CPT Editorial Panel	☐
G2011	XXX	D	Sep 2026	05	Alcohol-Substance Use Assessment		Jan 2027	06					☑		☐
G2082	XXX	D	Sep 2026	50	Supervised Self-Administration Intranasal Esketamine		Jan 2027	16					☑		☐
G2083	XXX	D	Sep 2026	50	Supervised Self-Administration Intranasal Esketamine		Jan 2027	16					☑		☐
X628T	YYY	N	Sep 2026	82	AI Breast Malignancy Risk Score-Screening Mammogram Data		Cat III						☐		☐
X629T	YYY	N	Sep 2026	82	AI Breast Malignancy Risk Score-Screening Mammogram Data		Cat III						☐		☐
X672T	YYY	N	Sep 2026	68	AI Analysis-Digitized Slides-Prostate Cancer Tissue		Cat III						☐		☐
X674T	YYY	N	Sep 2026	81	Microwave Cold Argon Plasma Therapy		Cat III						☐		☐
X675T	YYY	N	Sep 2026	81	Microwave Cold Argon Plasma Therapy		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X676T	YYY	N	Sep 2026	86	Digital Sub-bandage Pressure Monitoring System Services		Cat III						☐		☐
X678T	YYY	N	Sep 2026	67	Cardiac Conduction-guided Intervention (CGI)		Cat III						☐		☐
X681T	YYY	N	Sep 2026	77	Restoration-Remodeling-Left Ventricle		Cat III						☐		☐
X682T	YYY	N	Sep 2026	84	AI ID of ST Elevation MI (STEMI), STEMI Equivalents		Cat III						☐		☐
X684T	YYY	N	Sep 2026	65	Intraoperative Motor Nerve ID and Functional Assessment		Cat III						☐		☐
X685T	YYY	N	Sep 2026	76	Massively Parallel Confocal Microscopy		Cat III						☐		☐
X686T	YYY	N	Sep 2026	76	Massively Parallel Confocal Microscopy		Cat III						☐		☐
X687T	YYY	N	Sep 2026	76	Massively Parallel Confocal Microscopy		Cat III						☐		☐
X688T	YYY	N	Sep 2026	76	Massively Parallel Confocal Microscopy		Cat III						☐		☐
X691T	YYY	N	Sep 2026	87	Intraprostatic Cancer Immunotherapy Administration		Cat III						☐		☐
X692T	YYY	N	Sep 2026	88	Nonendoscopic Capsule-based Esophageal Cell Collection		Cat III						☐		☐
X697T	YYY	N	Sep 2026	57	Transcranial Photobiomodulation-Psychiatric		Cat III	13					☐		☐
X698T	YYY	N	Sep 2026	62	Cold Therapy of Ocular Surface		Cat III						☐		☐
X699T	YYY	N	Sep 2026	56	Slipped Rib Stabilization		Cat III						☐		☐
X705T	YYY	N	Sep 2026	75	Brain Computer Interface (BCI) Unit Procedures		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X706T	YYY	N	Sep 2026	75	Brain Computer Interface (BCI) Unit Procedures		Cat III						☐		☐
X707T	YYY	N	Sep 2026	75	Brain Computer Interface (BCI) Unit Procedures		Cat III						☐		☐
X708T	YYY	N	Sep 2026	75	Brain Computer Interface (BCI) Unit Procedures		Cat III						☐		☐
X709T	YYY	N	Sep 2026	75	Brain Computer Interface (BCI) Unit Procedures		Cat III						☐		☐
X710T	YYY	N	Sep 2026	78	Transvenous Endovascular CSF Shunt		Cat III						☐		☐
X711T	YYY	N	Sep 2026	79	Non-focused Hemispheric Porphyrin Metabolite Activation		Cat III						☐		☐
X712T	YYY	N	Sep 2026	93	Bronchoscopy with Drug-Coated Balloon Delivery		Cat III						☐		☐
X713T	YYY	N	Sep 2026	93	Bronchoscopy with Drug-Coated Balloon Delivery		Cat III						☐		☐
X714T	YYY	N	Sep 2026	63	Percutaneous Endovascular Non-balloon Micro-incision		Cat III						☐		☐
X715T	YYY	N	Sep 2026	69	Transcatheter Aortic Valve Leaflet Modification		Cat III						☐		☐
X716T	YYY	N	Sep 2026	71/72	Duodenal Mucosal-Submucosal Regeneration		Cat III						☐		☐
X717T	YYY	N	Sep 2026	71/72	Duodenal Mucosal-Submucosal Regeneration		Cat III						☐		☐
X719T	YYY	N	Sep 2026	85	Minimally Invasive Manual Sclerostomy		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X726T	YYY	N	Sep 2026	29	Water Vapor Thermotherapy Ablation-Prostate Tissue		Cat III						☐		☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - October 2026

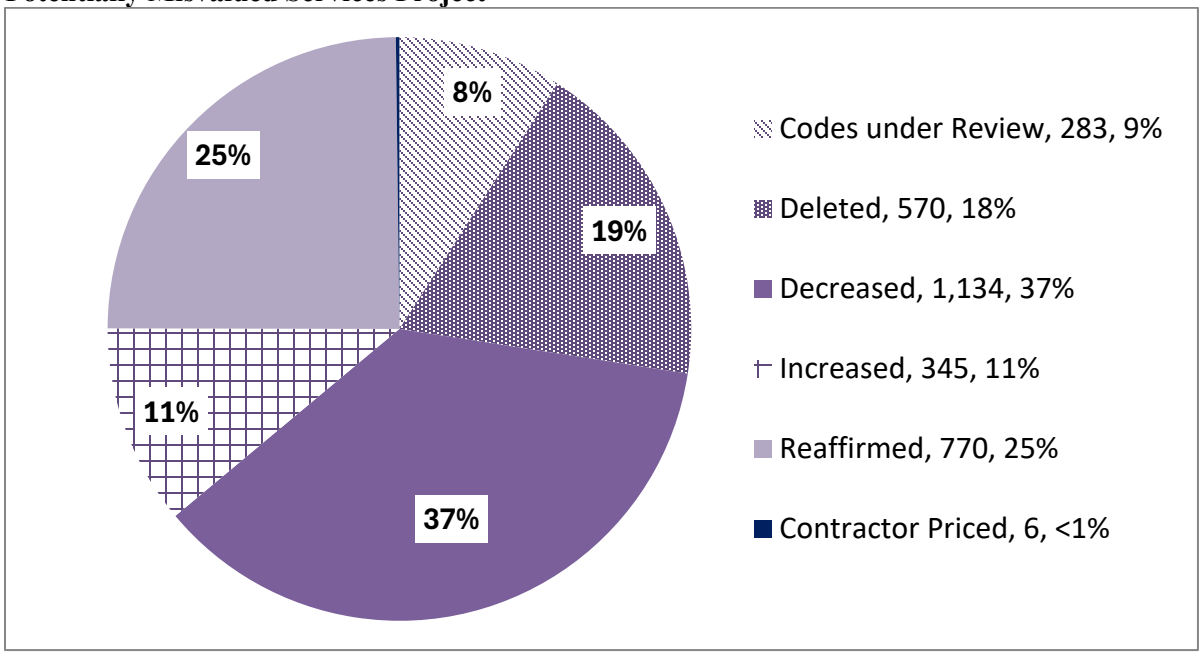
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS Request	New Technology/New Services	QHP Included in Clinical Staff Direct PE Inputs
21076	Impression and custom preparation; surgical obturator prosthesis	Maxillofacial Prosthetic Services	08	11.56	X		
21077	Impression and custom preparation; orbital prosthesis	Maxillofacial Prosthetic Services	08	33.33	X		
21079	Impression and custom preparation; interim obturator prosthesis	Maxillofacial Prosthetic Services	08	20.00	X		
21080	Impression and custom preparation; definitive obturator prosthesis	Maxillofacial Prosthetic Services	08	25.42	X		
21081	Impression and custom preparation; mandibular resection prosthesis	Maxillofacial Prosthetic Services	08	25.42	X		
21082	Impression and custom preparation; palatal augmentation prosthesis	Maxillofacial Prosthetic Services	08	25.38	X		
21083	Impression and custom preparation; palatal lift prosthesis	Maxillofacial Prosthetic Services	08	20.01	X		
21084	Impression and custom preparation; speech aid prosthesis	Maxillofacial Prosthetic Services	08	22.43	X		
21085	Impression and custom preparation; oral surgical splint	Maxillofacial Prosthetic Services	08	5.90	X		
21086	Impression and custom preparation; auricular prosthesis	Maxillofacial Prosthetic Services	08	30.03	X		
21087	Impression and custom preparation; nasal prosthesis	Maxillofacial Prosthetic Services	08	30.57	X		
21088	Impression and custom preparation; facial prosthesis	Maxillofacial Prosthetic Services	08	35.00	X		
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling,	Exclusion of Left Atrial Appendage	09	18.04		X	
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or	Exclusion of Left Atrial Appendage	09	1.17		X	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision,	Exclusion of Left Atrial Appendage	09	13.95		X	
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Per-Oral Endoscopic Myotomy (POEM)	10	12.96		X	
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	Vertical Electrodes (PE Only)	11	Removed Audiologist (L052A) from PE			X

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup (RAW)) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the workgroup, the RAW and the Centers for Medicare and Medicaid Services (CMS) have identified more than 3,000 services through over 30 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 3,108 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule (MFS) allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC, via its potentially misvalued services review, has recommended reductions and deletions to over 1,700 services, redistributing more than $5 billion within the MFS. Below are the outcomes of the committee's review.

Potentially Misvalued Services Project



Source: American Medical Association

The RAW employs objective, data-driven criteria based on growth in services, utilization patterns, operational characteristics, procedural intensity, specialty shifts, site of service anomalies, and stakeholder input to repeatedly identify and reassess potentially misvalued services in Medicare and Medicaid. Criteria and thresholds are updated regularly based on claims data availability, CMS guidance, and evolving coding standards, ensuring robust annual review. The criteria and threshold categories for established screens are outlined on the following pages.

New Technology/New Services
Starting in 2006, the RUC began identifying new technology services that should be re-reviewed, maintaining this of services and forwarding it to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The RAW maintains and develops all standards and procedures associated with the list, which currently contains 952 services. In September 2010, the re-review cycle began and since then the RUC has recommended 70 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 279 services every April after three years of Medicare claims data is available for each service.

Current Ongoing Screens

1. **Site-of-Service Anomalies**
   - **Start:** September 2007
   - **Criteria:** 1) Codes with utilization over 10k performed <50% in inpatient setting, but global period includes inpatient hospital E/M or 2) codes that are typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included
   - **Iterations:** Annual since 2015; first iteration of 194 services review took four years to complete
   - **Codes Identified:** 280

2. **Bundled CPT Services (Reported Together ≥75% or ≥95%)**
   - **Start:** 95% screen February 2008; 75% screen in February 2010
   - **Criteria:** Code pairs/groups performed together by same provider ≥95% of the time, then ≥75% of the time. The 75% or more identified codes included only code pairs with total allowed charges of $5 million or more and excluded any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service.
   - **Iterations:** 10+ separate cycles; annual since 2022
   - **Codes Identified:** 574 Total; 85 (>95% review); 161 (first >75% review); 328 (remaining >75% reviews)

3. **High Volume Growth (Medicare)**
   - **Start:** April 2008
   - **Criteria:** Codes with Medicare utilization >10k, and reported growth of ≥100% over prior six years reference period
   - **Iterations:** Annual; criteria adjusted for each growth period
   - **Codes Identified:** 383

4. **Harvard Valued Codes (Medicare)**
   - **Start:** 2008
   - **Criteria:** Harvard-valued codes above Medicare utilization thresholds (>1M, >100k, >30k)
   - **Iterations:** Variable at each utilization threshold; Annually at >30k Medicare utilization threshold since 2011
   - **Codes Identified:** 245 Total; varies by expansion 21 (initial >1M); 139 (>100k); 85 (>30k)

5. **Specialty Shift (Surveyed by One Specialty, Now Performed by a Different Specialty)**
   - **Start:** October 2009
   - **Criteria:** Current dominant specialties performing code differ from original surveyor, utilization >1,000 (2009 and 2013) or >10k (2019-present)
   - **Iterations:** 2009, 2013, 2019; Annually since 2022 using updated Medicare utilization data
   - **Codes Identified:** 110 (includes codes identified as part of a family of services)

6. **CMS/Other Source Codes (Medicare)**
   - **Start:** April 2011
   - **Criteria:** Codes not part of Harvard/RUC review, gap-filled or crosswalked by CMS or radiology fee schedule; utilization threshold. Medicare utilization >500k; threshold dropped over years to >250k (2013), >100k (2016), >30k (2017), >20k (2019+)
   - **Iterations:** Annual
   - **Codes Identified:** 253 Total; varies by expansion 21 (>500k); 53 (>250k); 41 (>100k), 73 (>30k); 65 (>20k)

7. **Public Comment Requests**
   - **Start:** 2011; CMS ends Five-Year separate review, annual call for nominations
   - **Criteria:** CMS, public, or CMD nominated as potentially misvalued during annual rulemaking
   - **Iterations:** Annual
   - **Codes Identified:** 363 Total (includes associated family codes); 35 (2013), 90 (2014), 26 (2015), 25 (2016), 6 (2018), 9 (2019), 10 (2020), 1 (2022), 23 (2024), 2 (2025), 17 (2026), 31 (2027)

8. **Contractor Priced Category I Codes**
   - **Start:** April 2018
   - **Criteria:** Contractor-priced CPT codes >10k Medicare utilization. A contractor-priced code is a service in which CMS has not set a national payment rate, instead the payment is determined on a case-by-case basis by local Medicare Administrative Contractors (MACs)
   - **Iterations:** Annual
   - **Codes Identified:** 12, expanded to 14

9. **High Volume Category III Codes**
   - **Start:** October 2019
   - **Criteria:** Category III CPT codes, Medicare utilization >1,000. Category III codes are temporary codes for emerging technology, services, procedures, and service paradigms. Category III codes allow data collection for these services/procedures
   - **Iterations:** Annual
   - **Codes Identified:** 38

10. **RUC Review >20 Years Ago (Medicare)**
    - **Start:** April 2025
    - **Criteria:** Code that has not been reviewed by the RUC since 2005, Medicare utilization >1M
    - **Iterations:** New screen will continue as data matures
    - **Codes Identified:** 5

11. **Qualified Health Care Professionals Inappropriately Included in Clinical Staff Direct PE Inputs**
    - **Start:** September 2025
    - **Criteria:** QHP included in direct PE as clinical staff inputs and Medicare utilization >1,000. QHPs that may bill Medicare independently work is captured in the work component (i.e., work RVU), not the direct practice expense inputs, thus should not appear in the direct PE inputs
    - **Iterations:** One
    - **Codes Identified:** 26, expanded to 30

12. **000-Day Global Period Typically Inpatient**
    - **Start:** January 2026
    - **Criteria:** Codes with a 000-day global period, occurs >50% in the hospital inpatient setting, has >1,000 Medicare claims, and was reviewed after April 2016. Starting in April 2016, the 000-day global period survey template queried respondents whether post-operative hospital, critical care, discharge management or office visits are typically performed as well asked site of service information where the service is typically performed (hospital, ASC or office), when the patient is typically discharged (same day, overnight stay less than 24 hours or overnight stay more than 24 hours) and of those kept overnight what percent typically perform and E/M service later on the same day.
    - **Iterations:** One
    - **Codes Identified:** 4

13. **Emergency Medicine Global Periods**
    - **Start:** January 2026
    - **Criteria:** Codes with 010/090 day global periods, performed >50% of the time by Emergency Medicine, and >1,000 Medicare claims. Assessing if services typically performed by Emergency Medicine physicians, which have bundled post-operative visits included are typically being performed
    - **Iterations:** One
    - **Codes Identified:** 6, expanded to 10 to include family of services

14. **High Volume Growth (Medicaid)**
    - **Start:** April 2026
    - **Criteria:** Codes with Medicaid utilization >10k, and reported growth of ≥100% over prior six years reference period
    - **Iterations:** Annual; criteria adjusted for each growth period
    - **Codes Identified:** 11, expanded to 19 to include family of services

15. **Harvard Valued Codes (Medicaid)**
    - **Start:** April 2026
    - **Criteria:** Harvard-valued codes with Medicaid utilization >30k
    - **Iterations:** Annual
    - **Codes Identified:** 4

16. **CMS/Other Source Codes (Medicaid)**
    - **Start:** April 2026
    - **Criteria:** Codes not part of Harvard/RUC review, gap-filled or crosswalked by CMS or radiology fee schedule; utilization threshold; Medicaid utilization >20k
    - **Iterations:** Annual
    - **Codes Identified:** 6, expanded to 9 to include family of services

17. **RUC Review >20 Years Ago (Medicaid)**
    - **Start:** April 2026
    - **Criteria:** Code that has not been reviewed by the RUC since 2006, Medicaid utilization >1M
    - **Iterations:** One
    - **Codes Identified:** 5

Completed Screens

18. **CMS Fastest Growing**
    - **Start:** 2008
    - **Criteria:** CMS request; codes showing ≥10% growth per year over three years (2005–2007)
    - **Iterations:** One, the RUC continues this type of screen with the annual high volume growth screen
    - **Codes Identified:** 183 services (114 CMS-identified, RUC added 69 as part of the families of services)

19. **High IWPUT**
    - **Start:** 2008
    - **Criteria:** IWPUT >0.14 and Medicare utilization >1,000. IWPUT is a calculated number from the physician time components measuring the *Intra-service Work Per Unit of Time*. The RUC uses this number as an intensity measure of the intra-service time period of a service. An IWPUT above 0.14 indicates the service is very intense to perform.
    - **Iterations:** Two; initial screen (2008); second screen (September 2025) (newer data, only 9 codes found, all previously reviewed)
    - **Codes Identified:** 32; recent cycle found no new actionable codes

20. **Low Value/Billed in Multiple Units**
    - **Start:** October 2010
    - **Criteria:** CMS request; work RVU ≤0.50, commonly reported in multiples of 5+ units per day
    - **Iterations:** One; completed after initial review
    - **Codes Identified:** 14

21. **Low Value/High Volume**
    - **Start:** October 2010
    - **Criteria:** CMS request; work RVU ≤0.25, Medicare utilization >1 million; RUC expanded to work RVU ≤0.50, Medicare utilization > 1 million
    - **Iterations:** One; completed after initial review
    - **Codes Identified:** 29

22. **Multi-Specialty Points of Comparison (MPC)**
    - **Start:** October 2010
    - **Criteria:** CMS request; CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The MPC list was created to ensure relativity in the valuation of physician services and serve as a resource in the RBRVS valuation processes. These codes are used to create a framework that links all specialties so that cross specialty relativity can be established. The MPC list reflects codes with accepted values that create a ladder of services within a specialty so that a specialty can accomplish appropriate rank order valuations. This allows for cross specialty reference creating a multispecialty framework

- **Iterations:** Single major cycle, reviewed over 4 years
- **Codes Identified:** Total 188; 33 (initial review), expanded to 188 services to include additional codes as part of a family (over 100 of these codes were part of the review of GI endoscopy codes)

23. Harvard Valued (Medicare Allowed Charges >$10 million)
- **Start:** 2012
- **Criteria:** CMS request; allowed charges >$10M
- **Iterations:** One
- **Codes Identified:** 16, expanded to 33 to include family of services

24. CMS High Expenditure Procedural Codes
- **Start:** 2012 (first iteration), 2016 (second iteration)
- **Criteria:** CMS request; allowed charges >$10M/year, not reviewed recently (in last 6 years)
- **Iterations:** Two
- **Codes Identified:** first iteration 70 codes identified, expanded to 145; second iteration 103 codes identified, expanded to 238

25. Stand-Alone Practice Expense (PE) Procedure Time
- **Start:** June 2012
- **Criteria:** CMS proposed adjustments to services with stand-alone procedure time assumptions used in developing non-facility PE RVUs. These assumptions were not based on physician time assumptions. Non-facility PE ≥5 min, direct equipment ≥$100, annual allowed charges ≥$100k or ≥$50k (2023)
- **Iterations:** Two; first CMS request; second RUC initiated and lowered threshold
- **Codes Identified:** 29 in first cycle; 16 in 2023 cycle

26. Pre-Time Analysis
- **Start:** January 2014
- **Criteria:** Pre-service time outliers for services reviewed prior to creation of pre-service time packages (April 2008); greater than package 4 *Facility - Difficult Patient/Difficult Procedure* (63 min), Medicare utilization >10k
- **Iterations:** One
- **Codes Identified:** 19, expanded to 24 to include family of services

27. Post-Operative Visits (Global Period Outliers)
- **Start:** January 2014
- **Criteria:** 010-day and 090-day global codes with >1.5 (010) or >6 (090) office visits, Medicare utilization >1,000
- **Iterations:** Two; 2014 and 2019
- **Codes Identified:** first iteration: 19 (010-day), expanded to 21; 10 (090-day), expanded to 38; second iteration: 5 (010-day), expanded to 8; 3 (090-day)

28. High-Level E/M in Global Period
- **Start:** October 2015
- **Criteria:** Moderate/high (99214/99215) office visit included in global period, Medicare utilization >10k. Note: no codes with volume > 10k had a 99215 office visits included
- **Iterations:** One; the RUC rigorously questioned level 4 office visits in the global period in recent years prior to this screen and will continue this process going forward
- **Codes Identified:** 7, expanded to 11 to include the family of services

29. **CMS 000-Day Global Typically Reported with an E/M**
    - **Start:** July 2016
    - **Criteria:** CMS request; 000-day global codes billed with an E/M ≥50% of the time on the same day of service, same patient, by the same physician, Medicare utilization >20k, and not reviewed in the last 5 years
    - **Iterations:** One
    - **Codes Identified:** Total 22 codes. Initially CMS identified 83 codes. However, based on further RUC analysis, it appeared only 19 services met the criteria for this screen and had not been reviewed to specifically address an E/M performed on the same date. The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. In the Final Rule for 2017, CMS finalized the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria, which was expanded to 22 codes total to include the family of services.

30. **Negative IWPUT**
    - **Start:** October 2017
    - **Criteria:** IWPUT < 0, utilization >10k (or >1,000 for Harvard/CMS/Other codes). IWPUT is a calculated number from the physician time components measuring the *Intra-service Work Per Unit of Time*. The RUC uses this number as an intensity measure of the intra-service time period of a service. A negative IWPUT is illogical because it would mean that there is no intensity of work from the actual intra-service time or time performing the service/procedure. This typically occurs when a service requires a short intra-service time, but longer pre- and post-service times.
    - **Iterations:** One; review complete
    - **Codes Identified:** 22, expanded to 56

31. **Modifier-51 Exempt List**
    - **Start:** April 2018
    - **Criteria:** Modifier-51 *Multiple Procedures* exempt, Medicare utilization >10k
    - **Iterations:** One
    - **Codes Identified:** 7

32. **PE Units Screen**
    - **Start:** April 2020
    - **Criteria:** >1 median unit of service reported and a direct practice expense supply item unit cost >$100
    - **Iterations:** One; reviewed the supplies and kits identified to determine if any duplication occurs when reported in multiple units and corrected any duplications
    - **Codes Identified:** 7

33. **Work Neutrality**
    - **Start:** 2012 with the CPT 2009 cycle
    - **Criteria:** Code families with >10% deviation in work RVUs from Specialty Society/RUC projected estimates. For every CPT code recommendation and family, the RUC submits utilization assumptions based on the specialty societies estimate for the next year of Medicare utilization. Starting with CPT 2009, the RAW began assessing all services for work neutrality. In 2012, the RUC confirmed that the RUC and specialty societies work neutrality calculation expectation is a zero change target. However, if actual work RVUs turn out to be 10% or greater than the former work RVUs for the family, the family should undergo review by the RAW
    - **Iterations:** Annual
    - **Codes Identified:** 14 code families

34. Gender Equity

- **Start:** January 2022
- **Criteria:** Equity analysis for male/female specific procedures (urology/gynecology); additional review of preventive services
- **Iterations:** Data review completed; issues resolved via journal article and via pelvic exam add-on code creation
- **Codes Identified:** Not code specific. The RUC analyzed data submitted by the American Urological Association and the American College of Obstetricians and Gynecologists comparing procedures typically performed for females compared to their counter male procedures and determined that there was no marked disparity in the value of services performed on women that have similar male-specific procedures. The RUC requested that the specialty societies work on dissemination of this information through society communication and peer reviewed journal submission. The "Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures" study appeared in the *Urological Practice Journal* in May 2024.

  Separately, the RAW examined the potential misvaluation of preventive care codes (99381-99397) based on gender-related patient care. The RAW indicated that there may be additional resources associated with preventive services when a pelvic examination is performed. The RUC referred this issue to the CPT Editorial Panel. In September 2022, the CPT Editorial Panel created a new add-on code to report a pelvic exam.

CMS Requests and RUC Relativity Assessment Workgroup Code Status (2009-2026)

Total Number of Codes Identified*	**3,108**
Codes Completed	**2,825**
Work and PE Maintained	770
Work Increased	345
Work Decreased	954
Direct Practice Expense Revised (beyond work changes)	180
Deleted from CPT®	543
Requested CMS delete G code	27
Contractor Priced	6
Codes Under Review	**283**
RUC to review for CPT 2028 or 2029	185
Referred to CPT® Editorial Panel or CPT Assistant	38
RUC to review future review after additional data obtained	60

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2024 Medicare Utilization:** 54,013

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2024 Medicare Utilization:** 26,099

2026 Work RVU: 7.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2024 Medicare Utilization:** 131,909

2026 Work RVU: 10.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2024 Medicare Utilization:** 9,017

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2024 Medicare Utilization:** 31,260

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2024 Medicare Utilization:** 62,454

2026 Work RVU: 15.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2016

2024 Medicare Utilization: 1,035,593

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 5 base units

Referred to CPT September 2016

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

Result: Maintain

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

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

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

First Identified: September 2016

2024 Medicare Utilization: 92,246

2026 Work RVU: 6.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 6 base units

Referred to CPT September 2016

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

Result: Increase

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

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

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

First Identified: July 2015

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2024 Medicare Utilization:** 1,076,786

2026 Work RVU: 4.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2024 Medicare Utilization:** 575,648

2026 Work RVU: 3.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2024 Medicare Utilization:** 479,312

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2020

2024 Medicare Utilization: 106,973

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Remove from Screen

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

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2023 / High Volume Category III Codes 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 14,679

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Maintain

01916 **Anesthesia for diagnostic arteriography/venography**

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

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

First Identified: October 2019

2024 Medicare Utilization: 31,452

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2024 Medicare Utilization:** 12,071

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2024 Medicare Utilization:** 21,381

2026 Work RVU: 4.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2024 Medicare Utilization:** 80,680

2026 Work RVU: 4.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021

2024 Medicare Utilization: 17,426

2026 Work RVU: 4.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

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

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

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

First Identified: January 2021

2024 Medicare Utilization: 52,407

2026 Work RVU: 4.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

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

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

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

First Identified: January 2021

2024 Medicare Utilization: 19,659

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 6

Referred to CPT October 2020

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2024 Medicare Utilization:** 40,225

2026 Work RVU: 5.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 6 **Referred to CPT** October 2020 **Result:** Increase

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

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

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

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2024 Medicare Utilization:** 1,622

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAPM&R, AAOS, ASA, ASIPP, NASS **First Identified:** April 2022 **2024 Medicare Utilization:** 929

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2019 **2024 Medicare Utilization:** 14,370

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT 2026 **Referred to CPT** **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 1,463

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 / High Volume Category III Codes 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2023 **2024 Medicare Utilization:** 6,705

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2019 **2024 Medicare Utilization:** 54,601

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2019 **2024 Medicare Utilization:** 69,067

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** April 2023 **2024 Medicare Utilization:** 8,690

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2024 Medicare Utilization:** 329

2026 Work RVU: 1.11
2026 NF PE RVU: 188.19
2026 Fac PE RVU: 0.26

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2024 Medicare Utilization:** 75

2026 Work RVU: 1.31
2026 NF PE RVU: 1.63
2026 Fac PE RVU: 0.30

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2024 Medicare Utilization:** 309

2026 Work RVU: 1.86
2026 NF PE RVU: 184.33
2026 Fac PE RVU: 0.43

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 1,977

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Fractional Ablative Laser Fenestration **Screen:** High Volume Category III Codes 2025 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: April 2025 **2024 Medicare Utilization:** 1,794

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen.

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

Result: Remove from Screen

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

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

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

First Identified: April 2025 **2024 Medicare Utilization:** 500

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Review action plan.

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

Result:

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

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

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO, AOA

First Identified: April 2022 **2024 Medicare Utilization:** 9,153

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

0509T **Electroretinography (ERG) with interpretation and report, pattern (PERG)** **Global:** XXX **Issue:** Electroretinography **Screen:** Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2024 Medicare Utilization:** 9,280

2026 Work RVU: 0.39
2026 NF PE RVU: 1.91
2026 Fac PE RVU: NA

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

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

0512T **Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound** **Global:** YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2024 Medicare Utilization:** 1,588

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

0552T **Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional** **Global:** YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2024 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2024 Medicare Utilization:** 121

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

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

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

0583T **Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia** **Global:** 000 **Issue:** Tympanostomy **Screen:** CMS Request - Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 20 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2025 **2024 Medicare Utilization:** 1

2026 Work RVU: 2.63
2026 NF PE RVU: 42.30
2026 Fac PE RVU: 0.97

RUC Recommendation: Refer to CPT Assistant. No recommendation. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** August 2026

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

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

2026 Work RVU: 2.37
2026 NF PE RVU: 57.98
2026 Fac PE RVU: 0.82

RUC Recommendation: 2.43 **Referred to CPT** **Result:** Maintain

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

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

Global: 000 **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

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

2026 Work RVU: 1.02
2026 NF PE RVU: 16.80
2026 Fac PE RVU: 0.52

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Maintain

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

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

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 / High Volume Category III Codes 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 78,988

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen. Deleted from CPT 2027. **Referred to CPT** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2024 Medicare Utilization:** 18,185

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen. Deleted from CPT 2027.

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

Result: Deleted from CPT

0607T **Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 1,267

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

0608T **Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 2,550

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: April 2025

2024 Medicare Utilization: 4,046

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

Referred to CPT

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

Result:

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

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

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

First Identified: April 2025

2024 Medicare Utilization: 24,498

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Review action plan.

Referred to CPT

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

Result:

0660T **Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 1,421

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

Referred to CPT

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: YYY **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 / High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO

First Identified: January 2021 **2024 Medicare Utilization:** 2,257

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Action plan. Contractor Price

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

Result: Contractor Price

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

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

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

First Identified: April 2025 **2024 Medicare Utilization:** 50,243

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Review action plan.

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

Result:

0864T **Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 1,110

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

0866T **Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** High Volume Category III Codes 2026 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 2,537

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan

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

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

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

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

First Identified: June 2017 **2024 Medicare Utilization:** 197

2026 Work RVU: 0.78
2026 NF PE RVU: 0.68
2026 Fac PE RVU: 0.19

RUC Recommendation: 0.80

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

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020/ CMS Request - Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 17 **Specialty Developing Recommendation:** AACE, ACR, ASC, CAP, ES, OEIS, SIR

First Identified: June 2017 **2024 Medicare Utilization:** 132,687

2026 Work RVU: 1.42
2026 NF PE RVU: 2.37
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.35

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 17 **Specialty Developing Recommendation:** AACE, ACR, ASC, CAP, ES, OEIS, SIR **First Identified:** June 2017 **2024 Medicare Utilization:** 30,699

2026 Work RVU: 0.98
2026 NF PE RVU: 0.71
2026 Fac PE RVU: 0.20

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Result:** Increase

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

10007 **Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2024 Medicare Utilization:** 552

2026 Work RVU: 1.76
2026 NF PE RVU: 8.28
2026 Fac PE RVU: 0.37

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

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

10008 **Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2024 Medicare Utilization:** 15

2026 Work RVU: 1.15
2026 NF PE RVU: 2.93
2026 Fac PE RVU: 0.11

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

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

Status Report: CMS Requests and Relativity Assessment Issues

10009 **Fine needle aspiration biopsy, including CT guidance; first lesion**

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

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

First Identified: June 2017 **2024 Medicare Utilization:** 1,630

2026 Work RVU: 2.20
2026 NF PE RVU: 9.93
2026 Fac PE RVU: 0.36

RUC Recommendation: 2.43

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

Result: Decrease

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

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

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

First Identified: June 2017 **2024 Medicare Utilization:** 15

2026 Work RVU: 1.61
2026 NF PE RVU: 5.22
2026 Fac PE RVU: 0.15

RUC Recommendation: 1.65

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

Result: Decrease

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

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

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

First Identified: June 2017 **2024 Medicare Utilization:** 73

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

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

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2024 Medicare Utilization:** 84

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** June 2017 **Result:** Contractor Price

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2024 Medicare Utilization:** 9,466

2026 Work RVU: 1.00
2026 NF PE RVU: 1.89
2026 Fac PE RVU: 0.24

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

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

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:** 7,482

2026 Work RVU: 2.68
2026 NF PE RVU: 15.58
2026 Fac PE RVU: 0.51

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

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

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

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

Most Recent RUC Meeting: April 2016 **Tab:** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2024 Medicare Utilization:** 46,638

2026 Work RVU: 0.89
2026 NF PE RVU: 2.42
2026 Fac PE RVU: 0.30

RUC Recommendation: 0.91 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 266,066

2026 Work RVU: 1.19
2026 NF PE RVU: 2.53
2026 Fac PE RVU: 1.69

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2009 **2024 Medicare Utilization:** 89,765

2026 Work RVU: 2.39
2026 NF PE RVU: 3.87
2026 Fac PE RVU: 2.47
Result: Maintain

RUC Recommendation: Maintain. 2.45

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

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

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

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

First Identified: April 2011 **2024 Medicare Utilization:** 34,351

2026 Work RVU: 1.19
2026 NF PE RVU: 3.38
2026 Fac PE RVU: 1.73
Result: Maintain

RUC Recommendation: 1.25

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

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

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

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

First Identified: January 2013 **2024 Medicare Utilization:** 5,468

2026 Work RVU: 2.24
2026 NF PE RVU: 5.89
2026 Fac PE RVU: 2.52
Result: Maintain

RUC Recommendation: Remove from re-review

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

Status Report: CMS Requests and Relativity Assessment Issues

11040 **Deleted from CPT**

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

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

First Identified: September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11041 **Deleted from CPT**

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

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

First Identified: September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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

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

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

First Identified: September 2007 **2024 Medicare Utilization:** 2,041,496

2026 Work RVU: 0.98
2026 NF PE RVU: 2.87
2026 Fac PE RVU: 0.56

RUC Recommendation: 1.12

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

Result: Increase

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

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

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

First Identified: September 2007 **2024 Medicare Utilization:** 505,596

2026 Work RVU: 2.63
2026 NF PE RVU: 4.13
2026 Fac PE RVU: 1.09

RUC Recommendation: 3.00

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2024 Medicare Utilization:** 103,806

2026 Work RVU: 4.00
2026 NF PE RVU: 4.96
2026 Fac PE RVU: 1.38

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Result:** Increase

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

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 650,686

2026 Work RVU: 0.49
2026 NF PE RVU: 0.70
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.69 **Referred to CPT** October 2009 **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACS, ANA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:** 306,888

2026 Work RVU: 1.00
2026 NF PE RVU: 1.10
2026 Fac PE RVU: 0.24

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 97,319

2026 Work RVU: 1.76
2026 NF PE RVU: 1.74
2026 Fac PE RVU: 0.44

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2024 Medicare Utilization:** 774,674

2026 Work RVU: 0.34
2026 NF PE RVU: 1.73
2026 Fac PE RVU: 0.04

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2024 Medicare Utilization:** 1,824,980

2026 Work RVU: 0.49
2026 NF PE RVU: 1.90
2026 Fac PE RVU: 0.06

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2024 Medicare Utilization:** 316,293

2026 Work RVU: 0.63
2026 NF PE RVU: 1.98
2026 Fac PE RVU: 0.08

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 3,491,391

2026 Work RVU: 0.64
2026 NF PE RVU: 2.16
2026 Fac PE RVU: 0.20

RUC Recommendation: 0.66

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

Result: Decrease

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 1,466,238

2026 Work RVU: 0.37
2026 NF PE RVU: 1.05
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.38

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

Result: Decrease

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 285,991

2026 Work RVU: 0.81
2026 NF PE RVU: 2.73
2026 Fac PE RVU: 0.24

RUC Recommendation: 0.83

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

11105 **Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)**

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 82,277

2026 Work RVU: 0.44
2026 NF PE RVU: 1.30
2026 Fac PE RVU: 0.13

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

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

11106 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion**

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 30,273

2026 Work RVU: 0.98
2026 NF PE RVU: 3.43
2026 Fac PE RVU: 0.29

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

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

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

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

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

First Identified: February 2017 **2024 Medicare Utilization:** 6,056

2026 Work RVU: 0.53
2026 NF PE RVU: 1.53
2026 Fac PE RVU: 0.16

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2024 Medicare Utilization:** 98,258

2026 Work RVU: 0.59
2026 NF PE RVU: 2.24
2026 Fac PE RVU: 0.18

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2024 Medicare Utilization:** 199,247

2026 Work RVU: 0.88
2026 NF PE RVU: 2.52
2026 Fac PE RVU: 0.29

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2024 Medicare Utilization:** 100,668

2026 Work RVU: 1.02
2026 NF PE RVU: 2.83
2026 Fac PE RVU: 0.34

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2024 Medicare Utilization:** 16,026

2026 Work RVU: 1.22
2026 NF PE RVU: 3.06
2026 Fac PE RVU: 0.38

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2024 Medicare Utilization: 82,241

2026 Work RVU: 0.78
2026 NF PE RVU: 2.18
2026 Fac PE RVU: 0.13

RUC Recommendation: Refer to CPT Assistant. 0.80

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** March 2025

Result: Increase

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 98,939

2026 Work RVU: 0.94
2026 NF PE RVU: 2.50
2026 Fac PE RVU: 0.20

RUC Recommendation: 1.18

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

Result: Increase

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 52,261

2026 Work RVU: 1.17
2026 NF PE RVU: 2.68
2026 Fac PE RVU: 0.26

RUC Recommendation: 1.20

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2024 Medicare Utilization: 16,262

2026 Work RVU: 1.42
2026 NF PE RVU: 2.66
2026 Fac PE RVU: 0.24
Result: Increase

RUC Recommendation: Refer to CPT Assistant. 1.46

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** March 2025

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 56,435

2026 Work RVU: 0.78
2026 NF PE RVU: 2.49
2026 Fac PE RVU: 0.24
Result: Increase

RUC Recommendation: 1.19

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

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 81,606

2026 Work RVU: 1.07
2026 NF PE RVU: 2.78
2026 Fac PE RVU: 0.34
Result: Increase

RUC Recommendation: 1.43

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 36,273

2026 Work RVU: 1.27
2026 NF PE RVU: 3.11
2026 Fac PE RVU: 0.41

RUC Recommendation: 1.80

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

Result: Increase

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

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

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

First Identified: January 2012

2024 Medicare Utilization: 5,563

2026 Work RVU: 1.64
2026 NF PE RVU: 3.48
2026 Fac PE RVU: 0.50

RUC Recommendation: 2.00

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

Result: Increase

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

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

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

First Identified: October 2010

2024 Medicare Utilization: 521,874

2026 Work RVU: 0.17
2026 NF PE RVU: 0.25
2026 Fac PE RVU: 0.02

RUC Recommendation: 0.17

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

Result: Maintain

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

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

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

First Identified: Septemer 2011

2024 Medicare Utilization: 1,838,919

2026 Work RVU: 0.31
2026 NF PE RVU: 0.64
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2024 Medicare Utilization:** 5,354,935

2026 Work RVU: 0.53
2026 NF PE RVU: 0.77
2026 Fac PE RVU: 0.06

RUC Recommendation: 0.54 (Interim) **Referred to CPT** **Result:** Maintain

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

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

Most Recent RUC Meeting: January 2016 **Tab:** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2024 Medicare Utilization:** 209,178

2026 Work RVU: 1.02
2026 NF PE RVU: 2.24
2026 Fac PE RVU: 0.36

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain

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

11750 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal** **Global:** 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2024 Medicare Utilization:** 146,794

2026 Work RVU: 1.54
2026 NF PE RVU: 3.04
2026 Fac PE RVU: 1.14

RUC Recommendation: 1.99 **Referred to CPT** **Result:** Decrease

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

11752 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx** **Global:** **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: July 2016

2024 Medicare Utilization: 59,513

2026 Work RVU: 1.22
2026 NF PE RVU: 2.25
2026 Fac PE RVU: 0.30

RUC Recommendation: 1.25

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

Result: Decrease

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

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

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

First Identified: October 2009

2024 Medicare Utilization: 257,162

2026 Work RVU: 0.51
2026 NF PE RVU: 1.14
2026 Fac PE RVU: 0.16

RUC Recommendation: 0.52

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

Result: Maintain

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

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

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

First Identified: February 2010

2024 Medicare Utilization: 62,417

2026 Work RVU: 0.78
2026 NF PE RVU: 1.21
2026 Fac PE RVU: 0.24

RUC Recommendation: 0.80

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** April 2013 **2024 Medicare Utilization:** 25,931

2026 Work RVU: 1.07
2026 NF PE RVU: 1.67
2026 Fac PE RVU: 0.23

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

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

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2024 Medicare Utilization:** 8,018

2026 Work RVU: 1.11
2026 NF PE RVU: 1.90
2026 Fac PE RVU: 0.32

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

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

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

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2024 Medicare Utilization:** 1,658

2026 Work RVU: 1.31
2026 NF PE RVU: 1.90
2026 Fac PE RVU: 0.35

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2024 Medicare Utilization:** 1,046

2026 Work RVU: 1.86
2026 NF PE RVU: 2.13
2026 Fac PE RVU: 0.46
Result: Decrease

RUC Recommendation: 2.10 **Referred to CPT** May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

12001 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2024 Medicare Utilization:** 146,365

2026 Work RVU: 0.82
2026 NF PE RVU: 2.42
2026 Fac PE RVU: 0.32
Result: Decrease

RUC Recommendation: 0.84 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2024 Medicare Utilization:** 122,519

2026 Work RVU: 1.11
2026 NF PE RVU: 2.82
2026 Fac PE RVU: 0.37
Result: Decrease

RUC Recommendation: 1.14 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm** **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 19,907

2026 Work RVU: 1.40
2026 NF PE RVU: 3.12
2026 Fac PE RVU: 0.43
Result: Decrease

RUC Recommendation: 1.44 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 5,315

2026 Work RVU: 1.92
2026 NF PE RVU: 3.97
2026 Fac PE RVU: 0.34

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 920

2026 Work RVU: 2.33
2026 NF PE RVU: 4.35
2026 Fac PE RVU: 0.43

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

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

12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 355

2026 Work RVU: 2.83
2026 NF PE RVU: 4.22
2026 Fac PE RVU: 0.56

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 80,678

2026 Work RVU: 1.04
2026 NF PE RVU: 2.91
2026 Fac PE RVU: 0.36

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 48,332

2026 Work RVU: 1.19
2026 NF PE RVU: 2.90
2026 Fac PE RVU: 0.21

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 6,735

2026 Work RVU: 1.53
2026 NF PE RVU: 3.28
2026 Fac PE RVU: 0.27

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease

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

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 3,267

2026 Work RVU: 1.93
2026 NF PE RVU: 3.95
2026 Fac PE RVU: 0.33

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease

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

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 469

2026 Work RVU: 2.61
2026 NF PE RVU: 4.80
2026 Fac PE RVU: 0.44

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 61

2026 Work RVU: 3.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.74

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease

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

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2024 Medicare Utilization:** 22

2026 Work RVU: 3.52
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.81

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 62,168

2026 Work RVU: 1.95
2026 NF PE RVU: 5.60
2026 Fac PE RVU: 1.81

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2024 Medicare Utilization:** 356,561

2026 Work RVU: 2.46
2026 NF PE RVU: 6.25
2026 Fac PE RVU: 2.22

RUC Recommendation: 2.52 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 35,245

2026 Work RVU: 2.90
2026 NF PE RVU: 6.73
2026 Fac PE RVU: 2.10

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 5,535

2026 Work RVU: 3.41
2026 NF PE RVU: 8.37
2026 Fac PE RVU: 2.69

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 1,127

2026 Work RVU: 4.12
2026 NF PE RVU: 9.35
2026 Fac PE RVU: 3.07

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 536

2026 Work RVU: 4.88
2026 NF PE RVU: 10.11
2026 Fac PE RVU: 3.27

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase

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

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 20,425

2026 Work RVU: 2.05
2026 NF PE RVU: 5.57
2026 Fac PE RVU: 1.57

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 67,490

2026 Work RVU: 2.72
2026 NF PE RVU: 6.11
2026 Fac PE RVU: 2.02

RUC Recommendation: 2.79 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 3,296

2026 Work RVU: 3.11
2026 NF PE RVU: 8.07
2026 Fac PE RVU: 2.16

RUC Recommendation: 3.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 349

2026 Work RVU: 3.66
2026 NF PE RVU: 9.22
2026 Fac PE RVU: 3.69

RUC Recommendation: 3.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 81

2026 Work RVU: 4.19
2026 NF PE RVU: 11.38
2026 Fac PE RVU: 4.07

RUC Recommendation: 4.60 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 33

2026 Work RVU: 4.83
2026 NF PE RVU: 12.16
2026 Fac PE RVU: 4.23

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 50,115

2026 Work RVU: 2.27
2026 NF PE RVU: 5.91
2026 Fac PE RVU: 1.91

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 97,851

2026 Work RVU: 2.80
2026 NF PE RVU: 6.20
2026 Fac PE RVU: 2.03

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 16,481

2026 Work RVU: 3.09
2026 NF PE RVU: 7.33
2026 Fac PE RVU: 2.12

RUC Recommendation: 3.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 3,792

2026 Work RVU: 3.41
2026 NF PE RVU: 7.79
2026 Fac PE RVU: 1.98

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 297

2026 Work RVU: 4.39
2026 NF PE RVU: 11.07
2026 Fac PE RVU: 3.54

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 26

2026 Work RVU: 5.17
2026 NF PE RVU: 12.55
2026 Fac PE RVU: 4.32

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 17

2026 Work RVU: 5.85
2026 NF PE RVU: 12.48
2026 Fac PE RVU: 4.51

RUC Recommendation: 6.28 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2024 Medicare Utilization:** 5,319

2026 Work RVU: 2.93
2026 NF PE RVU: 6.83
2026 Fac PE RVU: 1.83

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

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

13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2024 Medicare Utilization:** 93,274

2026 Work RVU: 3.41
2026 NF PE RVU: 7.88
2026 Fac PE RVU: 2.48

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

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

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2024 Medicare Utilization:** 21,453

2026 Work RVU: 1.21
2026 NF PE RVU: 2.19
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2024 Medicare Utilization:** 12,288

2026 Work RVU: 3.15
2026 NF PE RVU: 6.98
2026 Fac PE RVU: 2.41

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2024 Medicare Utilization:** 210,815

2026 Work RVU: 3.90
2026 NF PE RVU: 8.17
2026 Fac PE RVU: 2.11

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

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

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2024 Medicare Utilization:** 26,938

2026 Work RVU: 1.40
2026 NF PE RVU: 2.23
2026 Fac PE RVU: 0.42

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

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

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 37,007

2026 Work RVU: 3.64
2026 NF PE RVU: 7.44
2026 Fac PE RVU: 2.04

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2024 Medicare Utilization:** 278,205

2026 Work RVU: 4.66
2026 NF PE RVU: 8.67
2026 Fac PE RVU: 2.34

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2024 Medicare Utilization:** 13,142

2026 Work RVU: 2.14
2026 NF PE RVU: 2.62
2026 Fac PE RVU: 0.65

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2024 Medicare Utilization:** 28,894

2026 Work RVU: 4.23
2026 NF PE RVU: 7.82
2026 Fac PE RVU: 2.25

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 50,133

2026 Work RVU: 5.21
2026 NF PE RVU: 8.86
2026 Fac PE RVU: 2.52
Result: Decrease

RUC Recommendation: 5.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2024 Medicare Utilization:** 695

2026 Work RVU: 2.32
2026 NF PE RVU: 2.98
2026 Fac PE RVU: 0.72
Result: Maintain

RUC Recommendation: 2.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2024 Medicare Utilization:** 5,361

2026 Work RVU: 6.21
2026 NF PE RVU: 12.68
2026 Fac PE RVU: 6.63
Result: Decrease

RUC Recommendation: 6.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 8,216

2026 Work RVU: 8.56
2026 NF PE RVU: 15.49
2026 Fac PE RVU: 7.83

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2024 Medicare Utilization:** 15,491

2026 Work RVU: 7.04
2026 NF PE RVU: 13.44
2026 Fac PE RVU: 7.06

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 19,804

2026 Work RVU: 9.48
2026 NF PE RVU: 15.64
2026 Fac PE RVU: 7.78

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2024 Medicare Utilization:** 57,340

2026 Work RVU: 8.39
2026 NF PE RVU: 13.51
2026 Fac PE RVU: 6.89

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 44,421

2026 Work RVU: 10.56
2026 NF PE RVU: 15.88
2026 Fac PE RVU: 7.70

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2024 Medicare Utilization:** 77,532

2026 Work RVU: 9.00
2026 NF PE RVU: 13.03
2026 Fac PE RVU: 7.10

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 30,645

2026 Work RVU: 11.19
2026 NF PE RVU: 17.35
2026 Fac PE RVU: 8.40

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 44,587

2026 Work RVU: 12.33
2026 NF PE RVU: 19.16
2026 Fac PE RVU: 8.63

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 61,782

2026 Work RVU: 3.64
2026 NF PE RVU: 2.35
2026 Fac PE RVU: 1.17

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

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

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2024 Medicare Utilization:** 28,983

2026 Work RVU: 3.56
2026 NF PE RVU: 6.66
2026 Fac PE RVU: 1.69

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2024 Medicare Utilization:** 36,648

2026 Work RVU: 4.47
2026 NF PE RVU: 7.02
2026 Fac PE RVU: 1.76

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

Referred to CPT

Result: Maintain

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

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2024 Medicare Utilization:** 9,359

2026 Work RVU: 9.65
2026 NF PE RVU: 16.06
2026 Fac PE RVU: 8.21

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

Referred to CPT

Result: Maintain

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

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 6,455

2026 Work RVU: 9.90
2026 NF PE RVU: 14.64
2026 Fac PE RVU: 6.88

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 8,597

2026 Work RVU: 7.89
2026 NF PE RVU: 14.43
2026 Fac PE RVU: 7.09

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

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

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2024 Medicare Utilization:** 11,539

2026 Work RVU: 10.15
2026 NF PE RVU: 16.58
2026 Fac PE RVU: 9.41

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 290,931

2026 Work RVU: 1.46
2026 NF PE RVU: 3.06
2026 Fac PE RVU: 0.58

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease

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

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 56,587

2026 Work RVU: 0.32
2026 NF PE RVU: 0.40
2026 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen. 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 13,323

2026 Work RVU: 3.41
2026 NF PE RVU: 5.61
2026 Fac PE RVU: 1.11

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 34,411

2026 Work RVU: 0.78
2026 NF PE RVU: 1.65
2026 Fac PE RVU: 0.21

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 197,472

2026 Work RVU: 1.78
2026 NF PE RVU: 2.82
2026 Fac PE RVU: 0.54

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 11,689

2026 Work RVU: 0.49
2026 NF PE RVU: 0.45
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 1,919

2026 Work RVU: 3.90
2026 NF PE RVU: 6.21
2026 Fac PE RVU: 1.30

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 3,050

2026 Work RVU: 0.98
2026 NF PE RVU: 1.85
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease

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

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15360 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15361 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15365 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15401 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15420 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 187

2026 Work RVU: 9.95
2026 NF PE RVU: 17.44
2026 Fac PE RVU: 8.20

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Maintain

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

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2024 Medicare Utilization:** 408

2026 Work RVU: 9.87
2026 NF PE RVU: 16.35
2026 Fac PE RVU: 8.43

RUC Recommendation: 9.94 **Referred to CPT** **Result:** Maintain

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

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

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,963

2026 Work RVU: 10.43
2026 NF PE RVU: 14.25
2026 Fac PE RVU: 7.19

RUC Recommendation: 10.52 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 4,810

2026 Work RVU: 9.14
2026 NF PE RVU: 13.51
2026 Fac PE RVU: 6.60

RUC Recommendation: 9.24 **Referred to CPT** **Result:** Maintain

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

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2024 Medicare Utilization:** 1,764

2026 Work RVU: 13.16
2026 NF PE RVU: 28.49
2026 Fac PE RVU: 8.77

RUC Recommendation: 13.50 **Referred to CPT** September 2016 **Result:** Decrease

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

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2024 Medicare Utilization:** 2,076

2026 Work RVU: 14.02
2026 NF PE RVU: 18.22
2026 Fac PE RVU: 10.11

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW

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

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2024 Medicare Utilization:** 4,209

2026 Work RVU: 15.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.32

RUC Recommendation: 15.68 **Referred to CPT** September 2016 **Result:** Decrease

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

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period / CMS Request - NRPM for 2027 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** October 2015 **2024 Medicare Utilization:** 23,331

2026 Work RVU: 22.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.11

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2024 Medicare Utilization:** 1,486

2026 Work RVU: 16.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.35

RUC Recommendation: 17.04

Referred to CPT September 2016

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

Result: Maintain

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2024 Medicare Utilization:** 5,069

2026 Work RVU: 18.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.20

RUC Recommendation: 19.04

Referred to CPT September 2016

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

Result: Maintain

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

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

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS

First Identified: September 2007 **2024 Medicare Utilization:** 2,002

2026 Work RVU: 11.51
2026 NF PE RVU: 18.07
2026 Fac PE RVU: 9.14

RUC Recommendation: 11.57

Referred to CPT February 2009 & February 2012

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2024 Medicare Utilization:** 4,701

2026 Work RVU: 6.51
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.78

RUC Recommendation: 6.68 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2023

15771 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2024 Medicare Utilization:** 3,336

2026 Work RVU: 6.56
2026 NF PE RVU: 12.06
2026 Fac PE RVU: 6.39

RUC Recommendation: 6.73 **Referred to CPT** **Result:** Increase

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

15772 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2024 Medicare Utilization:** 7,729

2026 Work RVU: 2.44
2026 NF PE RVU: 3.27
2026 Fac PE RVU: 0.89

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

15773 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2024 Medicare Utilization:** 508

2026 Work RVU: 6.66
2026 NF PE RVU: 10.97
2026 Fac PE RVU: 5.82

RUC Recommendation: 6.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

15774 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2024 Medicare Utilization:** 92

2026 Work RVU: 2.35
2026 NF PE RVU: 3.23
2026 Fac PE RVU: 0.86

RUC Recommendation: 2.41 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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

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

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2024 Medicare Utilization:** 7,120

2026 Work RVU: 3.56
2026 NF PE RVU: 2.48
2026 Fac PE RVU: 1.23

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

15778 **Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 302

2026 Work RVU: 6.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.00

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2024 Medicare Utilization:** 89,206

2026 Work RVU: 6.64
2026 NF PE RVU: 11.73
2026 Fac PE RVU: 7.20

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2024 Medicare Utilization:** 10,784

2026 Work RVU: 0.69
2026 NF PE RVU: 1.97
2026 Fac PE RVU: 0.82

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2024 Medicare Utilization:** 1,549

2026 Work RVU: 1.70
2026 NF PE RVU: 2.99
2026 Fac PE RVU: 1.08

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2024 Medicare Utilization:** 820

2026 Work RVU: 2.03
2026 NF PE RVU: 3.94
2026 Fac PE RVU: 1.22

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Maintain

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

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List / 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AADA **First Identified:** October 2010 **2024 Medicare Utilization:** 6,301,971

2026 Work RVU: 0.59
2026 NF PE RVU: 1.34
2026 Fac PE RVU: 0.78

RUC Recommendation: Deleted from CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 / 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AADA **First Identified:** October 2010 **2024 Medicare Utilization:** 19,860,032

2026 Work RVU: 0.04
2026 NF PE RVU: 0.15
2026 Fac PE RVU: 0.01

RUC Recommendation: Deleted from CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

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

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt / 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AADA **First Identified:** September 2011 **2024 Medicare Utilization:** 852,857

2026 Work RVU: 1.34
2026 NF PE RVU: 3.39
2026 Fac PE RVU: 1.00

RUC Recommendation: Deleted from CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2024 Medicare Utilization:** 4,667

2026 Work RVU: 3.60
2026 NF PE RVU: 6.22
2026 Fac PE RVU: 3.15

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2024 Medicare Utilization:** 2,184

2026 Work RVU: 4.67
2026 NF PE RVU: 8.09
2026 Fac PE RVU: 4.09

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2024 Medicare Utilization:** 6,992

2026 Work RVU: 7.30
2026 NF PE RVU: 10.71
2026 Fac PE RVU: 5.37

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** Destruction of Benign Lesion **Screen:** High Volume Growth2 / RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million / 2025 OIG Study on Post-operative visits **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 07 **Specialty Developing Recommendation:** AADA, APMA **First Identified:** April 2013 **2024 Medicare Utilization:** 3,196,438

2026 Work RVU: 0.68
2026 NF PE RVU: 2.57
2026 Fac PE RVU: 1.11

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** Destruction of Benign Lesion **Screen:** High Volume Growth2 / RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million / 2025 OIG Study on Post-operative visits **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 07 **Specialty Developing Recommendation:** AADA **First Identified:** April 2013 **2024 Medicare Utilization:** 150,443

2026 Work RVU: 0.95
2026 NF PE RVU: 2.86
2026 Fac PE RVU: 1.18
Result: Decrease

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 207,936

2026 Work RVU: 0.49
2026 NF PE RVU: 2.14
2026 Fac PE RVU: 0.50
Result:

RUC Recommendation: Review in 2 years (April 2027). **Referred to CPT** September 2016 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Sep 2016

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2024 Medicare Utilization:** 130,980

2026 Work RVU: 1.19
2026 NF PE RVU: 3.01
2026 Fac PE RVU: 0.92
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2024 Medicare Utilization:** 309,905

2026 Work RVU: 1.59
2026 NF PE RVU: 3.44
2026 Fac PE RVU: 1.04

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2024 Medicare Utilization:** 42,035

2026 Work RVU: 1.50
2026 NF PE RVU: 3.20
2026 Fac PE RVU: 1.02

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2024 Medicare Utilization:** 74,603

2026 Work RVU: 1.77
2026 NF PE RVU: 3.54
2026 Fac PE RVU: 1.09

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2024 Medicare Utilization:** 57,871

2026 Work RVU: 1.73
2026 NF PE RVU: 3.35
2026 Fac PE RVU: 1.08

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2024 Medicare Utilization:** 60,487

2026 Work RVU: 2.04
2026 NF PE RVU: 3.76
2026 Fac PE RVU: 1.17

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

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

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

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2024 Medicare Utilization:** 931,087

2026 Work RVU: 6.05
2026 NF PE RVU: 13.32
2026 Fac PE RVU: 1.95

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2011 **2024 Medicare Utilization:** 505,111

2026 Work RVU: 3.22
2026 NF PE RVU: 8.50
2026 Fac PE RVU: 1.03

RUC Recommendation: 3.30

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

Result: Maintain

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

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

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

First Identified: January 2012 **2024 Medicare Utilization:** 205,164

2026 Work RVU: 5.42
2026 NF PE RVU: 12.79
2026 Fac PE RVU: 1.76

RUC Recommendation: 5.56

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

Result: Maintain

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

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

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

First Identified: January 2012 **2024 Medicare Utilization:** 70,675

2026 Work RVU: 2.98
2026 NF PE RVU: 8.26
2026 Fac PE RVU: 0.91

RUC Recommendation: 3.06

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2024 Medicare Utilization:** 18,803

2026 Work RVU: 0.85
2026 NF PE RVU: 1.45
2026 Fac PE RVU: 0.28
Result: Maintain

RUC Recommendation: 0.87

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

17380 **Electrolysis epilation, each 30 minutes**

Global: 000 **Issue:** RAW **Screen:** Medicaid High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 6

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00
Result: Maintain

RUC Recommendation: No specialty society interest.

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

17X01

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation:

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

Status Report: CMS Requests and Relativity Assessment Issues

17X02

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation:

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

Result:

17X03

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation:

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

Result:

17X05

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation:

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

Result:

17X06

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation:

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

17X07

Global: **Issue:** Destruction of Premalignant Lesions **Screen:** 2025 OIG Study on Post-operative visits **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

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

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 888

2026 Work RVU: 3.73
2026 NF PE RVU: 10.75
2026 Fac PE RVU: 4.82
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 54,947

2026 Work RVU: 3.21
2026 NF PE RVU: 10.77
2026 Fac PE RVU: 0.58
Result: Decrease

RUC Recommendation: 3.29 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 4,187

2026 Work RVU: 1.61
2026 NF PE RVU: 9.11
2026 Fac PE RVU: 0.30

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

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

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 105,528

2026 Work RVU: 3.02
2026 NF PE RVU: 10.89
2026 Fac PE RVU: 0.55

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

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

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 13,824

2026 Work RVU: 1.51
2026 NF PE RVU: 9.03
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 7,910

2026 Work RVU: 3.55
2026 NF PE RVU: 17.64
2026 Fac PE RVU: 0.63

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

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

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 1,601

2026 Work RVU: 1.77
2026 NF PE RVU: 14.63
2026 Fac PE RVU: 0.32

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

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

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

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

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

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 20,815

2026 Work RVU: 1.95
2026 NF PE RVU: 4.89
2026 Fac PE RVU: 0.35

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 3,127

2026 Work RVU: 0.98
2026 NF PE RVU: 3.87
2026 Fac PE RVU: 0.18

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 3,724

2026 Work RVU: 1.95
2026 NF PE RVU: 5.34
2026 Fac PE RVU: 0.36

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 504

2026 Work RVU: 0.98
2026 NF PE RVU: 4.35
2026 Fac PE RVU: 0.18

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 28,732

2026 Work RVU: 1.66
2026 NF PE RVU: 8.65
2026 Fac PE RVU: 0.31

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 2,596

2026 Work RVU: 0.83
2026 NF PE RVU: 7.67
2026 Fac PE RVU: 0.16

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

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

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 280

2026 Work RVU: 2.49
2026 NF PE RVU: 15.24
2026 Fac PE RVU: 0.45

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

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

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:** 71

2026 Work RVU: 1.25
2026 NF PE RVU: 12.32
2026 Fac PE RVU: 0.23

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;** **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

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

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

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

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)** **Global:** **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2024 Medicare Utilization:** 23,001

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.04
Result: Decrease

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 2,855

2026 Work RVU: 17.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.66
Result: Decrease

RUC Recommendation: 17.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

19318 **Breast reduction**

Global: 090 **Issue:** Breast Reduction **Screen:** Site of Service Anomaly (99238-Only) / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 7,170

2026 Work RVU: 15.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.76
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** October 2009 **2024 Medicare Utilization:** 2,012

2026 Work RVU: 10.22
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.76

RUC Recommendation: 11.00 **Referred to CPT** **Result:** Decrease

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

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

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 5,488

2026 Work RVU: 14.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.94

RUC Recommendation: 15.36 **Referred to CPT** October 2009 **Result:** Decrease

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

19380 **Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)**

Global: 090 **Issue:** Secondary Breast Mound Procedure **Screen:** CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** July 2026 **2024 Medicare Utilization:** 5,688

2026 Work RVU: 10.89
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.09

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

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

Status Report: CMS Requests and Relativity Assessment Issues

20000 **Deleted from CPT** **Global:** **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2024 Medicare Utilization:** 11,557

2026 Work RVU: 1.61
2026 NF PE RVU: 4.90
2026 Fac PE RVU: 0.51

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2024 Medicare Utilization:** 11,582

2026 Work RVU: 2.39
2026 NF PE RVU: 8.28
2026 Fac PE RVU: 0.74

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2024 Medicare Utilization:** 6,449

2026 Work RVU: 2.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.95

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase

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

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2024 Medicare Utilization:** 4,477

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.18

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease

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

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated**

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,200

2026 Work RVU: 3.45
2026 NF PE RVU: 10.78
2026 Fac PE RVU: 2.87

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

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

Status Report: CMS Requests and Relativity Assessment Issues

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2024 Medicare Utilization:** 102,559

2026 Work RVU: 0.92
2026 NF PE RVU: 1.55
2026 Fac PE RVU: 0.39

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

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

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

Most Recent RUC Meeting: January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2024 Medicare Utilization:** 835,367

2026 Work RVU: 0.73
2026 NF PE RVU: 0.99
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2024 Medicare Utilization:** 120,314

2026 Work RVU: 0.73
2026 NF PE RVU: 1.00
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 233,793

2026 Work RVU: 0.64
2026 NF PE RVU: 0.84
2026 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

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

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 284,932

2026 Work RVU: 0.73
2026 NF PE RVU: 0.98
2026 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance** **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2024 Medicare Utilization:** 489,895

2026 Work RVU: 0.64
2026 NF PE RVU: 0.96
2026 Fac PE RVU: 0.22

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting** **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2024 Medicare Utilization:** 68,785

2026 Work RVU: 0.87
2026 NF PE RVU: 1.63
2026 Fac PE RVU: 0.21

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2024 Medicare Utilization:** 384,244

2026 Work RVU: 0.66
2026 NF PE RVU: 0.97
2026 Fac PE RVU: 0.22

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2024 Medicare Utilization:** 65,165

2026 Work RVU: 0.98
2026 NF PE RVU: 1.72
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

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

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2024 Medicare Utilization:** 5,931,735

2026 Work RVU: 0.77
2026 NF PE RVU: 1.16
2026 Fac PE RVU: 0.29

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2024 Medicare Utilization:** 1,268,980

2026 Work RVU: 1.07
2026 NF PE RVU: 1.91
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease

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

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

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

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2024 Medicare Utilization:** 25,842

2026 Work RVU: 0.68
2026 NF PE RVU: 1.26
2026 Fac PE RVU: 0.33

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

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2024 Medicare Utilization:** 44,820

2026 Work RVU: 5.81
2026 NF PE RVU: 12.05
2026 Fac PE RVU: 4.94

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2024 Medicare Utilization:** 2,846

2026 Work RVU: 15.86
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.57

RUC Recommendation: Maintain

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2024 Medicare Utilization:** 5,034

2026 Work RVU: 4.17
2026 NF PE RVU: 8.87
2026 Fac PE RVU: 4.88

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

First Identified: May 2018 **2024 Medicare Utilization:** 1,434

2026 Work RVU: 1.46
2026 NF PE RVU: 0.82
2026 Fac PE RVU: 0.40

RUC Recommendation: 1.50

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

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

First Identified: May 2018 **2024 Medicare Utilization:** 193

2026 Work RVU: 1.10
2026 NF PE RVU: 0.66
2026 Fac PE RVU: 0.33

RUC Recommendation: 1.13

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

20702 **Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2024 Medicare Utilization:** 770

2026 Work RVU: 2.44
2026 NF PE RVU: 1.50
2026 Fac PE RVU: 0.75

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2024 Medicare Utilization:** 40

2026 Work RVU: 1.76
2026 NF PE RVU: 1.11
2026 Fac PE RVU: 0.56

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2024 Medicare Utilization:** 1,198

2026 Work RVU: 2.54
2026 NF PE RVU: 1.61
2026 Fac PE RVU: 0.80

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2024 Medicare Utilization:** 257

2026 Work RVU: 2.10
2026 NF PE RVU: 1.31
2026 Fac PE RVU: 0.65

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 4,988

2026 Work RVU: 2.93
2026 NF PE RVU: 8.52
2026 Fac PE RVU: 1.40

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

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

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2024 Medicare Utilization:** 4,539

2026 Work RVU: 4.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.94

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

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

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

20985 **Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Computer Assisted Surgical Navigation **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 06 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2024 **2024 Medicare Utilization:** 78,871

2026 Work RVU: 2.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.77

RUC Recommendation: 2.50 **Referred to CPT** February 2025 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 289

2026 Work RVU: 9.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.82

RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase

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

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible**

Global: 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,590

2026 Work RVU: 9.78
2026 NF PE RVU: 14.06
2026 Fac PE RVU: 7.28

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease

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

21076 **Impression and custom preparation; surgical obturator prosthesis**

Global: 010 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA **First Identified:** July 2025 **2024 Medicare Utilization:** 184

2026 Work RVU: 13.07
2026 NF PE RVU: 12.80
2026 Fac PE RVU: 4.07

RUC Recommendation: 11.56 **Referred to CPT** **Result:** Decrease

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

21077 **Impression and custom preparation; orbital prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA **First Identified:** July 2025 **2024 Medicare Utilization:** 11

2026 Work RVU: 32.86
2026 NF PE RVU: 29.07
2026 Fac PE RVU: 9.15

RUC Recommendation: 33.33 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

21079 **Impression and custom preparation; interim obturator prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 494

2026 Work RVU: 21.75
2026 NF PE RVU: 21.26
2026 Fac PE RVU: 6.72

RUC Recommendation: 20.00

Referred to CPT

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

Result: Decrease

21080 **Impression and custom preparation; definitive obturator prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 523

2026 Work RVU: 24.43
2026 NF PE RVU: 24.45
2026 Fac PE RVU: 7.48

RUC Recommendation: 25.42

Referred to CPT

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

Result: Decrease

21081 **Impression and custom preparation; mandibular resection prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 338

2026 Work RVU: 22.28
2026 NF PE RVU: 22.71
2026 Fac PE RVU: 6.95

RUC Recommendation: 25.42

Referred to CPT

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

Result: Decrease

21082 **Impression and custom preparation; palatal augmentation prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 206

2026 Work RVU: 20.32
2026 NF PE RVU: 22.14
2026 Fac PE RVU: 7.02

RUC Recommendation: 25.38

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

21083 **Impression and custom preparation; palatal lift prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 30

2026 Work RVU: 18.79
2026 NF PE RVU: 21.33
2026 Fac PE RVU: 6.49

RUC Recommendation: 20.01

Referred to CPT

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

Result: Decrease

21084 **Impression and custom preparation; speech aid prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 31

2026 Work RVU: 21.92
2026 NF PE RVU: 23.80
2026 Fac PE RVU: 7.22

RUC Recommendation: 22.43

Referred to CPT

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

Result: Decrease

21085 **Impression and custom preparation; oral surgical splint**

Global: 010 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 2,013

2026 Work RVU: 8.77
2026 NF PE RVU: 11.42
2026 Fac PE RVU: 3.02

RUC Recommendation: 5.90

Referred to CPT

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

Result: Decrease

21086 **Impression and custom preparation; auricular prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025

2024 Medicare Utilization: 24

2026 Work RVU: 24.26
2026 NF PE RVU: 21.70
2026 Fac PE RVU: 6.71

RUC Recommendation: 30.03

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

21087 **Impression and custom preparation; nasal prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025 **2024 Medicare Utilization:** 64

2026 Work RVU: 24.26
2026 NF PE RVU: 21.70
2026 Fac PE RVU: 6.71

RUC Recommendation: 30.57

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

Result: Decrease

21088 **Impression and custom preparation; facial prosthesis**

Global: 090 **Issue:** Maxillofacial Prosthetic Services **Screen:** CMS Request – Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 08 **Specialty Developing Recommendation:** ADA

First Identified: July 2025 **2024 Medicare Utilization:** 23

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 35.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

21495 **Open treatment of hyoid fracture**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:**

First Identified: October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2024 Medicare Utilization:** 389

2026 Work RVU: 14.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.92

RUC Recommendation: 14.57

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21805 **Open treatment of rib fracture without fixation, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 495

2026 Work RVU: 10.52
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.19

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 541

2026 Work RVU: 12.68
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.87

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 56

2026 Work RVU: 17.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.92

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2024 Medicare Utilization:** 92

2026 Work RVU: 1.33
2026 NF PE RVU: 3.76
2026 Fac PE RVU: 3.44

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

---

Status Report: CMS Requests and Relativity Assessment Issues

21825 **Open treatment of sternum fracture with or without skeletal fixation** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 400

2026 Work RVU: 7.57
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.45

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 169

2026 Work RVU: 15.33
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.68

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22210 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 05 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2024 Medicare Utilization:** 458

2026 Work RVU: 24.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 18.44

RUC Recommendation: 24.75 **Referred to CPT** September 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22212 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 05 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2024 Medicare Utilization:** 1,636

2026 Work RVU: 20.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.78

RUC Recommendation: 23.20 **Referred to CPT** September 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** Osteotomy of Spine **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 05 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** October 2008 **2024 Medicare Utilization:** 7,071

2026 Work RVU: 20.49
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.58

RUC Recommendation: 21.72 **Referred to CPT** September 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

22216 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)**

Global: ZZZ **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 05 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2024 **2024 Medicare Utilization:** 11,717

2026 Work RVU: 5.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.95

RUC Recommendation: 3.00 **Referred to CPT** September 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)**

Global: **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2024 Medicare Utilization:** 4,907

2026 Work RVU: 3.36
2026 NF PE RVU: 6.08
2026 Fac PE RVU: 4.58

RUC Recommendation: CPT Assistant article published. 3.45.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2024

Result: Decrease

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 1,732

2026 Work RVU: 7.70
2026 NF PE RVU: 43.96
2026 Fac PE RVU: 2.61

RUC Recommendation: 8.15

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 2,390

2026 Work RVU: 7.15
2026 NF PE RVU: 44.91
2026 Fac PE RVU: 2.60

RUC Recommendation: 8.05

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 1,452

2026 Work RVU: 3.90
2026 NF PE RVU: 17.54
2026 Fac PE RVU: 0.81

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 18,392

2026 Work RVU: 8.43
2026 NF PE RVU: 163.81
2026 Fac PE RVU: 3.58

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 21,453

2026 Work RVU: 7.79
2026 NF PE RVU: 164.72
2026 Fac PE RVU: 3.47

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 12,395

2026 Work RVU: 3.90
2026 NF PE RVU: 84.53
2026 Fac PE RVU: 0.97

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumba**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2024 Medicare Utilization:** 476

2026 Work RVU: 24.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.51

RUC Recommendation: Remove from screen. CPT Assistant article published. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2024 Medicare Utilization:** 30,452

2026 Work RVU: 24.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.44

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2024 Medicare Utilization:** 28,301

2026 Work RVU: 6.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.13

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2024 Medicare Utilization:** 2,798

2026 Work RVU: 17.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.35

RUC Recommendation: CPT Assistant article published. 17.69 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2024 Medicare Utilization:** 21,090

2026 Work RVU: 22.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.21

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2024 Medicare Utilization:** 14,809

2026 Work RVU: 5.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62
Result: Maintain

RUC Recommendation: Remove from screen

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

22600 **Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 29 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** April 2025 **2024 Medicare Utilization:** 15,194

2026 Work RVU: 16.97
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.37
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22612 **Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 41,276

2026 Work RVU: 22.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.38
Result: Maintain

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22614 **Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 146,997

2026 Work RVU: 6.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.11

RUC Recommendation: 6.43 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 3,789

2026 Work RVU: 21.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.81

RUC Recommendation: 22.09 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 1,256

2026 Work RVU: 5.09
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.73

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 34,799

2026 Work RVU: 26.13
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.31

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2024 Medicare Utilization:** 14,014

2026 Work RVU: 7.76
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.60

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22838 **Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed**

Global: 090 **Issue:** Vertebral Body Tethering **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** January 2025 **2024 Medicare Utilization:**

2026 Work RVU: 35.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.57

RUC Recommendation: Review action plan (April 2028) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2024 Medicare Utilization:** 9,606

2026 Work RVU: 13.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.40

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2024 Medicare Utilization:** 2,986

2026 Work RVU: 18.69
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.26

RUC Recommendation: Maintain **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2024 Medicare Utilization:** 701

2026 Work RVU: 5.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.81
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2024 Medicare Utilization:** 736

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.34
Result: Increase

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2024 Medicare Utilization:** 126

2026 Work RVU: 3.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.31
Result: Decrease

RUC Recommendation: 5.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 359

2026 Work RVU: 8.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.30

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 588

2026 Work RVU: 7.22
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.82

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,264

2026 Work RVU: 7.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.22

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 620

2026 Work RVU: 7.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.52

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: April 2011

2024 Medicare Utilization: 21,216

2026 Work RVU: 0.98
2026 NF PE RVU: 3.63
2026 Fac PE RVU: 0.19

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2024 Medicare Utilization: 2,174

2026 Work RVU: 8.33
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.31

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2024 Medicare Utilization: 1,897

2026 Work RVU: 11.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.50

RUC Recommendation: 11.23

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2024 Medicare Utilization: 5,392

2026 Work RVU: 11.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.67

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 190

2026 Work RVU: 9.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.86

RUC Recommendation: 9.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 714

2026 Work RVU: 13.20
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.17

RUC Recommendation: 13.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 22,513

2026 Work RVU: 9.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.94

RUC Recommendation: 10.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 908

2026 Work RVU: 10.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.46

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

Status Report: CMS Requests and Relativity Assessment Issues

23470 **Arthroplasty, glenohumeral joint; hemiarthroplasty**

Global: 090 **Issue:** Arthroplasty - Shoulder **Screen:** Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2025 **2024 Medicare Utilization:** 901

2026 Work RVU: 17.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.57

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty - Shoulder **Screen:** CMS Fastest Growing / High Volume Growth3 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 18 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2024 Medicare Utilization:** 81,690

2026 Work RVU: 21.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.99

RUC Recommendation: 19.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 246

2026 Work RVU: 2.30
2026 NF PE RVU: 5.49
2026 Fac PE RVU: 4.90

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation** **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2024 Medicare Utilization:** 25,181

2026 Work RVU: 2.93
2026 NF PE RVU: 7.87
2026 Fac PE RVU: 6.40
Result: Decrease

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 135

2026 Work RVU: 4.00
2026 NF PE RVU: 8.54
2026 Fac PE RVU: 6.42
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia** **Global:** 090 **Issue:** Closed treatment of shoulder dislocation **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP **First Identified:** October 2015 **2024 Medicare Utilization:** 12,638

2026 Work RVU: 3.44
2026 NF PE RVU: 8.74
2026 Fac PE RVU: 6.75
Result: PE Only

RUC Recommendation: Survey as 000-day global. PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** Closed treatment of shoulder dislocation **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP **First Identified:** October 2015 **2024 Medicare Utilization:** 1,789

2026 Work RVU: 4.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.89

RUC Recommendation: Survey as 000-day global. PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 270

2026 Work RVU: 4.54
2026 NF PE RVU: 9.39
2026 Fac PE RVU: 6.93

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 607

2026 Work RVU: 5.26
2026 NF PE RVU: 10.99
2026 Fac PE RVU: 7.73

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 989

2026 Work RVU: 4.26
2026 NF PE RVU: 9.00
2026 Fac PE RVU: 6.76

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 234

2026 Work RVU: 5.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.66

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 894

2026 Work RVU: 7.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.32

RUC Recommendation: 7.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,502

2026 Work RVU: 5.97
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.87

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 733

2026 Work RVU: 7.84
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.59

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,806

2026 Work RVU: 7.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.32

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2024 Medicare Utilization:** 6,396

2026 Work RVU: 8.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.57

RUC Recommendation: 9.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

25312 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2024 Medicare Utilization:** 254

2026 Work RVU: 9.57
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.43

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

25447 **Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2024 Medicare Utilization:** 21,021

2026 Work RVU: 10.24
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.07

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

25448 **Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2024 Medicare Utilization:**

2026 Work RVU: 11.55
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.78

RUC Recommendation: 13.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 454

2026 Work RVU: 5.70
2026 NF PE RVU: 11.66
2026 Fac PE RVU: 8.26

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25600 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation** **Global:** 090 **Issue:** Closed Treatment Distal Radial Fracture **Screen:** Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 09 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** January 2026 **2024 Medicare Utilization:** 30,211

2026 Work RVU: 2.71
2026 NF PE RVU: 8.28
2026 Fac PE RVU: 6.98

RUC Recommendation: 0.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation** **Global:** 090 **Issue:** Closed Treatment Distal Radial Fracture **Screen:** Emergent Procedures / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 09 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** October 2015 **2024 Medicare Utilization:** 18,132

2026 Work RVU: 6.09
2026 NF PE RVU: 11.55
2026 Fac PE RVU: 9.00

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2024 Medicare Utilization:** 704

2026 Work RVU: 8.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.42

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2024 Medicare Utilization:** 6,515

2026 Work RVU: 9.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.68

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2024 Medicare Utilization:** 5,714

2026 Work RVU: 10.79
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.15

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2024 Medicare Utilization:** 18,014

2026 Work RVU: 14.02
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.22

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 351

2026 Work RVU: 4.77
2026 NF PE RVU: 11.46
2026 Fac PE RVU: 8.75

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2024 Medicare Utilization:** 1,870

2026 Work RVU: 6.67
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.95

RUC Recommendation: 7.79

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

26055 **Tendon sheath incision (eg, for trigger finger)**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2024 Medicare Utilization:** 103,919

2026 Work RVU: 3.03
2026 NF PE RVU: 15.24
2026 Fac PE RVU: 5.00

RUC Recommendation: 3.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,731

2026 Work RVU: 4.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.42

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

Result: Maintain

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2024 Medicare Utilization:** 17,382

2026 Work RVU: 3.48
2026 NF PE RVU: 15.56
2026 Fac PE RVU: 5.10

RUC Recommendation: 3.57 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2024 Medicare Utilization:** 896

2026 Work RVU: 9.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.46

RUC Recommendation: 10.03 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2024 Medicare Utilization:** 62

2026 Work RVU: 10.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.55

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2024 Medicare Utilization:** 44

2026 Work RVU: 12.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.04

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** October 2008 **2024 Medicare Utilization:** 11,257

2026 Work RVU: 8.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.56

RUC Recommendation: 9.50 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26483 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2024 Medicare Utilization:** 436

2026 Work RVU: 8.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.17

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 376

2026 Work RVU: 3.73
2026 NF PE RVU: 7.62
2026 Fac PE RVU: 5.87

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 5,272

2026 Work RVU: 1.76
2026 NF PE RVU: 4.48
2026 Fac PE RVU: 4.12

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 343

2026 Work RVU: 3.15
2026 NF PE RVU: 7.59
2026 Fac PE RVU: 5.14

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** Closed treatment of interphalangeal joint dislocation **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 5,573

2026 Work RVU: 3.07
2026 NF PE RVU: 7.07
2026 Fac PE RVU: 5.46

RUC Recommendation: Refer to CPT. PE Clinical staff pre-time revised **Referred to CPT** May 2027 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 274

2026 Work RVU: 8.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.93

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 2,410

2026 Work RVU: 5.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.23

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2024 Medicare Utilization:** 448,610

2026 Work RVU: 1.44
2026 NF PE RVU: 3.68
2026 Fac PE RVU: 0.63

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Arthroplasty - Hip **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 19 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2024 Medicare Utilization:** 177,912

2026 Work RVU: 19.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.63

RUC Recommendation: 17.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2024 Medicare Utilization:** 9,224

2026 Work RVU: 29.52
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.96

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2024 Medicare Utilization:** 7,747

2026 Work RVU: 1.49
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.91

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2024 Medicare Utilization:** 128

2026 Work RVU: 4.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.89

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2024 Medicare Utilization:** 2,076

2026 Work RVU: 5.36
2026 NF PE RVU: 7.00
2026 Fac PE RVU: 5.20

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 1,390

2026 Work RVU: 5.66
2026 NF PE RVU: 9.18
2026 Fac PE RVU: 7.29

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 124

2026 Work RVU: 11.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.92

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement**

Global: 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2024 Medicare Utilization:** 53,492

2026 Work RVU: 17.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.86

RUC Recommendation: 17.61 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 144

2026 Work RVU: 13.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.51

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2024 Medicare Utilization:** 2,867

2026 Work RVU: 17.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.10

RUC Recommendation: 18.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2024 Medicare Utilization:** 72,238

2026 Work RVU: 17.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.05
Result: Decrease

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2024 Medicare Utilization:** 2,401

2026 Work RVU: 3.72
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.61
Result: Decrease

RUC Recommendation: 3.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 795

2026 Work RVU: 10.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.40
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia**

Global: 090 **Issue:** Closed treatment of post hip arthroplasty dislocation **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, ACEP **First Identified:** October 2015 **2024 Medicare Utilization:** 7,051

2026 Work RVU: 5.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.44

RUC Recommendation: Survey as 000-day global. PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** Closed treatment of post hip arthroplasty dislocation **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, ACEP **First Identified:** October 2015 **2024 Medicare Utilization:** 3,725

2026 Work RVU: 7.59
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.49

RUC Recommendation: Survey as 000-day global. PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum**

Global: 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2024 Medicare Utilization:** 6,679

2026 Work RVU: 11.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.26

RUC Recommendation: 9.03

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)** **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 678

2026 Work RVU: 4.91
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.02

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography** **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, AAPA, ACR, ANA, SIR **First Identified:** June 2017 **2024 Medicare Utilization:** 15,776

2026 Work RVU: 0.75
2026 NF PE RVU: 4.62
2026 Fac PE RVU: 0.19

RUC Recommendation: CPT Assistant article published. 0.96 **Referred to CPT** February 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2024

27370 **Injection of contrast for knee arthrography** **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Arthroplasty - Knee **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million / Site of Service Anomaly - 2020 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAOS

First Identified: September 2011 **2024 Medicare Utilization:** 11,498

2026 Work RVU: 16.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.13
Result: Decrease

RUC Recommendation: 17.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Arthroplasty - Knee **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAOS

First Identified: September 2011 **2024 Medicare Utilization:** 309,610

2026 Work RVU: 19.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.59
Result: Decrease

RUC Recommendation: 17.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2024 Medicare Utilization:** 346

2026 Work RVU: 11.08
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.93
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 291

2026 Work RVU: 9.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.45
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27550 **Closed treatment of knee dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 254

2026 Work RVU: 5.83
2026 NF PE RVU: 11.36
2026 Fac PE RVU: 8.50
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27552 **Closed treatment of knee dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 181

2026 Work RVU: 7.98
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.50
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 196

2026 Work RVU: 15.33
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.61
Result: Increase

RUC Recommendation: 15.54

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 628

2026 Work RVU: 6.74
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.19

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,677

2026 Work RVU: 11.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.90

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2024 Medicare Utilization:** 935

2026 Work RVU: 9.59
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.13

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2024 Medicare Utilization:** 2,113

2026 Work RVU: 8.98
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.26

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27654 **Repair, secondary, Achilles tendon, with or without graft** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,157

2026 Work RVU: 10.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.36

RUC Recommendation: 10.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,994

2026 Work RVU: 6.52
2026 NF PE RVU: 12.98
2026 Fac PE RVU: 5.84

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

27687 **Gastrocnemius recession (eg, Strayer procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 5,871

2026 Work RVU: 6.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.77

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,057

2026 Work RVU: 8.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.91

RUC Recommendation: 8.96 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,968

2026 Work RVU: 10.23
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.04

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 903

2026 Work RVU: 6.11
2026 NF PE RVU: 10.77
2026 Fac PE RVU: 7.54

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 265

2026 Work RVU: 5.33
2026 NF PE RVU: 11.10
2026 Fac PE RVU: 8.16

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2024 Medicare Utilization:** 5,551

2026 Work RVU: 8.53
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.06

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27808 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation**

Global: 090 **Issue:** Closed Treatment of Ankle Fracture **Screen:** Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** September 2026 **2024 Medicare Utilization:** 2,232

2026 Work RVU: 2.95
2026 NF PE RVU: 7.92
2026 Fac PE RVU: 6.05

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** Closed Treatment of Ankle Fracture **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** October 2015 **2024 Medicare Utilization:** 2,337

2026 Work RVU: 5.19
2026 NF PE RVU: 10.48
2026 Fac PE RVU: 7.54

RUC Recommendation: Survey. PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2024 Medicare Utilization:** 7,177

2026 Work RVU: 10.35
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.01

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

27816 **Closed treatment of trimalleolar ankle fracture; without manipulation**

Global: 090 **Issue:** Closed Treatment of Ankle Fracture **Screen:** Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** September 2026 **2024 Medicare Utilization:** 694

2026 Work RVU: 2.99
2026 NF PE RVU: 7.84
2026 Fac PE RVU: 5.78

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Closed Treatment of Ankle Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,418

2026 Work RVU: 5.55
2026 NF PE RVU: 10.71
2026 Fac PE RVU: 7.46

RUC Recommendation: Survey. PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 557

2026 Work RVU: 6.52
2026 NF PE RVU: 10.22
2026 Fac PE RVU: 6.47

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27840 **Closed treatment of ankle dislocation; without anesthesia**

Global: 090 **Issue:** Closed Treatment of Ankle Dislocation **Screen:** Emergent Procedures / Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** October 2015 **2024 Medicare Utilization:** 1,687

2026 Work RVU: 4.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.84

RUC Recommendation: Survey. PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27842 **Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation**

Global: 090 **Issue:** Closed Treatment of Ankle Dislocation **Screen:** Emergency Medicine 010-090 Day Global Periods **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, AAP, ACEP, AOFAS **First Identified:** September 2926 **2024 Medicare Utilization:** 346

2026 Work RVU: 6.30
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.09

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28001 **Incision and drainage, bursa, foot**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2024 Medicare Utilization:** 2,032

2026 Work RVU: 1.95
2026 NF PE RVU: 2.88
2026 Fac PE RVU: 0.47

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2024 Medicare Utilization:** 4,263

2026 Work RVU: 2.72
2026 NF PE RVU: 4.28
2026 Fac PE RVU: 0.84

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28003 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2024 Medicare Utilization:** 4,538

2026 Work RVU: 5.15
2026 NF PE RVU: 5.49
2026 Fac PE RVU: 1.22

RUC Recommendation: 5.28 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 644

2026 Work RVU: 5.02
2026 NF PE RVU: 8.59
2026 Fac PE RVU: 3.48

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 4,599

2026 Work RVU: 7.13
2026 NF PE RVU: 12.47
2026 Fac PE RVU: 5.94
Result: Increase

RUC Recommendation: 8.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 13,210

2026 Work RVU: 6.59
2026 NF PE RVU: 10.60
2026 Fac PE RVU: 5.13
Result: Maintain

RUC Recommendation: 7.72

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 8,116

2026 Work RVU: 4.88
2026 NF PE RVU: 8.85
2026 Fac PE RVU: 4.17
Result: PE Only

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 53,402

2026 Work RVU: 5.48
2026 NF PE RVU: 10.32
2026 Fac PE RVU: 5.01
Result: Increase

RUC Recommendation: 5.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 3,949

2026 Work RVU: 6.73
2026 NF PE RVU: 13.48
2026 Fac PE RVU: 5.57

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 1,860

2026 Work RVU: 7.81
2026 NF PE RVU: 11.54
2026 Fac PE RVU: 4.73

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 3,760

2026 Work RVU: 7.25
2026 NF PE RVU: 13.03
2026 Fac PE RVU: 5.74

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 271

2026 Work RVU: 8.36
2026 NF PE RVU: 22.32
2026 Fac PE RVU: 7.27

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2024 Medicare Utilization:** 4,840

2026 Work RVU: 8.04
2026 NF PE RVU: 17.60
2026 Fac PE RVU: 5.64

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 2,997

2026 Work RVU: 9.06
2026 NF PE RVU: 20.69
2026 Fac PE RVU: 6.64

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28298 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2024 Medicare Utilization:** 2,629

2026 Work RVU: 7.56
2026 NF PE RVU: 17.22
2026 Fac PE RVU: 5.92

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2024 Medicare Utilization:** 4,566

2026 Work RVU: 9.06
2026 NF PE RVU: 20.85
2026 Fac PE RVU: 6.68

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 2,289

2026 Work RVU: 9.49
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.20

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,571

2026 Work RVU: 5.43
2026 NF PE RVU: 10.82
2026 Fac PE RVU: 4.37

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2024 Medicare Utilization:** 19,747

2026 Work RVU: 1.98
2026 NF PE RVU: 4.83
2026 Fac PE RVU: 3.98

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 546

2026 Work RVU: 1.25
2026 NF PE RVU: 2.97
2026 Fac PE RVU: 1.53

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 4,593

2026 Work RVU: 10.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.05

RUC Recommendation: 12.18 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,768

2026 Work RVU: 10.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.26

RUC Recommendation: 12.42 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,694

2026 Work RVU: 9.06
2026 NF PE RVU: 15.05
2026 Fac PE RVU: 6.94

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

28750 **Arthrodesis, great toe; metatarsophalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2024 **2024 Medicare Utilization:** 13,362

2026 Work RVU: 8.53
2026 NF PE RVU: 21.45
2026 Fac PE RVU: 6.37

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

28755 **Arthrodesis, great toe; interphalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2024 **2024 Medicare Utilization:** 1,858

2026 Work RVU: 7.31
2026 NF PE RVU: 19.28
2026 Fac PE RVU: 5.77

RUC Recommendation: 7.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2024 Medicare Utilization:** 23,953

2026 Work RVU: 3.42
2026 NF PE RVU: 5.06
2026 Fac PE RVU: 1.00

RUC Recommendation: 4.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28825 **Amputation, toe; interphalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2024 Medicare Utilization:** 12,356

2026 Work RVU: 3.32
2026 NF PE RVU: 4.97
2026 Fac PE RVU: 0.97

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2024 Medicare Utilization:** 50,845

2026 Work RVU: 0.75
2026 NF PE RVU: 2.03
2026 Fac PE RVU: 0.87

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29105 **Application of long arm splint (shoulder to hand)** **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2024 Medicare Utilization:** 21,141

2026 Work RVU: 0.78
2026 NF PE RVU: 1.96
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29200 **Strapping; thorax** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2024 Medicare Utilization:** 14,404

2026 Work RVU: 0.38
2026 NF PE RVU: 0.55
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT** **Global:** **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

---

Status Report: CMS Requests and Relativity Assessment Issues

29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2024 Medicare Utilization:** 19,591

2026 Work RVU: 0.38
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.06
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2024 Medicare Utilization:** 5,791

2026 Work RVU: 0.38
2026 NF PE RVU: 0.46
2026 Fac PE RVU: 0.07
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2024 Medicare Utilization:** 5,203

2026 Work RVU: 0.38
2026 NF PE RVU: 0.48
2026 Fac PE RVU: 0.09
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2024 Medicare Utilization:** 16,283

2026 Work RVU: 1.74
2026 NF PE RVU: 2.03
2026 Fac PE RVU: 0.77
Result: Maintain

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2024 Medicare Utilization: 20,338

2026 Work RVU: 0.38
2026 NF PE RVU: 0.65
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2024 Medicare Utilization: 25,480

2026 Work RVU: 0.38
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2024 Medicare Utilization: 146,286

2026 Work RVU: 0.38
2026 NF PE RVU: 0.43
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2024 Medicare Utilization:** 42,274

2026 Work RVU: 0.24
2026 NF PE RVU: 0.32
2026 Fac PE RVU: 0.03
Result: Decrease

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2024 Medicare Utilization:** 173,399

2026 Work RVU: 0.54
2026 NF PE RVU: 1.28
2026 Fac PE RVU: 0.09
Result: Maintain

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2024 Medicare Utilization:** 229,804

2026 Work RVU: 0.59
2026 NF PE RVU: 1.90
2026 Fac PE RVU: 0.09
Result: Maintain

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2024 Medicare Utilization:** 4,427

2026 Work RVU: 0.34
2026 NF PE RVU: 1.89
2026 Fac PE RVU: 0.05

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

Global: **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2024 Medicare Utilization:** 293

2026 Work RVU: 5.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.35

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** October 2008 **2024 Medicare Utilization:** 5,738

2026 Work RVU: 6.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.19

RUC Recommendation: 7.03 **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:** 36,600

RUC Recommendation: 7.98

Referred to CPT September 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

2026 Work RVU: 7.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.39
Result: Decrease

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2024 Medicare Utilization:** 25,163

RUC Recommendation: 8.82

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2026 Work RVU: 8.76
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.61
Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2024 Medicare Utilization:** 56,325

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2026 Work RVU: 2.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.91
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2024 Medicare Utilization:** 59,707

2026 Work RVU: 15.20
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.98
Result: Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2024 Medicare Utilization:** 21,248

2026 Work RVU: 12.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.85
Result: Maintain

RUC Recommendation: 13.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2024 Medicare Utilization:** 64

2026 Work RVU: 5.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.19
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2024 Medicare Utilization:** 48

2026 Work RVU: 5.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.48
Result: PE Only

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2024 Medicare Utilization:** 305

2026 Work RVU: 5.06
2026 NF PE RVU: 11.96
2026 Fac PE RVU: 5.88
Result: PE Only

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 837

2026 Work RVU: 13.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.95
Result: Maintain

RUC Recommendation: 14.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2024 Medicare Utilization:** 3

2026 Work RVU: 5.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.84
Result: PE Only

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30117 **Excision or destruction (eg, laser), intranasal lesion; internal approach**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process / Work Neutrality 2024 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2024 Medicare Utilization:** 16,899

2026 Work RVU: 3.81
2026 NF PE RVU: 24.14
2026 Fac PE RVU: 6.85

RUC Recommendation: Action Plan. CPT Assistant previously published addressed issue

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2019

Result: Not Part of RAW

30118 **Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** Work Neutrality 2024 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 58

2026 Work RVU: 7.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.38

RUC Recommendation: Action Plan

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:** 48,303

2026 Work RVU: 2.93
2026 NF PE RVU: 5.44
2026 Fac PE RVU: 1.23

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 2,767

2026 Work RVU: 12.05
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.80

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2024 Medicare Utilization:** 56,568

2026 Work RVU: 1.07
2026 NF PE RVU: 3.70
2026 Fac PE RVU: 0.23

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 30,115

2026 Work RVU: 1.50
2026 NF PE RVU: 6.19
2026 Fac PE RVU: 0.31

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 3,575

2026 Work RVU: 1.92
2026 NF PE RVU: 9.53
2026 Fac PE RVU: 0.66

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 689

2026 Work RVU: 2.39
2026 NF PE RVU: 9.37
2026 Fac PE RVU: 0.75

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2024 Medicare Utilization:** 739,396

2026 Work RVU: 1.07
2026 NF PE RVU: 4.56
2026 Fac PE RVU: 0.41

RUC Recommendation: Review in 3 years. 1.10 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2024 Medicare Utilization:** 138,969

2026 Work RVU: 2.54
2026 NF PE RVU: 5.07
2026 Fac PE RVU: 1.23

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2024 Medicare Utilization:** 23,004

2026 Work RVU: 2.67
2026 NF PE RVU: 4.73
2026 Fac PE RVU: 1.26

RUC Recommendation: 2.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2024 Medicare Utilization:** 1,374

2026 Work RVU: 8.81
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.91

RUC Recommendation: 9.04

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2024 Medicare Utilization:** 4,151

2026 Work RVU: 2.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.18

RUC Recommendation: 2.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery** **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 439

2026 Work RVU: 7.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.23

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31242 **Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve** **Global:** 000 **Issue:** Posterior Nasal Nerve Ablation **Screen:** Work Neutrality 2024 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 5,894

2026 Work RVU: 2.63
2026 NF PE RVU: 68.74
2026 Fac PE RVU: 1.02

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31243 **Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve** **Global:** 000 **Issue:** Posterior Nasal Nerve Ablation **Screen:** Work Neutrality 2024 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 2,962

2026 Work RVU: 2.63
2026 NF PE RVU: 66.67
2026 Fac PE RVU: 1.02

RUC Recommendation: Action Plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 6,389

2026 Work RVU: 8.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.51

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 12,746

2026 Work RVU: 4.16
2026 NF PE RVU: 8.31
2026 Fac PE RVU: 1.40

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 7,263

2026 Work RVU: 5.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.75

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 11,410

2026 Work RVU: 3.03
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.11

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 5,278

2026 Work RVU: 7.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.28

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 7,819

2026 Work RVU: 8.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.40

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 24,449

2026 Work RVU: 4.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.49

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 13,070

2026 Work RVU: 6.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.98

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 2,229

2026 Work RVU: 3.41
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.21

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 3,112

2026 Work RVU: 4.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.35

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 24,778

2026 Work RVU: 2.63
2026 NF PE RVU: 44.24
2026 Fac PE RVU: 1.02

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 6,496

2026 Work RVU: 3.02
2026 NF PE RVU: 44.58
2026 Fac PE RVU: 1.11

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 1,718

2026 Work RVU: 2.38
2026 NF PE RVU: 44.13
2026 Fac PE RVU: 0.96

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2024 Medicare Utilization:** 17,050

2026 Work RVU: 4.39
2026 NF PE RVU: 83.84
2026 Fac PE RVU: 1.45

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 188,986

2026 Work RVU: 2.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.57

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

Status Report: CMS Requests and Relativity Assessment Issues

31525 **Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn** **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part7 / Harvard Valued - Utilization over 30,000-Part6 / High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2024 **2024 Medicare Utilization:** 50,349

2026 Work RVU: 2.56
2026 NF PE RVU: 4.58
2026 Fac PE RVU: 1.18

RUC Recommendation: Review in 3 years (Sept 2027) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU: 20.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 17.05

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:** 17

2026 Work RVU: 19.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.84

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU: 21.45
2026 NF PE RVU: NA
2026 Fac PE RVU: 20.33

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:** 9

2026 Work RVU: 21.45
2026 NF PE RVU: NA
2026 Fac PE RVU: 20.35

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 5,298

2026 Work RVU: 4.15
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.58

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2024 Medicare Utilization: 540,352

2026 Work RVU: 0.92
2026 NF PE RVU: 2.76
2026 Fac PE RVU: 0.78

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2024 Medicare Utilization: 94,928

2026 Work RVU: 1.83
2026 NF PE RVU: 3.77
2026 Fac PE RVU: 1.04

RUC Recommendation: 1.94

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

Screen: 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2024 Medicare Utilization: 20

2026 Work RVU: 14.24
2026 NF PE RVU: NA
2026 Fac PE RVU: 18.59

RUC Recommendation: 14.60

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2024 Medicare Utilization:** 11

2026 Work RVU: 17.14
2026 NF PE RVU: NA
2026 Fac PE RVU: 18.28

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2024 Medicare Utilization:** 6

2026 Work RVU: 14.89
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.59

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:** 1,182

2026 Work RVU: 13.22
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.78

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:** 21

2026 Work RVU: 24.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 17.91

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 16,039

2026 Work RVU: 5.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.69

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 1

2026 Work RVU: 7.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.42

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 390

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.41
Result: Increase

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2024 Medicare Utilization:** 171

2026 Work RVU: 6.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.40
Result: Increase

RUC Recommendation: 6.45. Maintain DNU flag

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2024 Medicare Utilization:** 858

2026 Work RVU: 11.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.15
Result: Increase

RUC Recommendation: 12.00. Maintain DNU flag

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 510

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.98

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2024 Medicare Utilization:** 30,153

2026 Work RVU: 2.47
2026 NF PE RVU: 5.69
2026 Fac PE RVU: 0.83

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2024 Medicare Utilization:** 6,288

2026 Work RVU: 2.56
2026 NF PE RVU: 6.27
2026 Fac PE RVU: 0.77

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2024 Medicare Utilization:** 100,862

2026 Work RVU: 2.56
2026 NF PE RVU: 5.78
2026 Fac PE RVU: 0.82

RUC Recommendation: 2.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2024 Medicare Utilization:** 12,412

2026 Work RVU: 3.03
2026 NF PE RVU: 8.18
2026 Fac PE RVU: 0.88

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2024 Medicare Utilization:** 3,778

2026 Work RVU: 3.81
2026 NF PE RVU: 21.79
2026 Fac PE RVU: 1.08

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31627 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2025 **2024 Medicare Utilization:** 32,472

2026 Work RVU: 1.95
2026 NF PE RVU: 32.47
2026 Fac PE RVU: 0.40

RUC Recommendation: 1.95 **Referred to CPT** May 2026 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2024 Medicare Utilization:** 43,190

2026 Work RVU: 3.46
2026 NF PE RVU: 8.45
2026 Fac PE RVU: 0.96

RUC Recommendation: 3.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2024 Medicare Utilization:** 30,991

2026 Work RVU: 3.66
2026 NF PE RVU: 10.87
2026 Fac PE RVU: 1.02

RUC Recommendation: 3.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2024 Medicare Utilization:** 6,460

2026 Work RVU: 1.00
2026 NF PE RVU: 0.99
2026 Fac PE RVU: 0.21

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2024 Medicare Utilization:** 2,750

2026 Work RVU: 1.29
2026 NF PE RVU: 1.17
2026 Fac PE RVU: 0.27

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2024 Medicare Utilization:** 42,373

2026 Work RVU: 2.81
2026 NF PE RVU: 6.14
2026 Fac PE RVU: 0.89

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2024 Medicare Utilization:** 4,766

2026 Work RVU: 2.71
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.88

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2014 **2024 Medicare Utilization:** 27,841

2026 Work RVU: 4.35
2026 NF PE RVU: 35.84
2026 Fac PE RVU: 1.15

RUC Recommendation: 3.98 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2014 **2024 Medicare Utilization:** 20,894

2026 Work RVU: 4.84
2026 NF PE RVU: 36.61
2026 Fac PE RVU: 1.25

RUC Recommendation: 4.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchoscopy with Navigational Assistance **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2014 **2024 Medicare Utilization:** 27,333

2026 Work RVU: 1.37
2026 NF PE RVU: 2.43
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.29 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32408 **Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed**

Global: 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: April 2019 **2024 Medicare Utilization:** 44,089

2026 Work RVU: 3.10
2026 NF PE RVU: 20.66
2026 Fac PE RVU: 0.47

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2024 Medicare Utilization:** 93

2026 Work RVU: 26.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.32
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2024 Medicare Utilization:** 1,883

2026 Work RVU: 25.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.54
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2024 Medicare Utilization:** 124

2026 Work RVU: 26.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.58

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2024 Medicare Utilization:** 4

2026 Work RVU: 24.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.33

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2024 Medicare Utilization:** 26,068

2026 Work RVU: 2.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.77

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 9,863

2026 Work RVU: 1.77
2026 NF PE RVU: 5.82
2026 Fac PE RVU: 0.39

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 215,201

2026 Work RVU: 2.21
2026 NF PE RVU: 6.88
2026 Fac PE RVU: 0.38

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 5,024

2026 Work RVU: 2.44
2026 NF PE RVU: 22.39
2026 Fac PE RVU: 0.54

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 32,480

2026 Work RVU: 3.04
2026 NF PE RVU: 16.04
2026 Fac PE RVU: 0.50

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2024 Medicare Utilization:** 8,520

2026 Work RVU: 24.02
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.43

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

33010 **Pericardiocentesis; initial** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33011 **Pericardiocentesis; subsequent** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33015 **Tube pericardiostomy** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33016 **Pericardiocentesis, including imaging guidance, when performed**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 3,798

2026 Work RVU: 4.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.83

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33017 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 4,071

2026 Work RVU: 4.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.87

RUC Recommendation: 5.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33018 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 9

2026 Work RVU: 5.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.98

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

33019 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 227

2026 Work RVU: 4.18
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.68

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2018 **2024 Medicare Utilization:** 119

2026 Work RVU: 13.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.11

RUC Recommendation: 14.31

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2017 **2024 Medicare Utilization:** 3,137

2026 Work RVU: 12.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.11

RUC Recommendation: 13.20

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 8,781

2026 Work RVU: 7.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.25

RUC Recommendation: 8.05

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 86,705

2026 Work RVU: 8.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.39

RUC Recommendation: 8.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 127

2026 Work RVU: 4.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.72

RUC Recommendation: 5.26

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2024 Medicare Utilization:** 781

2026 Work RVU: 5.15
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.73

RUC Recommendation: 5.53

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 164

2026 Work RVU: 5.41
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.84

RUC Recommendation: 5.80

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 1,939

2026 Work RVU: 5.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.72

RUC Recommendation: 5.50

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 29,567

2026 Work RVU: 5.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.78

RUC Recommendation: 5.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2024 Medicare Utilization:** 6,476

2026 Work RVU: 5.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.89

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2024 Medicare Utilization:** 76

2026 Work RVU: 5.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.64

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2024 Medicare Utilization:** 83

2026 Work RVU: 6.18
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.00

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 7,063

2026 Work RVU: 3.06
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.58

RUC Recommendation: 3.39

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 50

2026 Work RVU: 5.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.59

RUC Recommendation: 6.06

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 4,327

2026 Work RVU: 2.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.26

RUC Recommendation: 3.29

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2024 Medicare Utilization: 27,671

2026 Work RVU: 14.55
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.91

RUC Recommendation: 15.17

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 1,704

2026 Work RVU: 5.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.87

RUC Recommendation: 6.06

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 5,708

2026 Work RVU: 5.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.92

RUC Recommendation: 6.33

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2024 Medicare Utilization: 11,868

2026 Work RVU: 6.19
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.99

RUC Recommendation: 6.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33274 **Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2023

2024 Medicare Utilization: 15,359

2026 Work RVU: 7.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.18

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33275 **Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, HRS

First Identified: September 2023

2024 Medicare Utilization: 71

2026 Work RVU: 8.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.01

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33276 **Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 152

2026 Work RVU: 9.26
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.76

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33277 **Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 2

2026 Work RVU: 5.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.09

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33278 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 18

2026 Work RVU: 9.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.51

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33279 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 11

2026 Work RVU: 5.28
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.67

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33280 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 8

2026 Work RVU: 2.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.09

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33281 **Repositioning of phrenic nerve stimulator transvenous lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 7

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.89

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 3.50

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33287 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2024 Medicare Utilization:** 36

2026 Work RVU: 5.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.97

RUC Recommendation: Review action Plan

Referred to CPT **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33288 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2024 Medicare Utilization:** 19

2026 Work RVU: 8.30
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.53

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33340 **Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Transcatheter Closure **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 18 **Specialty Developing Recommendation:** ACC, HRS, SCAI **First Identified:** April 2025 **2024 Medicare Utilization:** 54,909

2026 Work RVU: 9.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.18

RUC Recommendation: 9.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33361 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2024 Medicare Utilization:** 52,064

2026 Work RVU: 21.91
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.14

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33362 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2024 Medicare Utilization:** 944

2026 Work RVU: 23.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.48

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33363 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2024 Medicare Utilization:** 442

2026 Work RVU: 24.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.71

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33364 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2018 **2024 Medicare Utilization:** 15

2026 Work RVU: 25.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.48

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33365 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2024 Medicare Utilization:** 78

2026 Work RVU: 25.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.93

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33366 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technlogy-New Services List **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 21 **Specialty Developing Recommendation:** AATS, ACC, SCAI, STS **First Identified:** April 2025 **2024 Medicare Utilization:** 39

2026 Work RVU: 28.62
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.44

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2024 Medicare Utilization:** 11,641

2026 Work RVU: 40.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.38

RUC Recommendation: 41.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2024 Medicare Utilization:** 5,948

2026 Work RVU: 49.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.62

RUC Recommendation: 50.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2024 Medicare Utilization:** 42,132

2026 Work RVU: 32.91
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.59

RUC Recommendation: 34.98

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2024 Medicare Utilization:** 61

2026 Work RVU: 29.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.40

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2024 Medicare Utilization:** 1

2026 Work RVU: 15.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.75

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2024 Medicare Utilization:** 3

2026 Work RVU: 62.40
2026 NF PE RVU: NA
2026 Fac PE RVU: 16.44

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33741 **Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2024 Medicare Utilization:** 45

2026 Work RVU: 13.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.54

RUC Recommendation: 14.00

Referred to CPT September 2019

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33745 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2024 Medicare Utilization:** 16

2026 Work RVU: 19.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.63

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33746 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2024 Medicare Utilization:** 1

2026 Work RVU: 7.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.45

RUC Recommendation: 10.50

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2024 Medicare Utilization:** 2,251

2026 Work RVU: 57.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.54

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy** **Global:** 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 655

2026 Work RVU: 87.26
2026 NF PE RVU: NA
2026 Fac PE RVU: 26.39

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2024 Medicare Utilization:** 595

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.26

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2024 Medicare Utilization:** 1,626

2026 Work RVU: 6.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.36

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2024 Medicare Utilization:** 5,870

2026 Work RVU: 4.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.08

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2024 Medicare Utilization:** 7,180

2026 Work RVU: 4.49
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.02

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2024 Medicare Utilization:**

2026 Work RVU: 7.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.79

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2024 Medicare Utilization:** 1,667

2026 Work RVU: 7.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.75

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2024 Medicare Utilization:**

2026 Work RVU: 8.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.97

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 258

2026 Work RVU: 8.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.95

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 388

2026 Work RVU: 15.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.28

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 1

2026 Work RVU: 3.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.85
Result: Maintain

RUC Recommendation: 4.00 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 78

2026 Work RVU: 3.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.85
Result: Maintain

RUC Recommendation: 4.05 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU: 4.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.05
Result: Maintain

RUC Recommendation: 4.69 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 24

2026 Work RVU: 4.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.05

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU: 8.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.95

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 8

2026 Work RVU: 9.26
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.05

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 1

2026 Work RVU: 3.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.85

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 610

2026 Work RVU: 4.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.04

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU: 5.09
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.19

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 498

2026 Work RVU: 5.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.10

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU: 9.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.13

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 208

2026 Work RVU: 9.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.13

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 43

2026 Work RVU: 3.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.81

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2024 Medicare Utilization:** 28

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.15

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2024 Medicare Utilization:** 9

2026 Work RVU: 9.26
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.05

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 575

2026 Work RVU: 23.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.51

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 76

2026 Work RVU: 35.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.64
Result: Decrease

RUC Recommendation: 36.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 474

2026 Work RVU: 25.86
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.71
Result: Decrease

RUC Recommendation: 26.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 65

2026 Work RVU: 43.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.33
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 9,166

2026 Work RVU: 28.84
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.10
Result: Decrease

RUC Recommendation: 29.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 441

2026 Work RVU: 43.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.43
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 434

2026 Work RVU: 21.72
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.31
Result: Decrease

RUC Recommendation: 22.28

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 80

2026 Work RVU: 35.59
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.67
Result: Decrease

RUC Recommendation: 36.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 1,680

2026 Work RVU: 6.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.71
Result: Decrease

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 939

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.35
Result: Decrease

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 245

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.60
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 757

2026 Work RVU: 11.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.17
Result: Decrease

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 16,435

2026 Work RVU: 2.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.26
Result: Decrease

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 454

2026 Work RVU: 5.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.94
Result: Decrease

RUC Recommendation: 5.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 182

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.74
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2024 Medicare Utilization:** 1,783

2026 Work RVU: 7.01
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.39

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for pr**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2024 Medicare Utilization:** 3,912

2026 Work RVU: 4.03
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.47

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:** 58

2026 Work RVU: 6.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.54

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:** 21

2026 Work RVU: 7.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.63

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:** 311

2026 Work RVU: 2.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.26

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2024 Medicare Utilization:** 20,549

2026 Work RVU: 20.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.72

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35452 **Transluminal balloon angioplasty, open; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35460 **Transluminal balloon angioplasty, open; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35470 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35473 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35491 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35492 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35495 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2024 Medicare Utilization:** 645

2026 Work RVU: 7.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.87

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 354

2026 Work RVU: 6.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.55

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 535

2026 Work RVU: 7.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.30

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 / Harvard Valued - Medicaid Utilization over 30,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU: 0.18
2026 NF PE RVU: 0.74
2026 Fac PE RVU: 0.04

RUC Recommendation: No specialty society interest. CMS consider a bundled status for this code

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 10,880

2026 Work RVU: 2.13
2026 NF PE RVU: 12.81
2026 Fac PE RVU: 0.31

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36015 **Selective catheter placement, segmental or subsegmental pulmonary artery**

Global: XXX **Issue:** Selective catheter placement **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 11,005

2026 Work RVU: 3.42
2026 NF PE RVU: 19.88
2026 Fac PE RVU: 0.55

RUC Recommendation: Review after 3 years of data available. (Sept 2032)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2024 Medicare Utilization:** 13,743

2026 Work RVU: 1.72
2026 NF PE RVU: 12.88
2026 Fac PE RVU: 0.27

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

36145 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, inj**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 26,614

2026 Work RVU: 4.07
2026 NF PE RVU: 27.19
2026 Fac PE RVU: 0.94

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,492

2026 Work RVU: 5.14
2026 NF PE RVU: 26.10
2026 Fac PE RVU: 1.02

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2024 Medicare Utilization:** 3,912

2026 Work RVU: 6.13
2026 NF PE RVU: 51.54
2026 Fac PE RVU: 1.37
Result: Maintain

RUC Recommendation: 6.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2024 Medicare Utilization:** 2,371

2026 Work RVU: 0.98
2026 NF PE RVU: 5.69
2026 Fac PE RVU: 0.20
Result: Maintain

RUC Recommendation: 1.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 1,004

2026 Work RVU: 3.82
2026 NF PE RVU: 23.83
2026 Fac PE RVU: 0.61
Result: Decrease

RUC Recommendation: 4.51

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 4,970

2026 Work RVU: 5.15
2026 NF PE RVU: 31.27
2026 Fac PE RVU: 1.10

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 26,639

2026 Work RVU: 5.61
2026 NF PE RVU: 50.07
2026 Fac PE RVU: 1.58

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 36,754

2026 Work RVU: 6.09
2026 NF PE RVU: 62.37
2026 Fac PE RVU: 1.89

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 9,617

2026 Work RVU: 5.61
2026 NF PE RVU: 46.39
2026 Fac PE RVU: 1.51

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 30,072

2026 Work RVU: 6.09
2026 NF PE RVU: 60.47
2026 Fac PE RVU: 1.85

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 20,715

2026 Work RVU: 2.04
2026 NF PE RVU: 5.50
2026 Fac PE RVU: 0.55

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,195

2026 Work RVU: 4.14
2026 NF PE RVU: 40.59
2026 Fac PE RVU: 1.16

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2024 Medicare Utilization:** 29,460

2026 Work RVU: 4.53
2026 NF PE RVU: 30.52
2026 Fac PE RVU: 0.81

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 25,180

2026 Work RVU: 4.89
2026 NF PE RVU: 17.96
2026 Fac PE RVU: 0.69

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 70,245

2026 Work RVU: 5.89
2026 NF PE RVU: 33.75
2026 Fac PE RVU: 0.87

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 30,000-Part6 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR, OEIS, SIR, SVS **First Identified:** October 2008 **2024 Medicare Utilization:** 45,686

2026 Work RVU: 0.98
2026 NF PE RVU: 2.26
2026 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2026

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2024 Medicare Utilization:** 2,322

2026 Work RVU: 4.97
2026 NF PE RVU: 30.81
2026 Fac PE RVU: 0.80

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2024 Medicare Utilization:** 3,686

2026 Work RVU: 6.57
2026 NF PE RVU: 32.20
2026 Fac PE RVU: 1.22
Result: Decrease

RUC Recommendation: 7.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2024 Medicare Utilization:** 1,810

2026 Work RVU: 7.12
2026 NF PE RVU: 48.85
2026 Fac PE RVU: 1.13
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2024 Medicare Utilization:** 138

2026 Work RVU: 7.70
2026 NF PE RVU: 47.78
2026 Fac PE RVU: 1.42
Result: Decrease

RUC Recommendation: 8.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2024 Medicare Utilization:** 108,399

2026 Work RVU: 0.18
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36465 **Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** April 2025 **2024 Medicare Utilization:** 102,913

2026 Work RVU: 2.29
2026 NF PE RVU: 35.78
2026 Fac PE RVU: 0.39

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36466 **Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg**

Global: 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2024 Medicare Utilization:** 20,757

2026 Work RVU: 2.93
2026 NF PE RVU: 36.60
2026 Fac PE RVU: 0.47

RUC Recommendation: 2.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36470 **Injection of sclerosant; single incompetent vein (other than telangiectasia)** **Global:** 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2024 Medicare Utilization:** 11,614

2026 Work RVU: 0.73
2026 NF PE RVU: 2.74
2026 Fac PE RVU: 0.13

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36471 **Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg** **Global:** 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2024 Medicare Utilization:** 93,699

2026 Work RVU: 1.46
2026 NF PE RVU: 4.39
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36473 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated** **Global:** 000 **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2024 Medicare Utilization:** 1,327

2026 Work RVU: 3.41
2026 NF PE RVU: 31.01
2026 Fac PE RVU: 0.58

RUC Recommendation: 3.41 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36474 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Treatment of Incompetent Veins **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 19 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2025 **2024 Medicare Utilization:** 104

2026 Work RVU: 1.71
2026 NF PE RVU: 5.11
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.71 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2024 Medicare Utilization:** 85,627

2026 Work RVU: 5.17
2026 NF PE RVU: 25.32
2026 Fac PE RVU: 1.06

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2024 Medicare Utilization:** 3,926

2026 Work RVU: 2.58
2026 NF PE RVU: 5.21
2026 Fac PE RVU: 0.37

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2024 Medicare Utilization:** 31,840

2026 Work RVU: 5.17
2026 NF PE RVU: 23.10
2026 Fac PE RVU: 1.13

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2024 Medicare Utilization:** 3,792

2026 Work RVU: 2.58
2026 NF PE RVU: 6.17
2026 Fac PE RVU: 0.45

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2024 Medicare Utilization:** 612

2026 Work RVU: 6.56
2026 NF PE RVU: 41.80
2026 Fac PE RVU: 1.11

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2024 Medicare Utilization:** 326

2026 Work RVU: 1.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.65

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2024 Medicare Utilization:** 2,606

2026 Work RVU: 1.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.50

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2024 Medicare Utilization:** 116

2026 Work RVU: 1.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.53

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2024 Medicare Utilization:** 17,703

2026 Work RVU: 1.76
2026 NF PE RVU: 19.48
2026 Fac PE RVU: 0.42

RUC Recommendation: PE Only. 1.81. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2024 Medicare Utilization:** 1,139

2026 Work RVU: 1.52
2026 NF PE RVU: 64.89
2026 Fac PE RVU: 0.36

RUC Recommendation: PE Only. 1.56. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36522 **Photopheresis, extracorporeal** **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2024 Medicare Utilization:** 5,574

2026 Work RVU: 1.71
2026 NF PE RVU: 38.99
2026 Fac PE RVU: 0.50

RUC Recommendation: PE Only. 1.75. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 21

2026 Work RVU: 1.88
2026 NF PE RVU: 4.36
2026 Fac PE RVU: 0.33

RUC Recommendation: 1.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 291,220

2026 Work RVU: 1.71
2026 NF PE RVU: 5.18
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36557 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 20

2026 Work RVU: 4.77
2026 NF PE RVU: 31.77
2026 Fac PE RVU: 3.18

RUC Recommendation: Deleted for CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 85,770

2026 Work RVU: 4.48
2026 NF PE RVU: 18.48
2026 Fac PE RVU: 1.84

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36560 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 15

2026 Work RVU: 5.89
2026 NF PE RVU: 32.79
2026 Fac PE RVU: 3.45

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36561 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 106,878

2026 Work RVU: 5.65
2026 NF PE RVU: 22.24
2026 Fac PE RVU: 2.38

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36563 **Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 108

2026 Work RVU: 5.84
2026 NF PE RVU: 27.64
2026 Fac PE RVU: 3.00

RUC Recommendation: Deleted for CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36565 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 390

2026 Work RVU: 5.65
2026 NF PE RVU: 18.90
2026 Fac PE RVU: 2.50

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36566 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**

Global: 010 **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** April 2023 **2024 Medicare Utilization:** 206

2026 Work RVU: 6.13
2026 NF PE RVU: 124.68
2026 Fac PE RVU: 2.68

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2024 Medicare Utilization:**

2026 Work RVU: 2.06
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.19

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2024 Medicare Utilization:** 6,436

2026 Work RVU: 1.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.40

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2024 Medicare Utilization:** 10

2026 Work RVU: 1.77
2026 NF PE RVU: 8.94
2026 Fac PE RVU: 0.21

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2024 Medicare Utilization:** 42,127

2026 Work RVU: 1.66
2026 NF PE RVU: 9.12
2026 Fac PE RVU: 0.32
Result: Decrease

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2024 Medicare Utilization:** 2,130

2026 Work RVU: 1.17
2026 NF PE RVU: 7.92
2026 Fac PE RVU: 0.22
Result: Decrease

RUC Recommendation: 1.47

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2024 Medicare Utilization:** 502,564

2026 Work RVU: 0.98
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2024 Medicare Utilization:** 2,246

2026 Work RVU: 12.08
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.69

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2024 Medicare Utilization:** 3,590

2026 Work RVU: 12.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.60

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2024 Medicare Utilization:** 651

2026 Work RVU: 12.74
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.89

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2024 Medicare Utilization:** 18,177

2026 Work RVU: 11.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.44

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2024 Medicare Utilization:** 928

2026 Work RVU: 13.82
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.22

RUC Recommendation: 15.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2024 Medicare Utilization:** 10,213

2026 Work RVU: 11.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.45

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 32,111

2026 Work RVU: 3.28
2026 NF PE RVU: 16.77
2026 Fac PE RVU: 0.62

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 98,662

2026 Work RVU: 4.71
2026 NF PE RVU: 30.24
2026 Fac PE RVU: 0.86

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 10,786

2026 Work RVU: 6.23
2026 NF PE RVU: 136.64
2026 Fac PE RVU: 1.05

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 1,670

2026 Work RVU: 7.31
2026 NF PE RVU: 43.72
2026 Fac PE RVU: 1.16

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 17,692

2026 Work RVU: 8.78
2026 NF PE RVU: 55.99
2026 Fac PE RVU: 1.48
Result: Decrease

RUC Recommendation: 9.00 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 7,030

2026 Work RVU: 10.16
2026 NF PE RVU: 165.57
2026 Fac PE RVU: 1.67
Result: Decrease

RUC Recommendation: 10.42 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 36,695

2026 Work RVU: 2.93
2026 NF PE RVU: 13.95
2026 Fac PE RVU: 0.44
Result: Decrease

RUC Recommendation: 3.00 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 2,637

2026 Work RVU: 4.14
2026 NF PE RVU: 36.85
2026 Fac PE RVU: 0.61

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 3,151

2026 Work RVU: 4.02
2026 NF PE RVU: 49.74
2026 Fac PE RVU: 0.57

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36X10

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36X11

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36X12

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36X13

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36X14

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

36X15

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36X16

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36X17

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36XX0

Global: **Issue:** Central Venous Catheter Insertion Services **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, RPA, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2024 Medicare Utilization:** 780

2026 Work RVU: 7.55
2026 NF PE RVU: 153.54
2026 Fac PE RVU: 1.24

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37184 **Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel**

Global: 000 **Issue:** Primary percutaneous transluminal mechanical thrombectomy **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** April 2026 **2024 Medicare Utilization:** 18,798

2026 Work RVU: 8.20
2026 NF PE RVU: 39.15
2026 Fac PE RVU: 1.56

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

37185 **Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)**

Global: ZZZ **Issue:** Primary percutaneous transluminal mechanical thrombectomy **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:** 6,560

2026 Work RVU: 3.20
2026 NF PE RVU: 9.96
2026 Fac PE RVU: 0.44

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37186 **Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Primary percutaneous transluminal mechanical thrombectomy **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** September 2026 **2024 Medicare Utilization:** 1,759

2026 Work RVU: 4.80
2026 NF PE RVU: 28.81
2026 Fac PE RVU: 0.66

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2024 Medicare Utilization:** 18,327

2026 Work RVU: 4.35
2026 NF PE RVU: 51.49
2026 Fac PE RVU: 0.73

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2024 Medicare Utilization:** 30

2026 Work RVU: 6.92
2026 NF PE RVU: 27.16
2026 Fac PE RVU: 0.64

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2024 Medicare Utilization:** 5,431

2026 Work RVU: 6.92
2026 NF PE RVU: 34.32
2026 Fac PE RVU: 1.05

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intra**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 5,859

2026 Work RVU: 7.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.07

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 876

2026 Work RVU: 6.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.97

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 836

2026 Work RVU: 4.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.58

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,791

2026 Work RVU: 2.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.31

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 9,830

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 22,421

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,616

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 3,322

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 26,581

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 35,348

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 15,806

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 16,398

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 26,457

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 34,372

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 1,947

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,751

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 10,980

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 6,412

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 224

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi**

Global: **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 172

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2024 Medicare Utilization:** 10,418

2026 Work RVU: 8.53
2026 NF PE RVU: 67.38
2026 Fac PE RVU: 1.18

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2024 Medicare Utilization:** 1,281

2026 Work RVU: 4.14
2026 NF PE RVU: 31.29
2026 Fac PE RVU: 0.48

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2024 Medicare Utilization:** 9,863

2026 Work RVU: 5.89
2026 NF PE RVU: 90.99
2026 Fac PE RVU: 0.98

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2024 Medicare Utilization:** 3,517

2026 Work RVU: 2.90
2026 NF PE RVU: 46.25
2026 Fac PE RVU: 0.45

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 1,482

2026 Work RVU: 8.53
2026 NF PE RVU: 121.83
2026 Fac PE RVU: 1.31

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 14,245

2026 Work RVU: 9.56
2026 NF PE RVU: 189.00
2026 Fac PE RVU: 1.34

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 18,724

2026 Work RVU: 11.45
2026 NF PE RVU: 226.82
2026 Fac PE RVU: 1.69

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 14,460

2026 Work RVU: 13.41
2026 NF PE RVU: 168.05
2026 Fac PE RVU: 2.01

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 5,594

2026 Work RVU: 6.83
2026 NF PE RVU: 44.15
2026 Fac PE RVU: 1.06

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 700

2026 Work RVU: 3.41
2026 NF PE RVU: 13.92
2026 Fac PE RVU: 0.52

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 11,947

2026 Work RVU: 5.85
2026 NF PE RVU: 32.33
2026 Fac PE RVU: 1.01

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2024 Medicare Utilization:** 3,592

2026 Work RVU: 2.90
2026 NF PE RVU: 9.37
2026 Fac PE RVU: 0.40

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:** 66,988

2026 Work RVU: 1.76
2026 NF PE RVU: 24.70
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:** 98,818

2026 Work RVU: 1.40
2026 NF PE RVU: 3.41
2026 Fac PE RVU: 0.19

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37254 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 7.30
2026 NF PE RVU: 53.08
2026 Fac PE RVU: 1.04

RUC Recommendation: 7.30 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37255 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.00
2026 NF PE RVU: 11.57
2026 Fac PE RVU: 0.36

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37256 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 10.75
2026 NF PE RVU: 59.55
2026 Fac PE RVU: 1.47

RUC Recommendation: 10.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37257 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.89
2026 NF PE RVU: 12.55
2026 Fac PE RVU: 0.46

RUC Recommendation: 3.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37258 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 8.75
2026 NF PE RVU: 95.89
2026 Fac PE RVU: 1.17

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37259 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 31.15
2026 Fac PE RVU: 0.45
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37260 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 12.69
2026 NF PE RVU: 237.00
2026 Fac PE RVU: 1.65
Result: Maintain

RUC Recommendation: 12.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37261 **Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.25
2026 NF PE RVU: 95.44
2026 Fac PE RVU: 0.48

RUC Recommendation: 4.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37262 **Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.00
2026 NF PE RVU: 98.56
2026 Fac PE RVU: 0.47

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37263 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 7.75
2026 NF PE RVU: 153.12
2026 Fac PE RVU: 1.08

RUC Recommendation: 7.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37264 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.00
2026 NF PE RVU: 61.72
2026 Fac PE RVU: 0.38
Result: Maintain

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37265 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 10.50
2026 NF PE RVU: 191.62
2026 Fac PE RVU: 1.43
Result: Maintain

RUC Recommendation: 10.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37266 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 68.21
2026 Fac PE RVU: 0.50
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37267 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 8.75
2026 NF PE RVU: 145.23
2026 Fac PE RVU: 1.18
Result: Maintain

RUC Recommendation: 8.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37268 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.73
2026 NF PE RVU: 96.06
2026 Fac PE RVU: 0.46
Result: Maintain

RUC Recommendation: 3.73

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37269 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 14.75
2026 NF PE RVU: 327.90
2026 Fac PE RVU: 1.92
Result: Maintain

RUC Recommendation: 14.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37270 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 5.00
2026 NF PE RVU: 98.55
2026 Fac PE RVU: 0.62

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37271 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 9.00
2026 NF PE RVU: 305.52
2026 Fac PE RVU: 1.32

RUC Recommendation: 9.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37272 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 65.14
2026 Fac PE RVU: 0.54

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37273 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 12.63
2026 NF PE RVU: 380.96
2026 Fac PE RVU: 1.81

RUC Recommendation: 12.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37274 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 5.50
2026 NF PE RVU: 67.78
2026 Fac PE RVU: 0.74

RUC Recommendation: 5.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37275 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 11.00
2026 NF PE RVU: 294.39
2026 Fac PE RVU: 1.50

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37276 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.25
2026 NF PE RVU: 98.40
2026 Fac PE RVU: 0.53

RUC Recommendation: 4.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37277 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 15.00
2026 NF PE RVU: 443.67
2026 Fac PE RVU: 2.00

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37278 **Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 6.00
2026 NF PE RVU: 108.74
2026 Fac PE RVU: 0.76
Result: Maintain

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37279 **Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 134.11
2026 Fac PE RVU: 0.63
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37280 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 9.80
2026 NF PE RVU: 68.70
2026 Fac PE RVU: 1.29
Result: Maintain

RUC Recommendation: 9.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37281 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.00
2026 NF PE RVU: 18.40
2026 Fac PE RVU: 0.37
Result: Maintain

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37282 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 12.31
2026 NF PE RVU: 167.52
2026 Fac PE RVU: 1.60
Result: Maintain

RUC Recommendation: 12.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37283 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.26
2026 NF PE RVU: 20.65
2026 Fac PE RVU: 0.53
Result: Maintain

RUC Recommendation: 4.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37284 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 10.00
2026 NF PE RVU: 156.43
2026 Fac PE RVU: 1.52
Result: Maintain

RUC Recommendation: 10.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37285 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.34
2026 NF PE RVU: 79.48
2026 Fac PE RVU: 0.49
Result: Maintain

RUC Recommendation: 3.34

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37286 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 13.46
2026 NF PE RVU: 294.09
2026 Fac PE RVU: 2.00
Result: Maintain

RUC Recommendation: 13.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37287 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 5.00
2026 NF PE RVU: 141.91
2026 Fac PE RVU: 0.74
Result: Maintain

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37288 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 13.50
2026 NF PE RVU: 217.25
2026 Fac PE RVU: 1.91
Result: Maintain

RUC Recommendation: 13.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37289 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.75
2026 NF PE RVU: 21.85
2026 Fac PE RVU: 0.67

RUC Recommendation: 4.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37290 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 17.00
2026 NF PE RVU: 298.43
2026 Fac PE RVU: 2.38

RUC Recommendation: 17.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37291 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 6.50
2026 NF PE RVU: 24.37
2026 Fac PE RVU: 0.91

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37292 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 15.00
2026 NF PE RVU: 288.54
2026 Fac PE RVU: 2.29

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37293 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 6.50
2026 NF PE RVU: 97.30
2026 Fac PE RVU: 1.10

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

37294 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 18.00
2026 NF PE RVU: 433.76
2026 Fac PE RVU: 2.72

RUC Recommendation: 18.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37295 **Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 8.16
2026 NF PE RVU: 169.94
2026 Fac PE RVU: 1.39
Result: Maintain

RUC Recommendation: 8.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37296 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 11.00
2026 NF PE RVU: 77.31
2026 Fac PE RVU: 1.44
Result: Maintain

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37297 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 19.94
2026 Fac PE RVU: 0.50
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37298 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 13.70
2026 NF PE RVU: 85.43
2026 Fac PE RVU: 1.77
Result: Maintain

RUC Recommendation: 13.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37299 **Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 5.00
2026 NF PE RVU: 20.84
2026 Fac PE RVU: 0.63
Result: Maintain

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 8,868

2026 Work RVU: 2.97
2026 NF PE RVU: 5.84
2026 Fac PE RVU: 2.01
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2024 Medicare Utilization:** 14

2026 Work RVU: 29.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.30
Result: Increase

RUC Recommendation: 37.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 28

2026 Work RVU: 10.51
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.66

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2024 Medicare Utilization:** 200

2026 Work RVU: 8.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.48

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:** 10,124

2026 Work RVU: 4.68
2026 NF PE RVU: 6.64
2026 Fac PE RVU: 1.58

RUC Recommendation: 4.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions** **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:** 6,873

2026 Work RVU: 5.85
2026 NF PE RVU: 7.53
2026 Fac PE RVU: 1.81

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 461

2026 Work RVU: 3.83
2026 NF PE RVU: 5.33
2026 Fac PE RVU: 2.22

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

38220 **Diagnostic bone marrow; aspiration(s)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2024 Medicare Utilization:** 3,405

2026 Work RVU: 1.17
2026 NF PE RVU: 3.77
2026 Fac PE RVU: 0.40

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Diagnostic bone marrow; biopsy(ies)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2024 Medicare Utilization:** 5,470

2026 Work RVU: 1.25
2026 NF PE RVU: 3.65
2026 Fac PE RVU: 0.37

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2024 Medicare Utilization:** 122,246

2026 Work RVU: 1.40
2026 NF PE RVU: 3.77
2026 Fac PE RVU: 0.34

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38505 **Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)**

Global: 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2019 **2024 Medicare Utilization:** 36,683

2026 Work RVU: 1.55
2026 NF PE RVU: 3.38
2026 Fac PE RVU: 0.52

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 462

2026 Work RVU: 7.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.98

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2024 Medicare Utilization:** 8,171

2026 Work RVU: 8.28
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.38

RUC Recommendation: Review at RAW in 3 years. 9.34 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2008 **2024 Medicare Utilization:** 16,817

2026 Work RVU: 11.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.49

RUC Recommendation: Review at RAW in 3 years.12.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2024 Medicare Utilization:** 1,042

2026 Work RVU: 15.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.59

RUC Recommendation: Review at RAW in 3 years.15.60 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38573 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** May 2024 **2024 Medicare Utilization:** 251

2026 Work RVU: 19.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.64

RUC Recommendation: Review at RAW in 3 years.

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2024 Medicare Utilization:** 25,274

2026 Work RVU: 0.63
2026 NF PE RVU: 1.76
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2024 Medicare Utilization:** 177

2026 Work RVU: 5.30
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.14

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2024 Medicare Utilization:** 1,320

2026 Work RVU: 7.07 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 2.48

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip** **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2024 Medicare Utilization:** 26,394

2026 Work RVU: 1.19 **2026 NF PE RVU:** 2.29 **2026 Fac PE RVU:** 0.37

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2024 Medicare Utilization:** 477

2026 Work RVU: 3.69 **2026 NF PE RVU:** 12.67 **2026 Fac PE RVU:** 5.96

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2024 Medicare Utilization:** 1,470

2026 Work RVU: 1.20 **2026 NF PE RVU:** 4.92 **2026 Fac PE RVU:** 2.11

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2024 Medicare Utilization:** 416

2026 Work RVU: 2.56
2026 NF PE RVU: 6.30
2026 Fac PE RVU: 2.77
Result: PE Only

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40808 **Biopsy, vestibule of mouth**

Global: 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2024 Medicare Utilization:** 8,592

2026 Work RVU: 1.02
2026 NF PE RVU: 3.87
2026 Fac PE RVU: 1.31
Result: Increase

RUC Recommendation: 1.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2024 Medicare Utilization:** 5,095

2026 Work RVU: 2.31
2026 NF PE RVU: 5.82
2026 Fac PE RVU: 2.44
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014

2024 Medicare Utilization: 1,735

2026 Work RVU: 1.31
2026 NF PE RVU: 6.09
2026 Fac PE RVU: 3.13

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: July 2014

2024 Medicare Utilization: 50

2026 Work RVU: 3.41
2026 NF PE RVU: 23.66
2026 Fac PE RVU: 6.94

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007

2024 Medicare Utilization: 321

2026 Work RVU: 9.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.29

RUC Recommendation: 9.63

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007

2024 Medicare Utilization: 4,430

2026 Work RVU: 16.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.31

RUC Recommendation: 18.12

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,208

2026 Work RVU: 19.04
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.84

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,375

2026 Work RVU: 5.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.21

RUC Recommendation: 7.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,932

2026 Work RVU: 2.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.26

RUC Recommendation: 2.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 248

2026 Work RVU: 2.72
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.28

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 160

2026 Work RVU: 2.72
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.30
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 75

2026 Work RVU: 3.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.94
Result: Increase

RUC Recommendation: 3.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 677

2026 Work RVU: 2.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.35
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 293

2026 Work RVU: 3.23
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.46
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2024 Medicare Utilization:** 975

2026 Work RVU: 1.48
2026 NF PE RVU: 4.21
2026 Fac PE RVU: 0.36

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2024 Medicare Utilization:** 195

2026 Work RVU: 1.77
2026 NF PE RVU: 4.51
2026 Fac PE RVU: 0.43

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,896

2026 Work RVU: 1.38
2026 NF PE RVU: 7.00
2026 Fac PE RVU: 0.79

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 174

2026 Work RVU: 1.68
2026 NF PE RVU: 6.44
2026 Fac PE RVU: 0.86

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,726

2026 Work RVU: 1.68
2026 NF PE RVU: 9.88
2026 Fac PE RVU: 0.90

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1

2026 Work RVU: 2.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.09

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 46

2026 Work RVU: 2.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.13

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1

2026 Work RVU: 2.23
2026 NF PE RVU: 7.73
2026 Fac PE RVU: 1.08

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 72

2026 Work RVU: 4.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.64

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 495

2026 Work RVU: 3.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.25

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 96

2026 Work RVU: 4.51
2026 NF PE RVU: 32.39
2026 Fac PE RVU: 1.57

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 257

2026 Work RVU: 3.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.22

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 618

2026 Work RVU: 2.38
2026 NF PE RVU: 10.33
2026 Fac PE RVU: 1.08

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 132

2026 Work RVU: 2.24
2026 NF PE RVU: 11.13
2026 Fac PE RVU: 1.09

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 29

2026 Work RVU: 2.73
2026 NF PE RVU: 10.98
2026 Fac PE RVU: 1.23

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,593

2026 Work RVU: 1.95
2026 NF PE RVU: 26.49
2026 Fac PE RVU: 0.96

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,138

2026 Work RVU: 2.18
2026 NF PE RVU: 9.90
2026 Fac PE RVU: 0.97

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 113

2026 Work RVU: 2.82
2026 NF PE RVU: 16.46
2026 Fac PE RVU: 1.22

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,115

RUC Recommendation: 3.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 3.40
2026 NF PE RVU: 19.61
2026 Fac PE RVU: 1.42
Result: Decrease

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 533

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 2.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.13
Result: Maintain

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 325

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 3.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.42
Result: Decrease

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2024 Medicare Utilization:** 1,127

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 3.97
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.52
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2024 Medicare Utilization:** 222,794

2026 Work RVU: 2.04
2026 NF PE RVU: 7.39
2026 Fac PE RVU: 1.03

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2024 Medicare Utilization:** 12,983

2026 Work RVU: 2.33
2026 NF PE RVU: 10.77
2026 Fac PE RVU: 1.10

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 20,025

2026 Work RVU: 3.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.42

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 16,652

2026 Work RVU: 4.06
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2024 Medicare Utilization:** 1,161,750

2026 Work RVU: 2.33
2026 NF PE RVU: 9.94
2026 Fac PE RVU: 1.10

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,301

2026 Work RVU: 6.97
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.47

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 4,217

2026 Work RVU: 2.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.07

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2024 Medicare Utilization:** 25,591

2026 Work RVU: 4.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.78

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 242

2026 Work RVU: 4.16
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.57

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 16,095

2026 Work RVU: 4.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.69

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 12,167

2026 Work RVU: 3.00
2026 NF PE RVU: 16.20
2026 Fac PE RVU: 1.28

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 45,123

2026 Work RVU: 3.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.34

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 22,577

2026 Work RVU: 3.03
2026 NF PE RVU: 9.36
2026 Fac PE RVU: 1.30

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 84,064

2026 Work RVU: 2.84
2026 NF PE RVU: 10.53
2026 Fac PE RVU: 1.25

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 125,078

2026 Work RVU: 2.60
2026 NF PE RVU: 32.47
2026 Fac PE RVU: 1.18

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,266

2026 Work RVU: 2.90
2026 NF PE RVU: 11.62
2026 Fac PE RVU: 1.25

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 47,061

2026 Work RVU: 3.38
2026 NF PE RVU: 12.58
2026 Fac PE RVU: 1.41

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2024 Medicare Utilization:** 1,804

2026 Work RVU: 4.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.78

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2024 Medicare Utilization:** 6,404

2026 Work RVU: 4.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.81

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 51,496

2026 Work RVU: 3.47
2026 NF PE RVU: 16.78
2026 Fac PE RVU: 1.44

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 64

2026 Work RVU: 4.05
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2024 Medicare Utilization:** 30,830

2026 Work RVU: 3.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.58

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 3,165

2026 Work RVU: 5.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.09

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 6,260

2026 Work RVU: 6.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.18

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 23,452

2026 Work RVU: 6.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.28

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 18

2026 Work RVU: 6.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.30

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2024 Medicare Utilization:** 55,293

2026 Work RVU: 6.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.32
Result: Decrease

RUC Recommendation: 6.73

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,128

2026 Work RVU: 7.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.68
Result: Decrease

RUC Recommendation: 8.03

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2024 Medicare Utilization:** 6,171

2026 Work RVU: 3.82
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.46
Result: Decrease

RUC Recommendation: 4.40

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2024 Medicare Utilization:** 17,323

2026 Work RVU: 3.91
2026 NF PE RVU: 19.70
2026 Fac PE RVU: 1.57

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 9,016

2026 Work RVU: 2.18
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.64

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 40,740

2026 Work RVU: 8.27
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.84

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 13,612

2026 Work RVU: 6.69
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.38

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 17,043

2026 Work RVU: 8.62
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.95

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 5,971

2026 Work RVU: 6.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.40

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 435

2026 Work RVU: 7.72
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.68

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43281 **Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh**

Global: 090 **Issue:** Laparoscopic Paraesophageal Hernia Repair **Screen:** CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** July 2026 **2024 Medicare Utilization:** 11,993

2026 Work RVU: 25.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.97

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2024 Medicare Utilization:** 50,784

2026 Work RVU: 1.25
2026 NF PE RVU: 4.96
2026 Fac PE RVU: 0.79

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2024 Medicare Utilization:** 1,019

2026 Work RVU: 1.37
2026 NF PE RVU: 23.37
2026 Fac PE RVU: 0.77

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde**

Global: **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43644 **Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)** **Global:** 090 **Issue:** Gastric Restrictive Procedures **Screen:** CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** July 2026 **2024 Medicare Utilization:** 1,902

2026 Work RVU: 28.67
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.13

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance** **Global:** **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M / CPT Assistant Analysis **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2024 Medicare Utilization:** 45,039

2026 Work RVU: 0.73
2026 NF PE RVU: 7.28
2026 Fac PE RVU: 0.15
Result: Decrease

RUC Recommendation: Review action plan. 0.75. CPT Assistant article complete.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M / CPT Assistant Analysis **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2024 Medicare Utilization:** 2,312

2026 Work RVU: 1.37
2026 NF PE RVU: 9.51
2026 Fac PE RVU: 0.84
Result: Decrease

RUC Recommendation: Review action plan. 1.41. CPT Assistant article.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2024 Medicare Utilization:** 7,569

2026 Work RVU: 27.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.13
Result: Remove from Screen

RUC Recommendation: 99214 visit appropriate. Remove from screen.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2024 Medicare Utilization:** 10,567

2026 Work RVU: 22.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.55

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2024 Medicare Utilization:** 9,170

2026 Work RVU: 31.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.90

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 1,374

2026 Work RVU: 0.85
2026 NF PE RVU: 5.76
2026 Fac PE RVU: 0.65

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2024 Medicare Utilization:** 129

2026 Work RVU: 1.35
2026 NF PE RVU: 30.47
2026 Fac PE RVU: 0.80

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 1,224

2026 Work RVU: 1.14
2026 NF PE RVU: 8.76
2026 Fac PE RVU: 0.76

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2024 Medicare Utilization:** 66

2026 Work RVU: 2.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.90

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 962

2026 Work RVU: 1.17
2026 NF PE RVU: 6.01
2026 Fac PE RVU: 0.68

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,124

2026 Work RVU: 1.46
2026 NF PE RVU: 8.78
2026 Fac PE RVU: 0.79

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 3,146

2026 Work RVU: 2.65
2026 NF PE RVU: 7.53
2026 Fac PE RVU: 1.16

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 2,051

2026 Work RVU: 2.94
2026 NF PE RVU: 10.36
2026 Fac PE RVU: 1.26

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 26

2026 Work RVU: 3.65
2026 NF PE RVU: 9.40
2026 Fac PE RVU: 1.50

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 151

2026 Work RVU: 4.02
2026 NF PE RVU: 16.53
2026 Fac PE RVU: 1.59

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 186

2026 Work RVU: 3.44
2026 NF PE RVU: 8.91
2026 Fac PE RVU: 1.35

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 1,942

2026 Work RVU: 3.93
2026 NF PE RVU: 10.05
2026 Fac PE RVU: 1.54

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2024 Medicare Utilization:** 32

2026 Work RVU: 4.23
2026 NF PE RVU: 72.65
2026 Fac PE RVU: 1.68

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 6

2026 Work RVU: 4.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.78

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 86

2026 Work RVU: 5.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.01

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 170

2026 Work RVU: 2.94
2026 NF PE RVU: 10.62
2026 Fac PE RVU: 1.25

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 42

2026 Work RVU: 3.15
2026 NF PE RVU: 14.90
2026 Fac PE RVU: 1.36

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 3

2026 Work RVU: 4.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.61

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 1

2026 Work RVU: 4.84
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.85

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2024 Medicare Utilization:** 25

2026 Work RVU: 4.04
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44950 **Appendectomy;** **Global:** 090 **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2024 Medicare Utilization:** 639

2026 Work RVU: 10.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.18
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

44955 **Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2024 Medicare Utilization:** 2,250

2026 Work RVU: 1.49
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.39
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

44960 **Appendectomy; for ruptured appendix with abscess or generalized peritonitis** **Global:** 090 **Issue:** Appendectomy **Screen:** Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** April 2025 **2024 Medicare Utilization:** 476

2026 Work RVU: 14.14
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.88
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Appendectomy **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 22 **Specialty Developing Recommendation:** ACS, APSA, ASCRS (colon), SAGES **First Identified:** October 2008 **2024 Medicare Utilization:** 20,423

2026 Work RVU: 9.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.72

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

45170 **Deleted from CPT**

Global: **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2024 Medicare Utilization:** 2,024

2026 Work RVU: 7.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.84

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,594

2026 Work RVU: 11.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.81

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2024 Medicare Utilization:** 13,054

2026 Work RVU: 0.78
2026 NF PE RVU: 3.54
2026 Fac PE RVU: 0.44

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2024 Medicare Utilization:** 38,648

2026 Work RVU: 0.82
2026 NF PE RVU: 5.51
2026 Fac PE RVU: 0.67

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 27,902

2026 Work RVU: 1.11
2026 NF PE RVU: 8.42
2026 Fac PE RVU: 0.75

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 323

2026 Work RVU: 1.72
2026 NF PE RVU: 7.43
2026 Fac PE RVU: 0.93

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 446

2026 Work RVU: 1.51
2026 NF PE RVU: 9.30
2026 Fac PE RVU: 0.86

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 3,215

2026 Work RVU: 1.95
2026 NF PE RVU: 14.13
2026 Fac PE RVU: 1.00

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,523

2026 Work RVU: 1.01
2026 NF PE RVU: 8.68
2026 Fac PE RVU: 0.72

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,754

2026 Work RVU: 2.05
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.70

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 4,883

2026 Work RVU: 2.00
2026 NF PE RVU: 7.79
2026 Fac PE RVU: 1.01

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 898

2026 Work RVU: 1.22
2026 NF PE RVU: 13.81
2026 Fac PE RVU: 0.78

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2024 Medicare Utilization:** 1,524

2026 Work RVU: 2.07
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.04

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2024 Medicare Utilization:** 392

2026 Work RVU: 2.91
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.27

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2024 Medicare Utilization:** 853

2026 Work RVU: 2.74
2026 NF PE RVU: 71.60
2026 Fac PE RVU: 1.21

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2024 Medicare Utilization:** 555

2026 Work RVU: 2.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.14

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 758

2026 Work RVU: 3.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.43

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 1,138

2026 Work RVU: 1.64
2026 NF PE RVU: 20.43
2026 Fac PE RVU: 0.90

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 215,884

2026 Work RVU: 3.18
2026 NF PE RVU: 7.73
2026 Fac PE RVU: 1.34

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 961

2026 Work RVU: 4.17
2026 NF PE RVU: 9.69
2026 Fac PE RVU: 1.63

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2024 Medicare Utilization:** 876,643

2026 Work RVU: 3.47
2026 NF PE RVU: 10.49
2026 Fac PE RVU: 1.43

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2024 Medicare Utilization:** 59,286

2026 Work RVU: 3.47
2026 NF PE RVU: 10.79
2026 Fac PE RVU: 1.43

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 19,726

2026 Work RVU: 4.54
2026 NF PE RVU: 16.83
2026 Fac PE RVU: 1.75

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 33,392

2026 Work RVU: 3.97
2026 NF PE RVU: 11.57
2026 Fac PE RVU: 1.51

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2024 Medicare Utilization:** 1,054,756

2026 Work RVU: 4.46
2026 NF PE RVU: 10.01
2026 Fac PE RVU: 1.72

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 1,915

2026 Work RVU: 3.68
2026 NF PE RVU: 15.97
2026 Fac PE RVU: 1.49

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2024 Medicare Utilization:** 16,263

2026 Work RVU: 4.76
2026 NF PE RVU: 74.32
2026 Fac PE RVU: 1.78

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2024 Medicare Utilization:** 392

2026 Work RVU: 5.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.89

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2024 Medicare Utilization:** 30,318

2026 Work RVU: 5.89
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.15

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 690

2026 Work RVU: 4.52
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.75

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 110

2026 Work RVU: 5.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.99

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2024 Medicare Utilization:** 1,932

2026 Work RVU: 4.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.42
Result: Decrease

RUC Recommendation: 4.78 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2024 Medicare Utilization:** 3,222

2026 Work RVU: 4.10
2026 NF PE RVU: 22.33
2026 Fac PE RVU: 1.57
Result: Decrease

RUC Recommendation: 4.30 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

46020 **Placement of seton**

Global: 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** October 2019 **2024 Medicare Utilization:** 1,213

2026 Work RVU: 1.81
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.15
Result: Increase

RUC Recommendation: 3.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

46030 **Removal of anal seton, other marker**

Global: 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** April 2020 **2024 Medicare Utilization:** 312

2026 Work RVU: 1.44
2026 NF PE RVU: 6.82
2026 Fac PE RVU: 0.73
Result: Increase

RUC Recommendation: 2.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2024 Medicare Utilization:** 655

2026 Work RVU: 3.50
2026 NF PE RVU: 11.80
2026 Fac PE RVU: 6.31

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon)

First Identified: January 2014 **2024 Medicare Utilization:** 13,260

2026 Work RVU: 1.70
2026 NF PE RVU: 8.76
2026 Fac PE RVU: 3.86

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47120 **Hepatectomy, resection of liver; partial lobectomy**

Global: 090 **Issue:** Hepatectomy **Screen:** CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: July 2026

2024 Medicare Utilization: 2,368

2026 Work RVU: 38.03
2026 NF PE RVU: NA
2026 Fac PE RVU: 17.31

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: January 2014

2024 Medicare Utilization: 1,481

2026 Work RVU: 87.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 39.92

RUC Recommendation: 91.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: April 2014

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2024 Medicare Utilization: 2,634

2026 Work RVU: 14.60
2026 NF PE RVU: 86.53
2026 Fac PE RVU: 2.94

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2024 Medicare Utilization:** 11,653

2026 Work RVU: 4.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.80

RUC Recommendation: 4.76

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 5,534

2026 Work RVU: 1.27
2026 NF PE RVU: 10.53
2026 Fac PE RVU: 0.44

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 340

2026 Work RVU: 4.14
2026 NF PE RVU: 19.62
2026 Fac PE RVU: 0.84

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2024 Medicare Utilization:** 1,126

2026 Work RVU: 5.25
2026 NF PE RVU: 27.47
2026 Fac PE RVU: 0.97

RUC Recommendation: 5.63

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2024 Medicare Utilization:** 3,706

2026 Work RVU: 7.41
2026 NF PE RVU: 28.26
2026 Fac PE RVU: 1.26

RUC Recommendation: 7.85

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2024 Medicare Utilization:** 343

2026 Work RVU: 3.85
2026 NF PE RVU: 21.14
2026 Fac PE RVU: 0.79

RUC Recommendation: 4.20

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 13,607

2026 Work RVU: 2.54
2026 NF PE RVU: 15.29
2026 Fac PE RVU: 0.61

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 1,813

2026 Work RVU: 1.79
2026 NF PE RVU: 11.87
2026 Fac PE RVU: 0.52

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 685

2026 Work RVU: 4.63
2026 NF PE RVU: 99.60
2026 Fac PE RVU: 0.92

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 106

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 8.53 **2026 NF PE RVU:** 109.51 **2026 Fac PE RVU:** 1.46 **Result:** Increase

---

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 131

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 8.80 **2026 NF PE RVU:** 108.80 **2026 Fac PE RVU:** 1.51 **Result:** Increase

---

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 138

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 6.58 **2026 NF PE RVU:** 28.00 **2026 Fac PE RVU:** 1.36 **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 1,024

2026 Work RVU: 2.78
2026 NF PE RVU: 11.15
2026 Fac PE RVU: 0.40

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 485

2026 Work RVU: 2.93
2026 NF PE RVU: 7.93
2026 Fac PE RVU: 0.42

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:** 253

2026 Work RVU: 3.20
2026 NF PE RVU: 20.18
2026 Fac PE RVU: 0.46

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2024 Medicare Utilization:** 73,486

2026 Work RVU: 10.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.04

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2024 Medicare Utilization:** 29,333

2026 Work RVU: 11.18
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.37

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 4,310

2026 Work RVU: 17.04
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.86

RUC Recommendation: 20.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 538

2026 Work RVU: 18.02
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.10

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2024 Medicare Utilization:** 422

2026 Work RVU: 4.58
2026 NF PE RVU: 9.68
2026 Fac PE RVU: 1.03

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 8,189

2026 Work RVU: 1.21
2026 NF PE RVU: 5.94
2026 Fac PE RVU: 0.72

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 234,964

2026 Work RVU: 1.95
2026 NF PE RVU: 6.36
2026 Fac PE RVU: 0.62

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 1,346

2026 Work RVU: 1.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.46

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:** 4,741

2026 Work RVU: 3.90
2026 NF PE RVU: 20.77
2026 Fac PE RVU: 0.67

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:** 27,539

2026 Work RVU: 3.90
2026 NF PE RVU: 20.76
2026 Fac PE RVU: 0.67

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2024 Medicare Utilization:** 120

2026 Work RVU: 4.14
2026 NF PE RVU: 17.43
2026 Fac PE RVU: 0.74

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 6,597

2026 Work RVU: 3.86
2026 NF PE RVU: 23.85
2026 Fac PE RVU: 0.93

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2024 Medicare Utilization:** 667

2026 Work RVU: 4.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.06

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016 **2024 Medicare Utilization:** 9,083

2026 Work RVU: 3.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.18

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

49436 **Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter**

Global: 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: November 2021 **2024 Medicare Utilization:** 284

2026 Work RVU: 2.65
2026 NF PE RVU: 13.52
2026 Fac PE RVU: 2.00

RUC Recommendation: PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2024 Medicare Utilization:** 31,751

2026 Work RVU: 7.76
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.40

RUC Recommendation: Reaffirmed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2024 Medicare Utilization:** 7,820

2026 Work RVU: 8.86
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.83

RUC Recommendation: 10.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2024 Medicare Utilization:** 1,523

2026 Work RVU: 11.19
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.40

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49560 **Repair initial incisional or ventral hernia; reducible** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49561 **Repair initial incisional or ventral hernia; incarcerated or strangulated** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49565 **Repair recurrent incisional or ventral hernia; reducible** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49566 **Repair recurrent incisional or ventral hernia; incarcerated or strangulated** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49568 **Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49570 **Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49572 **Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49580 **Repair umbilical hernia, younger than age 5 years; reducible** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49582 **Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49585 **Repair umbilical hernia, age 5 years or older; reducible** **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49590 **Repair spigelian hernia**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49591 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 16,974

2026 Work RVU: 5.81
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.15

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49592 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 10,003

2026 Work RVU: 8.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.67

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49593 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 14,345

2026 Work RVU: 10.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.11

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49594 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 15,476

2026 Work RVU: 13.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.86

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49595 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 4,140

2026 Work RVU: 13.59
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.03

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49596 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 4,113

2026 Work RVU: 18.20
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.11

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49613 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 1,002

2026 Work RVU: 7.23
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.50

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49614 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 707

2026 Work RVU: 9.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.09

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49615 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 2,311

2026 Work RVU: 11.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.40

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49616 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 2,572

2026 Work RVU: 15.16
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.34

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49617 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 1,320

2026 Work RVU: 15.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.57

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49618 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 2,306

2026 Work RVU: 22.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.09

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49621 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 1,401

2026 Work RVU: 13.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.94

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49622 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 1,126

2026 Work RVU: 16.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.71

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49623 **Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:** 1,515

2026 Work RVU: 3.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.90

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49656 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49657 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50080 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2024 Medicare Utilization:** 1,603

2026 Work RVU: 12.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.16

RUC Recommendation: Review action plan. 13.50 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50081 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2024 Medicare Utilization:** 6,591

2026 Work RVU: 20.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.99

RUC Recommendation: Review action plan. 22.00 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2024 Medicare Utilization:** 31,120

2026 Work RVU: 2.32
2026 NF PE RVU: 12.18
2026 Fac PE RVU: 0.74

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2024 Medicare Utilization:** 8,953

2026 Work RVU: 38.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 19.75

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 7,714

2026 Work RVU: 1.71
2026 NF PE RVU: 13.67
2026 Fac PE RVU: 0.25

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 584

2026 Work RVU: 2.83
2026 NF PE RVU: 15.31
2026 Fac PE RVU: 0.89

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 5,854

2026 Work RVU: 1.07
2026 NF PE RVU: 8.04
2026 Fac PE RVU: 0.58

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 / Work Neutrailty 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 27,125

2026 Work RVU: 3.90
2026 NF PE RVU: 21.55
2026 Fac PE RVU: 0.99

RUC Recommendation: Review action plan. 4.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2024 Medicare Utilization:** 4,833

2026 Work RVU: 4.92
2026 NF PE RVU: 26.75
2026 Fac PE RVU: 1.12

RUC Recommendation: 5.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2024 Medicare Utilization:** 2,031

2026 Work RVU: 3.66
2026 NF PE RVU: 21.85
2026 Fac PE RVU: 0.92

RUC Recommendation: 4.20

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2024 Medicare Utilization:** 51,933

2026 Work RVU: 1.77
2026 NF PE RVU: 14.91
2026 Fac PE RVU: 0.66

RUC Recommendation: 2.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2024 Medicare Utilization:** 1,557

2026 Work RVU: 2.71
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.02

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2024 Medicare Utilization:** 2,786

2026 Work RVU: 4.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.41

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2024 Medicare Utilization:** 57

2026 Work RVU: 20.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.73

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2024 Medicare Utilization:** 2,063

2026 Work RVU: 24.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.71

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2024 Medicare Utilization:** 34,795

2026 Work RVU: 9.53
2026 NF PE RVU: 12.01
2026 Fac PE RVU: 4.84

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2024 Medicare Utilization:** 1,505

2026 Work RVU: 16.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.79

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 65

2026 Work RVU: 3.08
2026 NF PE RVU: 10.76
2026 Fac PE RVU: 0.29

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 2,945

2026 Work RVU: 3.86
2026 NF PE RVU: 24.07
2026 Fac PE RVU: 1.00

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 672

2026 Work RVU: 5.12
2026 NF PE RVU: 26.11
2026 Fac PE RVU: 1.19

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 758

2026 Work RVU: 6.63
2026 NF PE RVU: 30.79
2026 Fac PE RVU: 1.44

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 80

2026 Work RVU: 3.93
2026 NF PE RVU: 48.62
2026 Fac PE RVU: 0.36

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2024 Medicare Utilization:** 1,061

2026 Work RVU: 3.71
2026 NF PE RVU: 19.63
2026 Fac PE RVU: 0.53

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 3,847

2026 Work RVU: 4.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.23

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 13,538

2026 Work RVU: 2.63
2026 NF PE RVU: 4.26
2026 Fac PE RVU: 0.81

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2024 Medicare Utilization:** 171,770

2026 Work RVU: 0.59
2026 NF PE RVU: 1.68
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2024 Medicare Utilization:** 130,882

2026 Work RVU: 0.49
2026 NF PE RVU: 0.80
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2024 Medicare Utilization:** 229,985

2026 Work RVU: 0.49
2026 NF PE RVU: 1.40
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2024 Medicare Utilization:** 50,083

2026 Work RVU: 1.43
2026 NF PE RVU: 3.01
2026 Fac PE RVU: 0.40

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51715 **Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck**

Global: 000 **Issue:** Urethral Bulking **Screen:** High Volume Growth12 / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2026 **2024 Medicare Utilization:** 13,174

2026 Work RVU: 3.64
2026 NF PE RVU: 6.20
2026 Fac PE RVU: 1.11

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2024 Medicare Utilization:** 158,610

2026 Work RVU: 0.85
2026 NF PE RVU: 1.79
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2024 Medicare Utilization:** 2,739

2026 Work RVU: 1.67
2026 NF PE RVU: 6.28
2026 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2024 Medicare Utilization:** 1,486

2026 Work RVU: 2.06
2026 NF PE RVU: 7.59
2026 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2024 Medicare Utilization:** 73,747

2026 Work RVU: 2.06
2026 NF PE RVU: 7.81
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: CPT Assistant article published. 2.11

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2024 Medicare Utilization:** 48,584

2026 Work RVU: 2.45
2026 NF PE RVU: 7.84
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: CPT Assistant article published. 2.51

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2024 Medicare Utilization:** 7,201

2026 Work RVU: 0.17
2026 NF PE RVU: 0.24
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)**

Global: XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2024 Medicare Utilization:** 315,443

2026 Work RVU: 0.17
2026 NF PE RVU: 0.26
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.17

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

51772 **Deleted from CPT**

Global: **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2024 Medicare Utilization:** 125,421

2026 Work RVU: 0.73
2026 NF PE RVU: 1.18
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2024 Medicare Utilization:** 5,460

2026 Work RVU: 1.07
2026 NF PE RVU: 6.14
2026 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

51795 **Deleted from CPT**

Global: **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2024 Medicare Utilization:** 90,855

2026 Work RVU: 0.78
2026 NF PE RVU: 3.79
2026 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015

2024 Medicare Utilization: 1,919,156

2026 Work RVU: 0.00
2026 NF PE RVU: 0.36
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010

2024 Medicare Utilization: 746,759

2026 Work RVU: 1.49
2026 NF PE RVU: 4.77
2026 Fac PE RVU: 0.44

RUC Recommendation: 1.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA

First Identified: June 2008

2024 Medicare Utilization: 13,490

2026 Work RVU: 3.41
2026 NF PE RVU: 17.96
2026 Fac PE RVU: 0.71

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA

First Identified: February 2008

2024 Medicare Utilization: 23,967

2026 Work RVU: 3.95
2026 NF PE RVU: 18.33
2026 Fac PE RVU: 0.82

RUC Recommendation: 4.05

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Result: Increase

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2024 Medicare Utilization: 23,407

2026 Work RVU: 4.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.42

RUC Recommendation: 4.62

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA

First Identified: April 2011

2024 Medicare Utilization: 31,800

2026 Work RVU: 5.30
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.64

RUC Recommendation: 5.44

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2024 Medicare Utilization:** 18,846

2026 Work RVU: 7.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.05
Result: Decrease

RUC Recommendation: 8.75

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2024 Medicare Utilization:** 41,986

2026 Work RVU: 2.68
2026 NF PE RVU: 6.26
2026 Fac PE RVU: 1.05
Result: Maintain

RUC Recommendation: 2.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder**

Global: 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2024 Medicare Utilization:** 73,658

2026 Work RVU: 3.12
2026 NF PE RVU: 7.34
2026 Fac PE RVU: 0.91
Result: Remove from Screen

RUC Recommendation: Remove from Screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2024 Medicare Utilization:** 136,154

2026 Work RVU: 2.75
2026 NF PE RVU: 8.05
2026 Fac PE RVU: 1.07

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2024 Medicare Utilization:** 251

2026 Work RVU: 3.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.17

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2024 Medicare Utilization:** 1,712

2026 Work RVU: 5.22
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62

RUC Recommendation: 5.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2024 Medicare Utilization:** 121

2026 Work RVU: 5.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.72
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2024 Medicare Utilization:** 17

2026 Work RVU: 6.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.85
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 2,956

2026 Work RVU: 6.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.96
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2024 Medicare Utilization:** 368

2026 Work RVU: 7.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.06
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2024 Medicare Utilization:** 484

2026 Work RVU: 8.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.27
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2024 Medicare Utilization:** 21,133

2026 Work RVU: 5.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.66
Result: Decrease

RUC Recommendation: 5.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2024 Medicare Utilization:** 18,202

2026 Work RVU: 6.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.90
Result: Decrease

RUC Recommendation: 6.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2024 Medicare Utilization:** 10,217

RUC Recommendation: 7.50 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 7.31 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 2.05 **Result:** Decrease

---

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2024 Medicare Utilization:** 9,073

RUC Recommendation: 8.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 7.80 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 2.15 **Result:** Increase

---

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2024 Medicare Utilization:** 661

RUC Recommendation: 10.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 8.78 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 2.36 **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2024 Medicare Utilization:** 90,880

2026 Work RVU: 7.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.11

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 77

2026 Work RVU: 8.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.26

RUC Recommendation: 8.69 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52442 **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU **First Identified:** April 2020 **2024 Medicare Utilization:** 57,452

2026 Work RVU: 0.98
2026 NF PE RVU: 24.78
2026 Fac PE RVU: 0.21

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 1,954

2026 Work RVU: 5.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.94

RUC Recommendation: 6.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52597 **Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 10.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.85

RUC Recommendation: 10.25

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2024 Medicare Utilization:** 36,431

2026 Work RVU: 9.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.74

RUC Recommendation: 10.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52630 **Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2024 Medicare Utilization: 4,831

2026 Work RVU: 6.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.05

RUC Recommendation: 6.55

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2024 Medicare Utilization: 1,168

2026 Work RVU: 4.67
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.79

RUC Recommendation: 4.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52647 **Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)**

Global: **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2024 Medicare Utilization: 63

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2024 Medicare Utilization:** 12,442

2026 Work RVU: 9.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.75

RUC Recommendation: 10.05

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52649 **Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2024 Medicare Utilization:** 9,883

2026 Work RVU: 12.68
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.36

RUC Recommendation: 14.56

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 2,177

2026 Work RVU: 12.68
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.33

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2024 Medicare Utilization:** 648

2026 Work RVU: 5.28
2026 NF PE RVU: 36.81
2026 Fac PE RVU: 3.97

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 4,453

2026 Work RVU: 14.16
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.84

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 1,114

2026 Work RVU: 14.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.71

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 1,675

2026 Work RVU: 5.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.25

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2024 Medicare Utilization:** 931

2026 Work RVU: 8.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.69

RUC Recommendation: 8.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA

First Identified: July 2015 **2024 Medicare Utilization:** 148,896

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted for CPT 2026

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

55705 **Biopsy, prostate, any approach, nonimaging-guided**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2024 Medicare Utilization:** 67

2026 Work RVU: 1.88
2026 NF PE RVU: 4.88
2026 Fac PE RVU: 0.88

RUC Recommendation: 1.88

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: January 2014 **2024 Medicare Utilization:** 5,649

2026 Work RVU: 4.16
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.40

RUC Recommendation: Deleted for CPT 2027

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

55707 **Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 2.63
2026 NF PE RVU: 7.27
2026 Fac PE RVU: 1.10

RUC Recommendation: 2.63

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55708 **Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS

First Identified: May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.39
2026 NF PE RVU: 8.75
2026 Fac PE RVU: 1.26

RUC Recommendation: 3.39

Referred to CPT September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55709 **Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.23
2026 NF PE RVU: 13.78
2026 Fac PE RVU: 1.23

RUC Recommendation: 3.23 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

55710 **Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.81
2026 NF PE RVU: 15.25
2026 Fac PE RVU: 1.35

RUC Recommendation: 3.81 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

55711 **Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 2.61
2026 NF PE RVU: 8.04
2026 Fac PE RVU: 1.10

RUC Recommendation: 2.37 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55712 **Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.10
2026 NF PE RVU: 14.67
2026 Fac PE RVU: 1.22

RUC Recommendation: Deleted for CPT 2027 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

55713 **Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** AUA, OEIS **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 4.00
2026 NF PE RVU: 18.40
2026 Fac PE RVU: 1.06

RUC Recommendation: Deleted for CPT 2027 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

55714 **Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.62
2026 NF PE RVU: 18.26
2026 Fac PE RVU: 0.98

RUC Recommendation: 3.62 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55715 **Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 1.05
2026 NF PE RVU: 1.24
2026 Fac PE RVU: 0.22

RUC Recommendation: 1.80 **Referred to CPT** September 2025; February 2025 (Tab 16); May 2024 (Tab 15) **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2024 Medicare Utilization:** 809

2026 Work RVU: 20.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.74

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2024 Medicare Utilization:** 41

2026 Work RVU: 20.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.71

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2024 Medicare Utilization:** 376

2026 Work RVU: 24.55
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.49

RUC Recommendation: 25.18 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 18,806

2026 Work RVU: 21.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.66

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55867 **Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2024 Medicare Utilization:** 3,844

2026 Work RVU: 19.04
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.82

RUC Recommendation: 19.53 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55868 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 22.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.79

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55869 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 27.41
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.82

RUC Recommendation: 29.35 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 1,106

2026 Work RVU: 13.26
2026 NF PE RVU: 155.57
2026 Fac PE RVU: 5.66

RUC Recommendation: 13.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55874 **Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed**

Global: 000 **Issue:** Peri-prostatic Implantation Biodegradable Material **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 06 **Specialty Developing Recommendation:** AUA, ASTRO **First Identified:** April 2025 **2024 Medicare Utilization:** 22,488

2026 Work RVU: 2.95
2026 NF PE RVU: 108.15
2026 Fac PE RVU: 1.00

RUC Recommendation: 2.21 **Referred to CPT** May 2026 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2024 Medicare Utilization:** 4,272

2026 Work RVU: 13.12
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.10

RUC Recommendation: Review data at RAW **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

55876 **Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple**

Global: 000 **Issue:** Peri-prostatic Implantation Biodegradable Material **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 06 **Specialty Developing Recommendation:** AUA, ASTRO **First Identified:** April 2025 **2024 Medicare Utilization:** 24,325

2026 Work RVU: 1.69
2026 NF PE RVU: 2.66
2026 Fac PE RVU: 0.85

RUC Recommendation: 1.46 **Referred to CPT** May 2026 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55XX0

Global: **Issue:** Peri-prostatic Implantation Biodegradable Material **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 06 **Specialty Developing Recommendation:** AUA, ASTRO **First Identified:** May 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 3.21 **Referred to CPT** May 2026 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2024 Medicare Utilization:** 2,322

2026 Work RVU: 3.00
2026 NF PE RVU: 4.67
2026 Fac PE RVU: 2.18

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** D **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2024 Medicare Utilization:** 2,942

2026 Work RVU: 7.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.53

RUC Recommendation: 7.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2024 Medicare Utilization:** 16,225

2026 Work RVU: 0.49
2026 NF PE RVU: 1.03
2026 Fac PE RVU: 0.11

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2024 Medicare Utilization:** 1,910

2026 Work RVU: 5.02
2026 NF PE RVU: 6.50
2026 Fac PE RVU: 1.69

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2024 Medicare Utilization:** 14,514

2026 Work RVU: 2.62
2026 NF PE RVU: 3.92
2026 Fac PE RVU: 0.98

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57160 **Fitting and insertion of pessary or other intravaginal support device**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2024 Medicare Utilization:** 73,364

2026 Work RVU: 0.87
2026 NF PE RVU: 1.09
2026 Fac PE RVU: 0.19

RUC Recommendation: 0.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2024 Medicare Utilization:** 6,386

2026 Work RVU: 9.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.88

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2024 Medicare Utilization:** 9,291

2026 Work RVU: 9.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.85

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2024 Medicare Utilization:** 8,493

2026 Work RVU: 12.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.49

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2024 Medicare Utilization:** 3,832

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.89

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57282 **Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 6,868

2026 Work RVU: 11.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.21

RUC Recommendation: 13.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

57283 **Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 5,043

2026 Work RVU: 11.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.21

RUC Recommendation: 13.51 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 1,310

2026 Work RVU: 10.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.18
Result: Decrease

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 19,366

2026 Work RVU: 11.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.13
Result: Decrease

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 11,687

2026 Work RVU: 16.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.40
Result: Increase

RUC Recommendation: 18.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2024 Medicare Utilization:** 53,942

2026 Work RVU: 1.18
2026 NF PE RVU: 1.55
2026 Fac PE RVU: 0.26
Result: Decrease

RUC Recommendation: 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2024 Medicare Utilization:** 671

2026 Work RVU: 0.75
2026 NF PE RVU: 0.64
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

58300 **Insertion of intrauterine device (IUD)**

Global: XXX **Issue:** Insertion of intrauterine device (IUD) **Screen:** Harvard Valued - Medicaid Utilization over 30,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACOG **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.98
2026 NF PE RVU: 2.07
2026 Fac PE RVU: 0.22

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2024 Medicare Utilization:** 1,105

2026 Work RVU: 2.58
2026 NF PE RVU: 6.79
2026 Fac PE RVU: 1.00

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2024 Medicare Utilization:** 43,618

2026 Work RVU: 4.07
2026 NF PE RVU: 33.26
2026 Fac PE RVU: 1.33
Result: Decrease

RUC Recommendation: 4.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2024 Medicare Utilization:** 134

2026 Work RVU: 5.07
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.50
Result: Decrease

RUC Recommendation: 5.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2024 Medicare Utilization:** 23

2026 Work RVU: 5.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.62
Result: Decrease

RUC Recommendation: 6.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG

First Identified: July 2015

2024 Medicare Utilization: 2,108

2026 Work RVU: 6.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.81

RUC Recommendation: 7.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA

2024 Medicare Utilization: 154

2026 Work RVU: 3.90
2026 NF PE RVU: 7.36
2026 Fac PE RVU: 1.26

RUC Recommendation: 4.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA

2024 Medicare Utilization: 1,038

2026 Work RVU: 4.36
2026 NF PE RVU: 55.06
2026 Fac PE RVU: 1.36

RUC Recommendation: 4.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2024 Medicare Utilization:** 525

2026 Work RVU: 11.30
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.12

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2024 Medicare Utilization:** 13,815

2026 Work RVU: 11.07
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.35

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59025 **Fetal non-stress test** **Global:** 000 **Issue:** Fetal non-stress test **Screen:** Harvard Valued - Medicaid Utilization over 30,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 9,480

2026 Work RVU: 0.52
2026 NF PE RVU: 0.85
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59200 **Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)** **Global:** 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG **First Identified:** November 2023 **2024 Medicare Utilization:** 173

2026 Work RVU: 1.17
2026 NF PE RVU: 2.37
2026 Fac PE RVU: 0.26

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2024 Medicare Utilization:** 1,171

2026 Work RVU: 37.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 18.76

RUC Recommendation: 32.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2024 Medicare Utilization:** 740

2026 Work RVU: 14.37
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.22

RUC Recommendation: 14.37 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2024 Medicare Utilization:** 336

RUC Recommendation: 18.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 18.76 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 5.13 **Result:** Increase

---

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 29

RUC Recommendation: 1.71 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 1.71 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 0.57 **Result:** Maintain

---

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 41

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 1.61 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 0.35 **Result:** Maintain

---

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 345

RUC Recommendation: 6.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 7.80 **2026 NF PE RVU:** 7.18 **2026 Fac PE RVU:** 1.70 **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 355

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 14.30 **2026 NF PE RVU:** 13.20 **2026 Fac PE RVU:** 3.11 **Result:** Decrease

---

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 476

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 3.22 **2026 NF PE RVU:** 3.69 **2026 Fac PE RVU:** 0.70 **Result:** Increase

---

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2024 Medicare Utilization:** 1,029

RUC Recommendation: 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 41.05 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 20.01 **Result:** Increase

---

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2024 Medicare Utilization:** 610

RUC Recommendation: 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2026 Work RVU: 16.13 **2026 NF PE RVU:** NA **2026 Fac PE RVU:** 3.52 **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 310

2026 Work RVU: 22.79
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.62
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 44

2026 Work RVU: 38.71
2026 NF PE RVU: NA
2026 Fac PE RVU: 18.63
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 42

2026 Work RVU: 16.09
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.40
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 25

2026 Work RVU: 20.48
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.88
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 10

2026 Work RVU: 41.57
2026 NF PE RVU: NA
2026 Fac PE RVU: 19.93
Result: Increase

RUC Recommendation: 36.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 7

2026 Work RVU: 16.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.53
Result: Decrease

RUC Recommendation: 16.66

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2024 Medicare Utilization:** 3

2026 Work RVU: 23.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.03
Result: Increase

RUC Recommendation: 22.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX14

Global: ZZZ **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** February 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.80 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 6,943

2026 Work RVU: 10.91
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.13

RUC Recommendation: 12.29 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 171

2026 Work RVU: 14.42
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.11

RUC Recommendation: 14.67 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

60240 **Thyroidectomy, total or complete**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2024 Medicare Utilization:** 4,805

2026 Work RVU: 14.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.15

RUC Recommendation: Refer to CPT Assistant **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** August 2025
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

60260 **Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS

First Identified: September 2024 **2024 Medicare Utilization:** 948

2026 Work RVU: 17.80
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.77

RUC Recommendation: Refer to CPT Assistant

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** August 2025

Result: Maintain

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2024 Medicare Utilization:** 321

2026 Work RVU: 16.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.63

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2024 Medicare Utilization:** 189

2026 Work RVU: 18.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.99

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2024 Medicare Utilization:** 57

2026 Work RVU: 22.89
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.38

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2024 Medicare Utilization:** 113

2026 Work RVU: 2.05
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.64

RUC Recommendation: Editorial change

Referred to CPT October 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61624 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 / 000-Day Global Period Services Typically Performed Inpatient **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR

First Identified: April 2022 **2024 Medicare Utilization:** 14,401

2026 Work RVU: 19.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.41

RUC Recommendation: Maintain. 20.00

Referred to CPT February 2024

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61626 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 / 000-Day Global Period Services Typically Performed Inpatient **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2024 **2024 Medicare Utilization:** 1,350

2026 Work RVU: 14.93
2026 NF PE RVU: 272.69
2026 Fac PE RVU: 3.60

RUC Recommendation: Maintain. 15.31 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61736 **Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion**

Global: 000 **Issue:** Laser Interstitial Thermal Therapy (LITT) **Screen:** 000-Day Global Period Services Typically Performed Inpatient **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 230

2026 Work RVU: 18.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.74

RUC Recommendation: Maintain and remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** October 2009 **2024 Medicare Utilization:** 15,634

2026 Work RVU: 3.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.27

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2024 Medicare Utilization:** 19,990

2026 Work RVU: 3.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.76

RUC Recommendation: 2.11 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 23 **Specialty Developing Recommendation:** AAOS, AANS, CNS, NASS, ISAS **First Identified:** October 2009 **2024 Medicare Utilization:** 35,065

2026 Work RVU: 3.66
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.24

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT** **Global:** **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 5,797

2026 Work RVU: 13.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.06

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 8,396

2026 Work RVU: 3.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.18

RUC Recommendation: 3.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 2,988

2026 Work RVU: 19.35
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.76

RUC Recommendation: 19.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA **2024 Medicare Utilization:** 732

2026 Work RVU: 4.69
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.63

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2024 Medicare Utilization:** 3,392

2026 Work RVU: 2.19
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.25

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2024 Medicare Utilization:** 3,569

2026 Work RVU: 5.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.43

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2024 Medicare Utilization:** 181

2026 Work RVU: 4.88
2026 NF PE RVU: 14.57
2026 Fac PE RVU: 3.59

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2024 Medicare Utilization:** 21,841

2026 Work RVU: 1.19
2026 NF PE RVU: 3.46
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 2,875

2026 Work RVU: 1.54
2026 NF PE RVU: 4.48
2026 Fac PE RVU: 0.53

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2024 Medicare Utilization:** 41

2026 Work RVU: 2.59
2026 NF PE RVU: 4.63
2026 Fac PE RVU: 1.29
Result: PE Only

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 11,881

2026 Work RVU: 1.50
2026 NF PE RVU: 3.74
2026 Fac PE RVU: 0.49
Result: Maintain

RUC Recommendation: 1.54

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2024 Medicare Utilization:** 82

2026 Work RVU: 9.03
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.02
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2024 Medicare Utilization:** 3,640

2026 Work RVU: 2.93
2026 NF PE RVU: 7.89
2026 Fac PE RVU: 1.08

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 1,360

2026 Work RVU: 2.23
2026 NF PE RVU: 4.88
2026 Fac PE RVU: 0.61

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 227

2026 Work RVU: 2.23
2026 NF PE RVU: 5.01
2026 Fac PE RVU: 0.61

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 5,965

2026 Work RVU: 2.19
2026 NF PE RVU: 4.86
2026 Fac PE RVU: 0.61

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 3,355

2026 Work RVU: 2.29
2026 NF PE RVU: 5.41
2026 Fac PE RVU: 0.63

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, include**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, include**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 1,010

2026 Work RVU: 1.76
2026 NF PE RVU: 2.93
2026 Fac PE RVU: 0.66

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 175,845

2026 Work RVU: 1.90
2026 NF PE RVU: 6.20
2026 Fac PE RVU: 0.78

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 19,388

2026 Work RVU: 1.51
2026 NF PE RVU: 2.71
2026 Fac PE RVU: 0.56

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 522,741

2026 Work RVU: 1.76
2026 NF PE RVU: 6.25
2026 Fac PE RVU: 0.74

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 7,962

2026 Work RVU: 1.84
2026 NF PE RVU: 2.60
2026 Fac PE RVU: 0.58

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 588

2026 Work RVU: 2.15
2026 NF PE RVU: 5.61
2026 Fac PE RVU: 0.68

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 1,276

2026 Work RVU: 1.74
2026 NF PE RVU: 2.70
2026 Fac PE RVU: 0.57

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2024 Medicare Utilization:** 774

2026 Work RVU: 1.85
2026 NF PE RVU: 6.18
2026 Fac PE RVU: 0.75

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

62328 **Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 41,095

2026 Work RVU: 1.69
2026 NF PE RVU: 4.59
2026 Fac PE RVU: 0.33

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

62329 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 2,448

2026 Work RVU: 1.98
2026 NF PE RVU: 5.86
2026 Fac PE RVU: 0.45

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2024 Medicare Utilization:** 3,533

2026 Work RVU: 5.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.24
Result: Decrease

RUC Recommendation: 6.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2024 Medicare Utilization:** 645

2026 Work RVU: 3.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.09
Result: Decrease

RUC Recommendation: 4.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2024 Medicare Utilization:** 113

2026 Work RVU: 4.22
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.10
Result: Decrease

RUC Recommendation: 4.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2024 Medicare Utilization:** 29

2026 Work RVU: 4.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.99
Result: Decrease

RUC Recommendation: 5.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2024 Medicare Utilization:** 5,281

2026 Work RVU: 5.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.41
Result: Decrease

RUC Recommendation: 6.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2024 Medicare Utilization:** 810

2026 Work RVU: 3.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 4.05
Result: Decrease

RUC Recommendation: 4.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2024 Medicare Utilization:** 6,708

2026 Work RVU: 0.47
2026 NF PE RVU: 0.48
2026 Fac PE RVU: 0.12
Result: Maintain

RUC Recommendation: New PE inputs. 0.48

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2024 Medicare Utilization:** 26,235

2026 Work RVU: 0.65
2026 NF PE RVU: 0.67
2026 Fac PE RVU: 0.16

RUC Recommendation: New PE inputs 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2024 Medicare Utilization:** 18,061

2026 Work RVU: 0.65
2026 NF PE RVU: 2.19
2026 Fac PE RVU: 0.17

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2024 Medicare Utilization:** 76,422

2026 Work RVU: 0.88
2026 NF PE RVU: 1.95
2026 Fac PE RVU: 0.22

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63015 **Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 29 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** April 2025 **2024 Medicare Utilization:** 3,356

2026 Work RVU: 20.33
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.08

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63020 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2024 Medicare Utilization:** 680

2026 Work RVU: 14.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.56

RUC Recommendation: 15.95 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2024 Medicare Utilization:** 16,333

2026 Work RVU: 11.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.35

RUC Recommendation: 13.18 **Referred to CPT** September 2021 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63035 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2024 Medicare Utilization:** 3,171

2026 Work RVU: 3.76
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.25

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2024 Medicare Utilization:** 5,029

2026 Work RVU: 18.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.73

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** November 2013 **2024 Medicare Utilization:** 10,746

2026 Work RVU: 17.50
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.59

RUC Recommendation: 17.69 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** November 2013 **2024 Medicare Utilization:** 4,182

2026 Work RVU: 16.82
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.91

RUC Recommendation: 17.14 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** September 2011 **2024 Medicare Utilization:** 76,477

2026 Work RVU: 14.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.04

RUC Recommendation: 15.37 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 / Site of Service Anomay - 2025 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 24 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2012 **2024 Medicare Utilization:** 95,125

2026 Work RVU: 3.38
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.13

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2024 Medicare Utilization:** 3,858

2026 Work RVU: 21.31
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.59

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2024 Medicare Utilization:** 149

2026 Work RVU: 19.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.12

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2024 Medicare Utilization:** 90

2026 Work RVU: 3.94
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.30

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63081 **Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2024 Medicare Utilization:** 3,038

2026 Work RVU: 25.45
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.61
Result: Maintain

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2024 Medicare Utilization:** 392

2026 Work RVU: 30.16
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.66
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 577

2026 Work RVU: 15.21
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.72
Result: Decrease

RUC Recommendation: 15.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 168

2026 Work RVU: 3.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.37
Result: Decrease

RUC Recommendation: 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2024 Medicare Utilization:** 81,323

2026 Work RVU: 6.97
2026 NF PE RVU: 63.80
2026 Fac PE RVU: 3.48
Result: Decrease

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2024 Medicare Utilization:** 5,785

2026 Work RVU: 10.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.63
Result: Maintain

RUC Recommendation: 11.43 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:** 3,993

2026 Work RVU: 4.95
2026 NF PE RVU: 16.34
2026 Fac PE RVU: 3.32

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:** 1,944

2026 Work RVU: 10.73
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.84

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:** 1,665

2026 Work RVU: 7.56
2026 NF PE RVU: 19.91
2026 Fac PE RVU: 3.62

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:** 504

2026 Work RVU: 11.23
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.20

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing/ High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2024 Medicare Utilization:** 26,575

2026 Work RVU: 5.06
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.43

RUC Recommendation: 5.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2024 Medicare Utilization:** 7,229

2026 Work RVU: 4.24
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.85

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64400 **Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 38,435

2026 Work RVU: 0.73
2026 NF PE RVU: 2.71
2026 Fac PE RVU: 0.48

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS **First Identified:** July 2016 **2024 Medicare Utilization:** 123,582

2026 Work RVU: 0.92
2026 NF PE RVU: 1.23
2026 Fac PE RVU: 0.24

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64408 **Injection(s), anesthetic agent(s) and/or steroid; vagus nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 3,243

2026 Work RVU: 0.73
2026 NF PE RVU: 1.55
2026 Fac PE RVU: 0.32

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2024 Medicare Utilization:** 202,563

2026 Work RVU: 1.46
2026 NF PE RVU: 3.06
2026 Fac PE RVU: 0.41

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: September 2007 **2024 Medicare Utilization:** 11,614

2026 Work RVU: 1.76
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.26

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2018 **2024 Medicare Utilization:** 16,161

2026 Work RVU: 1.28
2026 NF PE RVU: 4.17
2026 Fac PE RVU: 0.43

RUC Recommendation: 1.31 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS **First Identified:** October 2015 **2024 Medicare Utilization:** 28,027

2026 Work RVU: 1.07
2026 NF PE RVU: 1.51
2026 Fac PE RVU: 0.26

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64420 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 25,031

2026 Work RVU: 1.05
2026 NF PE RVU: 2.04
2026 Fac PE RVU: 0.43

RUC Recommendation: Action Plan. 1.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64421 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 19,052

2026 Work RVU: 0.49
2026 NF PE RVU: 0.51
2026 Fac PE RVU: 0.11

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64425 **Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 7,033

2026 Work RVU: 0.98
2026 NF PE RVU: 2.55
2026 Fac PE RVU: 0.42

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 **Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 5,261

2026 Work RVU: 0.98
2026 NF PE RVU: 1.78
2026 Fac PE RVU: 0.37

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64435 **Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 55

2026 Work RVU: 0.73
2026 NF PE RVU: 1.39
2026 Fac PE RVU: 0.30

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2024 Medicare Utilization:** 144,555

2026 Work RVU: 1.36
2026 NF PE RVU: 3.68
2026 Fac PE RVU: 0.47

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2024 Medicare Utilization:** 3,280

2026 Work RVU: 1.71
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.26

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2024 Medicare Utilization:** 389,260

2026 Work RVU: 1.31
2026 NF PE RVU: 2.59
2026 Fac PE RVU: 0.39

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2024 Medicare Utilization:** 23,563

2026 Work RVU: 1.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** September 2007 **2024 Medicare Utilization:** 529

2026 Work RVU: 1.24
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.43

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2024 Medicare Utilization:** 439,011

2026 Work RVU: 0.73
2026 NF PE RVU: 1.62
2026 Fac PE RVU: 0.35

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64451 **Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 10,118

2026 Work RVU: 1.48
2026 NF PE RVU: 5.62
2026 Fac PE RVU: 0.55

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64454 **Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2024 Medicare Utilization:** 52,815

2026 Work RVU: 1.48
2026 NF PE RVU: 5.43
2026 Fac PE RVU: 0.58

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS **First Identified:** October 2016 **2024 Medicare Utilization:** 66,314

2026 Work RVU: 0.73
2026 NF PE RVU: 0.70
2026 Fac PE RVU: 0.10
Result: Maintain

RUC Recommendation: 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2024 Medicare Utilization:** 7,448

2026 Work RVU: 1.71
2026 NF PE RVU: 2.62
2026 Fac PE RVU: 0.28
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2024 Medicare Utilization:** 2,339

2026 Work RVU: 1.07
2026 NF PE RVU: 1.19
2026 Fac PE RVU: 0.18
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2024 Medicare Utilization:** 937

2026 Work RVU: 1.85
2026 NF PE RVU: 5.91
2026 Fac PE RVU: 0.28

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT**

Global: **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2024 Medicare Utilization:** 36,662

2026 Work RVU: 2.23
2026 NF PE RVU: 6.11
2026 Fac PE RVU: 1.06

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2024 Medicare Utilization:** 12,465

2026 Work RVU: 1.17
2026 NF PE RVU: 3.01
2026 Fac PE RVU: 0.31

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2024 Medicare Utilization:** 859,485

2026 Work RVU: 1.85
2026 NF PE RVU: 5.91
2026 Fac PE RVU: 0.96

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2024 Medicare Utilization:** 306,483

2026 Work RVU: 0.98
2026 NF PE RVU: 2.46
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64488 **Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA **First Identified:** April 2022 **2024 Medicare Utilization:** 64,339

2026 Work RVU: 1.37
2026 NF PE RVU: 2.93
2026 Fac PE RVU: 0.21

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 232,139

2026 Work RVU: 1.77
2026 NF PE RVU: 4.20
2026 Fac PE RVU: 0.88

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 210,617

2026 Work RVU: 1.13
2026 NF PE RVU: 1.81
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 623

2026 Work RVU: 1.13
2026 NF PE RVU: 1.84
2026 Fac PE RVU: 0.31

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 736,180

2026 Work RVU: 1.48
2026 NF PE RVU: 4.08
2026 Fac PE RVU: 0.82

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 673,355

2026 Work RVU: 0.98
2026 NF PE RVU: 1.81
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2024 Medicare Utilization:** 1,435

2026 Work RVU: 0.98
2026 NF PE RVU: 1.90
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64505 **Injection, anesthetic agent; sphenopalatine ganglion**

Global: 000 **Issue:** RAW **Screen:** Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2024 Medicare Utilization:** 8,074

2026 Work RVU: 1.33
2026 NF PE RVU: 2.79
2026 Fac PE RVU: 1.21

RUC Recommendation: Remove from screen. **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2024 Medicare Utilization:** 5,944

2026 Work RVU: 1.19
2026 NF PE RVU: 3.31
2026 Fac PE RVU: 0.79

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2024 Medicare Utilization:** 10,112

2026 Work RVU: 1.32
2026 NF PE RVU: 5.81
2026 Fac PE RVU: 0.86

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2024 Medicare Utilization:** 43

2026 Work RVU: 5.98
2026 NF PE RVU: 136.55
2026 Fac PE RVU: 5.00

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2024 Medicare Utilization:** 16,396

2026 Work RVU: 5.62
2026 NF PE RVU: 60.42
2026 Fac PE RVU: 2.60

RUC Recommendation: Action Plan. 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen / High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2024 Medicare Utilization:** 37,265

2026 Work RVU: 5.30
2026 NF PE RVU: 16.20
2026 Fac PE RVU: 2.07

RUC Recommendation: Action Plan. 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2024 Medicare Utilization:** 157,385

2026 Work RVU: 0.59
2026 NF PE RVU: 2.85
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** February 2009 **2024 Medicare Utilization:** 197

2026 Work RVU: 8.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.89

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2024 Medicare Utilization:** 3,768

2026 Work RVU: 11.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.97

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2024 Medicare Utilization:** 18,910

2026 Work RVU: 4.97
2026 NF PE RVU: 7.12
2026 Fac PE RVU: 2.29

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

64595 **Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2024 Medicare Utilization:** 3,054

2026 Work RVU: 3.70
2026 NF PE RVU: 6.17
2026 Fac PE RVU: 2.03

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64596 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2024 Medicare Utilization:** 25

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64597 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2024 Medicare Utilization:** 4

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64598 **Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2024 Medicare Utilization:** 10

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** Chemodenervation of muscle(s) **Screen:** High Volume Growth6 / Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2024 Medicare Utilization:** 191,266

2026 Work RVU: 1.80
2026 NF PE RVU: 2.28
2026 Fac PE RVU: 0.85

RUC Recommendation: Survey **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review / High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1 / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review / High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2024 Medicare Utilization:** 100,459

2026 Work RVU: 3.24
2026 NF PE RVU: 10.20
2026 Fac PE RVU: 1.63

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2024 Medicare Utilization:** 96,223

2026 Work RVU: 1.29
2026 NF PE RVU: 6.57
2026 Fac PE RVU: 0.32

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2024 Medicare Utilization:** 394,920

2026 Work RVU: 3.24
2026 NF PE RVU: 10.40
2026 Fac PE RVU: 1.65

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2024 Medicare Utilization:** 379,989

2026 Work RVU: 1.13
2026 NF PE RVU: 6.29
2026 Fac PE RVU: 0.28

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2024 Medicare Utilization:** 102,447

2026 Work RVU: 1.93
2026 NF PE RVU: 5.87
2026 Fac PE RVU: 1.19

RUC Recommendation: 1.23. Remove 99238. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly / High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 15,538

2026 Work RVU: 6.20
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.85

RUC Recommendation: Maintain. Notify CMS of potential misreporting. 6.36 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2024 Medicare Utilization:** 694

2026 Work RVU: 7.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.14

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64727 **Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 11,418

2026 Work RVU: 3.02
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.06

RUC Recommendation: Maintain. Notify CMS of potential misreporting.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64831 **Suture of digital nerve, hand or foot; 1 nerve**

Global: 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

First Identified: September 2007 **2024 Medicare Utilization:** 609

2026 Work RVU: 8.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.64

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2024 Medicare Utilization:** 534

2026 Work RVU: 9.68
2026 NF PE RVU: NA
2026 Fac PE RVU: 14.91

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2024 Medicare Utilization:** 21,661

2026 Work RVU: 0.48
2026 NF PE RVU: 0.34
2026 Fac PE RVU: 0.23

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016

2024 Medicare Utilization: 13,136

2026 Work RVU: 0.59
2026 NF PE RVU: 0.52
2026 Fac PE RVU: 0.28

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011

2024 Medicare Utilization: 19,213

2026 Work RVU: 0.82
2026 NF PE RVU: 1.14
2026 Fac PE RVU: 0.39

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2024 Medicare Utilization: 609

2026 Work RVU: 14.98
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.63

RUC Recommendation: 16.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65778 **Placement of amniotic membrane on the ocular surface; without sutures** **Global:** 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2024 Medicare Utilization:** 72,946

2026 Work RVU: 0.82
2026 NF PE RVU: 37.32
2026 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

65779 **Placement of amniotic membrane on the ocular surface; single layer, sutured** **Global:** 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** September 2022 **2024 Medicare Utilization:** 591

2026 Work RVU: 1.71
2026 NF PE RVU: 32.31
2026 Fac PE RVU: 0.69
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers** **Global:** 090 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2024 Medicare Utilization:** 1,214

2026 Work RVU: 6.85
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.07
Result: Decrease

RUC Recommendation: 7.03

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2024 Medicare Utilization:** 12,792

2026 Work RVU: 1.49
2026 NF PE RVU: 2.00
2026 Fac PE RVU: 0.52

RUC Recommendation: 1.53 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

65820 **Goniotomy**

Global: 090 **Issue:** Goniotomy **Screen:** Codes Reported Together 75% or More-Part6 / High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 05 **Specialty Developing Recommendation:** AAO, ASCRS **First Identified:** April 2023 **2024 Medicare Utilization:** 34,475

2026 Work RVU: 8.69
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.30

RUC Recommendation: 6.20 **Referred to CPT** February 2026 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2024 Medicare Utilization:** 139,109

2026 Work RVU: 2.93
2026 NF PE RVU: 4.20
2026 Fac PE RVU: 1.98

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65XX0

Global: **Issue:** Goniotomy **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 05 **Specialty Developing Recommendation:** AAO, ASCRS

First Identified: February 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 11.00

Referred to CPT February 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

66030 **Injection, anterior chamber of eye (separate procedure); medication**

Global: 010 **Issue:** Eye Injection **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 11,030

2026 Work RVU: 1.27
2026 NF PE RVU: 3.93
2026 Fac PE RVU: 1.57

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2024 Medicare Utilization:** 4,065

2026 Work RVU: 13.59
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.41

RUC Recommendation: 13.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2024 Medicare Utilization:** 1,480

2026 Work RVU: 14.47
2026 NF PE RVU: NA
2026 Fac PE RVU: 15.18

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66174 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2024 Medicare Utilization:** 18,580

2026 Work RVU: 7.43
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.17

RUC Recommendation: Remove from screen. 8.53 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66175 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2024 Medicare Utilization:** 303

2026 Work RVU: 9.11
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.75

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2024 Medicare Utilization:** 593

2026 Work RVU: 13.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.91

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2024 Medicare Utilization:** 8,600

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.26

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2024 Medicare Utilization:** 6,344

2026 Work RVU: 12.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 12.48

RUC Recommendation: Maintain. 13.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2024 Medicare Utilization:** 484

2026 Work RVU: 9.34
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.47

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2024 Medicare Utilization:** 1,402

2026 Work RVU: 10.32
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.82

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens** **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2017 **2024 Medicare Utilization:** 452

2026 Work RVU: 5.48
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.46

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2024 Medicare Utilization:** 40,882

2026 Work RVU: 2.93
2026 NF PE RVU: 5.81
2026 Fac PE RVU: 2.90

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2024 Medicare Utilization:** 635,604

2026 Work RVU: 3.33
2026 NF PE RVU: 6.46
2026 Fac PE RVU: 4.66

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation** **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, / Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2024 Medicare Utilization:** 131,718

2026 Work RVU: 9.99
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.11

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2024 Medicare Utilization:** 32

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 / Codes Reported Together 75% or More-Part9 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2024 Medicare Utilization:** 1,427,776

2026 Work RVU: 7.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.15

RUC Recommendation: Action Plan **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66987 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2019 **2024 Medicare Utilization:** 349

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 13.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66988 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019

2024 Medicare Utilization: 2,723

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 10.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66989 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2024 Medicare Utilization: 4,491

2026 Work RVU: 11.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 8.77

RUC Recommendation: 12.13

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

66991 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2024 Medicare Utilization: 41,799

2026 Work RVU: 9.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.74

RUC Recommendation: 9.23

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing / Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2024 Medicare Utilization:** 4,233,804

2026 Work RVU: 1.40
2026 NF PE RVU: 1.91
2026 Fac PE RVU: 0.75

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 19,542

2026 Work RVU: 11.83
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.95

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2024 Medicare Utilization:** 4,211

2026 Work RVU: 12.87
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.33
Result: Decrease

RUC Recommendation: 13.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2024 Medicare Utilization:** 5,257

2026 Work RVU: 14.14
2026 NF PE RVU: NA
2026 Fac PE RVU: 10.77
Result: Decrease

RUC Recommendation: 14.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2024 Medicare Utilization:** 10,013

2026 Work RVU: 15.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.40
Result: Decrease

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 21,365

2026 Work RVU: 15.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.40

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 184

2026 Work RVU: 16.97
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.77

RUC Recommendation: 17.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015 **2024 Medicare Utilization:** 231

2026 Work RVU: 3.41
2026 NF PE RVU: 6.38
2026 Fac PE RVU: 3.69

RUC Recommendation: 3.50

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2024 Medicare Utilization: 3,759

2026 Work RVU: 3.31
2026 NF PE RVU: 5.38
2026 Fac PE RVU: 3.54

RUC Recommendation: 3.84

Referred to CPT May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2024 Medicare Utilization: 345

2026 Work RVU: 15.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.28

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2024 Medicare Utilization: 15,601

2026 Work RVU: 16.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.67

RUC Recommendation: 17.13

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2024 Medicare Utilization:** 2,262

2026 Work RVU: 9.99
2026 NF PE RVU: 15.90
2026 Fac PE RVU: 10.13

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2024 Medicare Utilization:** 9,746

2026 Work RVU: 18.53
2026 NF PE RVU: NA
2026 Fac PE RVU: 13.24

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2020 **2024 Medicare Utilization:** 955

2026 Work RVU: 2.47
2026 NF PE RVU: 5.43
2026 Fac PE RVU: 2.98

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2019 **2024 Medicare Utilization:** 31,381

2026 Work RVU: 2.47
2026 NF PE RVU: 4.68
2026 Fac PE RVU: 2.98

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2024 Medicare Utilization:** 30,860

2026 Work RVU: 6.20
2026 NF PE RVU: 8.80
2026 Fac PE RVU: 6.13

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2024 Medicare Utilization: 1,391

2026 Work RVU: 6.20
2026 NF PE RVU: 9.25
2026 Fac PE RVU: 6.13

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2024 Medicare Utilization: 65

2026 Work RVU: 0.46
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.16

RUC Recommendation: 0.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2024 Medicare Utilization: 35,225

2026 Work RVU: 4.28
2026 NF PE RVU: 5.58
2026 Fac PE RVU: 2.97

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2024 Medicare Utilization:** 847

2026 Work RVU: 8.17
2026 NF PE RVU: NA
2026 Fac PE RVU: 9.04

RUC Recommendation: Review action plan. 10.17 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67311 **Strabismus surgery, recession or resection procedure; 1 horizontal muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2024 Medicare Utilization:** 4,997

2026 Work RVU: 5.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.48

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67312 **Strabismus surgery, recession or resection procedure; 2 horizontal muscles**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2024 Medicare Utilization:** 1,364

2026 Work RVU: 9.26
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.72

RUC Recommendation: 9.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67314 **Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2024 Medicare Utilization:** 2,310

2026 Work RVU: 5.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 5.48

RUC Recommendation: 5.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

67316 **Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2024 Medicare Utilization:** 132

2026 Work RVU: 10.05
2026 NF PE RVU: NA
2026 Fac PE RVU: 6.99

RUC Recommendation: 10.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

67318 **Strabismus surgery, any procedure, superior oblique muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2024 Medicare Utilization:** 144

2026 Work RVU: 9.56
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.02

RUC Recommendation: 9.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

67320 **Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 339

2026 Work RVU: 2.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.03

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

67331 **Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 1,244

2026 Work RVU: 1.95
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.91

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67332 **Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 1,490

2026 Work RVU: 3.41
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.19

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 69

2026 Work RVU: 2.01
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.81

RUC Recommendation: 2.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67335 **Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 1,415

2026 Work RVU: 3.15
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.09
Result: Increase

RUC Recommendation: 3.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2024 Medicare Utilization:** 55

2026 Work RVU: 4.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.72
Result: Decrease

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2024 Medicare Utilization:** 5,914

2026 Work RVU: 1.15
2026 NF PE RVU: 1.13
2026 Fac PE RVU: 0.42
Result: Decrease

RUC Recommendation: 1.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2024 Medicare Utilization:** 54

2026 Work RVU: 1.15
2026 NF PE RVU: 1.31
2026 Fac PE RVU: 0.51

RUC Recommendation: Review action plan. 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: July 2016 **2024 Medicare Utilization:** 17,543

2026 Work RVU: 0.73
2026 NF PE RVU: 0.76
2026 Fac PE RVU: 0.36

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry)

First Identified: July 2015 **2024 Medicare Utilization:** 165,081

2026 Work RVU: 0.31
2026 NF PE RVU: 0.23
2026 Fac PE RVU: 0.24

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 1,305

2026 Work RVU: 3.66
2026 NF PE RVU: 10.68
2026 Fac PE RVU: 4.73

RUC Recommendation: 3.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 199

2026 Work RVU: 1.98
2026 NF PE RVU: 7.31
2026 Fac PE RVU: 3.25

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2024 Medicare Utilization:** 1,025

2026 Work RVU: 5.34
2026 NF PE RVU: 12.53
2026 Fac PE RVU: 5.34

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2024 Medicare Utilization: 19,922

2026 Work RVU: 5.78
2026 NF PE RVU: 12.47
2026 Fac PE RVU: 5.48
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2024 Medicare Utilization: 2,462

2026 Work RVU: 3.38
2026 NF PE RVU: 10.66
2026 Fac PE RVU: 4.65
Result: Maintain

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2024 Medicare Utilization: 92

2026 Work RVU: 1.98
2026 NF PE RVU: 7.10
2026 Fac PE RVU: 3.25
Result: Decrease

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67923 **Repair of entropion; excision tarsal wedge** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2024 Medicare Utilization:** 637

2026 Work RVU: 5.34
2026 NF PE RVU: 12.52
2026 Fac PE RVU: 5.34

RUC Recommendation: 5.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2024 Medicare Utilization:** 9,000

2026 Work RVU: 5.78
2026 NF PE RVU: 13.25
2026 Fac PE RVU: 5.49

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2024 Medicare Utilization:** 4,808

2026 Work RVU: 0.83
2026 NF PE RVU: 0.98
2026 Fac PE RVU: 0.32

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011

2024 Medicare Utilization: 3,730

2026 Work RVU: 0.48
2026 NF PE RVU: 0.73
2026 Fac PE RVU: 0.35

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014

2024 Medicare Utilization: 21,450

2026 Work RVU: 0.80
2026 NF PE RVU: 1.98
2026 Fac PE RVU: 1.30

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007

2024 Medicare Utilization: 21,566

2026 Work RVU: 1.50
2026 NF PE RVU: 3.19
2026 Fac PE RVU: 1.74

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2024 Medicare Utilization:** 418

2026 Work RVU: 1.70
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.67

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2024 Medicare Utilization:** 6,971

2026 Work RVU: 2.63
2026 NF PE RVU: 8.34
2026 Fac PE RVU: 2.94

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2024 Medicare Utilization:** 202

2026 Work RVU: 2.05
2026 NF PE RVU: 22.70
2026 Fac PE RVU: 1.80

RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68841 **Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part9 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 92,039

2026 Work RVU: 0.48
2026 NF PE RVU: 0.64
2026 Fac PE RVU: 0.30

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008

2024 Medicare Utilization: 170,154

2026 Work RVU: 0.79
2026 NF PE RVU: 1.91
2026 Fac PE RVU: 0.26

RUC Recommendation: 0.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011

2024 Medicare Utilization: 50,870

2026 Work RVU: 0.75
2026 NF PE RVU: 1.59
2026 Fac PE RVU: 0.39

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2024 Medicare Utilization:** 1,499,841

2026 Work RVU: 0.59
2026 NF PE RVU: 0.77
2026 Fac PE RVU: 0.15

RUC Recommendation: Review in 3 years. 0.58.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 / CMS Request - Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 20 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2024 Medicare Utilization:** 42,063

2026 Work RVU: 1.53
2026 NF PE RVU: 4.32
2026 Fac PE RVU: 1.84

RUC Recommendation: No recommendation. 1.57 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69436 **Tympanostomy (requiring insertion of ventilating tube), general anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Medicaid Utilization over 30,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 10,350

2026 Work RVU: 1.96
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.09

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 24,611

2026 Work RVU: 2.01
2026 NF PE RVU: 4.38
2026 Fac PE RVU: 0.92

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2024 Medicare Utilization:** 5,160

2026 Work RVU: 17.29
2026 NF PE RVU: NA
2026 Fac PE RVU: 11.90

RUC Recommendation: 17.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2024 Medicare Utilization:** 17,907

2026 Work RVU: 0.18
2026 NF PE RVU: 0.78
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2024 Medicare Utilization:** 16,755

2026 Work RVU: 0.18
2026 NF PE RVU: 1.01
2026 Fac PE RVU: NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017 **2024 Medicare Utilization:** 12,671

2026 Work RVU: 0.17
2026 NF PE RVU: 0.78
2026 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 30,898

2026 Work RVU: 0.21
2026 NF PE RVU: 0.90
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 42,091

2026 Work RVU: 0.18
2026 NF PE RVU: 0.87
2026 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 7,367

2026 Work RVU: 0.27
2026 NF PE RVU: 1.02
2026 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2024 Medicare Utilization:** 573

2026 Work RVU: 0.16
2026 NF PE RVU: 1.10
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 36,678

2026 Work RVU: 0.18
2026 NF PE RVU: 0.73
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2024 Medicare Utilization:** 1,195

2026 Work RVU: 0.82
2026 NF PE RVU: 2.46
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Deleted from CPT

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2011 **2024 Medicare Utilization:** 4,908,742

2026 Work RVU: 0.83
2026 NF PE RVU: 2.30
2026 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2024 Medicare Utilization:** 17,831

2026 Work RVU: 1.10
2026 NF PE RVU: 3.26
2026 Fac PE RVU: NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2024 Medicare Utilization:** 55,636

2026 Work RVU: 1.24
2026 NF PE RVU: 3.85
2026 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70471 **Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 2.50
2026 NF PE RVU: 8.61
2026 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70472 **Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.77
2026 NF PE RVU: 3.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70473 **Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 1.00
2026 NF PE RVU: 6.14
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 54,454

2026 Work RVU: 1.25
2026 NF PE RVU: 3.40
2026 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2024 Medicare Utilization:** 11,768

2026 Work RVU: 1.10
2026 NF PE RVU: 4.20
2026 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2017 **2024 Medicare Utilization:** 4,558

2026 Work RVU: 1.24
2026 NF PE RVU: 4.93
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2024 Medicare Utilization:** 505,595

2026 Work RVU: 0.83
2026 NF PE RVU: 2.95
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2014 **2024 Medicare Utilization:** 33,279

2026 Work RVU: 1.10
2026 NF PE RVU: 3.36
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2024 Medicare Utilization:** 3,642

2026 Work RVU: 1.24
2026 NF PE RVU: 4.18
2026 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 54,098

2026 Work RVU: 1.25
2026 NF PE RVU: 3.14
2026 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 272,749

2026 Work RVU: 1.35
2026 NF PE RVU: 4.06
2026 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 23,113

2026 Work RVU: 1.58
2026 NF PE RVU: 4.90
2026 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2024 Medicare Utilization:** 789,740

2026 Work RVU: 1.71
2026 NF PE RVU: 6.38
2026 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2024 Medicare Utilization:** 818,253

2026 Work RVU: 1.71
2026 NF PE RVU: 6.37
2026 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 8,928

2026 Work RVU: 1.32
2026 NF PE RVU: 5.31
2026 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 734

2026 Work RVU: 1.58
2026 NF PE RVU: 6.29
2026 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 71,837

2026 Work RVU: 2.10
2026 NF PE RVU: 7.85
2026 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 157,499

2026 Work RVU: 1.17
2026 NF PE RVU: 5.17
2026 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** September 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 2,615

2026 Work RVU: 1.17
2026 NF PE RVU: 5.51
2026 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 22,219

2026 Work RVU: 1.44
2026 NF PE RVU: 8.25
2026 Fac PE RVU: NA

RUC Recommendation: 1.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 53,531

2026 Work RVU: 1.17
2026 NF PE RVU: 5.16
2026 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** September 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 9,660

2026 Work RVU: 1.46
2026 NF PE RVU: 5.78
2026 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2024 Medicare Utilization:** 37,429

2026 Work RVU: 1.76
2026 NF PE RVU: 8.39
2026 Fac PE RVU: NA

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2024 Medicare Utilization:** 1,100,585

2026 Work RVU: 1.44
2026 NF PE RVU: 4.31
2026 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2024 Medicare Utilization:** 16,425

2026 Work RVU: 1.74
2026 NF PE RVU: 6.20
2026 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2024 Medicare Utilization:** 1,001,580

2026 Work RVU: 2.23
2026 NF PE RVU: 7.10
2026 Fac PE RVU: NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX4

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70XX5

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX6

Global: **Issue:** Magnetic Resonance Angiography (MRA) Head/Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 2.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2024 Medicare Utilization:** 12,437,543

2026 Work RVU: 0.18
2026 NF PE RVU: 0.56
2026 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71046 **Radiologic examination, chest; 2 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2024 Medicare Utilization:** 5,935,246

2026 Work RVU: 0.21
2026 NF PE RVU: 0.76
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71047 **Radiologic examination, chest; 3 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2024 Medicare Utilization:** 12,471

2026 Work RVU: 0.26
2026 NF PE RVU: 0.95
2026 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views** **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2024 Medicare Utilization:** 6,725

2026 Work RVU: 0.30
2026 NF PE RVU: 1.02
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation** **Global:** **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71100 **Radiologic examination, ribs, unilateral; 2 views** **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 112,064

2026 Work RVU: 0.21
2026 NF PE RVU: 0.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 233,960

2026 Work RVU: 0.26
2026 NF PE RVU: 0.97
2026 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 18,212

2026 Work RVU: 0.28
2026 NF PE RVU: 0.99
2026 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 25,458

2026 Work RVU: 0.31
2026 NF PE RVU: 1.20
2026 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax, diagnostic; without contrast material**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2024 Medicare Utilization: 2,394,260

2026 Work RVU: 1.05
2026 NF PE RVU: 2.85
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax, diagnostic; with contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2024 Medicare Utilization: 1,735,161

2026 Work RVU: 1.13
2026 NF PE RVU: 3.77
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2024 Medicare Utilization: 56,736

2026 Work RVU: 1.22
2026 NF PE RVU: 4.55
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71271 **Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

First Identified: May 2019

2024 Medicare Utilization: 442,992

2026 Work RVU: 1.05
2026 NF PE RVU: 2.95
2026 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008

2024 Medicare Utilization: 1,538,646

2026 Work RVU: 1.77
2026 NF PE RVU: 6.50
2026 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016

2024 Medicare Utilization: 71,245

2026 Work RVU: 0.16
2026 NF PE RVU: 0.53
2026 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2024 Medicare Utilization:** 563,129

2026 Work RVU: 0.21
2026 NF PE RVU: 0.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2024 Medicare Utilization:** 319,507

2026 Work RVU: 0.26
2026 NF PE RVU: 1.36
2026 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2024 Medicare Utilization:** 52,517

2026 Work RVU: 0.29
2026 NF PE RVU: 1.56
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2024 Medicare Utilization:** 262,827

2026 Work RVU: 0.20
2026 NF PE RVU: 0.77
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2024 Medicare Utilization:** 129,617

2026 Work RVU: 0.22
2026 NF PE RVU: 0.92
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2024 Medicare Utilization:** 10,373

2026 Work RVU: 0.24
2026 NF PE RVU: 1.06
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2024 Medicare Utilization:** 42,941

2026 Work RVU: 0.20
2026 NF PE RVU: 0.83
2026 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2024 Medicare Utilization:** 1,482,987

2026 Work RVU: 0.21
2026 NF PE RVU: 0.97
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2024 Medicare Utilization:** 713,425

2026 Work RVU: 0.25
2026 NF PE RVU: 1.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2024 Medicare Utilization:** 80,610

2026 Work RVU: 0.29
2026 NF PE RVU: 1.53
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2024 Medicare Utilization:** 37,610

2026 Work RVU: 0.21
2026 NF PE RVU: 1.03
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2024 Medicare Utilization:** 1,537,693

2026 Work RVU: 0.98
2026 NF PE RVU: 2.86
2026 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2024 Medicare Utilization:** 17,357

2026 Work RVU: 1.19
2026 NF PE RVU: 3.76
2026 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2024 Medicare Utilization:** 1,916

2026 Work RVU: 1.24
2026 NF PE RVU: 4.55
2026 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2024 Medicare Utilization:** 239,577

2026 Work RVU: 0.98
2026 NF PE RVU: 2.85
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2024 Medicare Utilization:** 45,861

2026 Work RVU: 1.19
2026 NF PE RVU: 3.79
2026 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2024 Medicare Utilization:** 1,609

2026 Work RVU: 1.24
2026 NF PE RVU: 4.60
2026 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2024 Medicare Utilization:** 549,884

2026 Work RVU: 0.98
2026 NF PE RVU: 2.84
2026 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2024 Medicare Utilization:** 67,405

2026 Work RVU: 1.19
2026 NF PE RVU: 3.77
2026 Fac PE RVU: NA

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2024 Medicare Utilization:** 3,812

2026 Work RVU: 1.24
2026 NF PE RVU: 4.55
2026 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2024 Medicare Utilization:** 557,551

2026 Work RVU: 1.44
2026 NF PE RVU: 4.17
2026 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 2,224

2026 Work RVU: 1.74
2026 NF PE RVU: 6.33
2026 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 226,620

2026 Work RVU: 1.44
2026 NF PE RVU: 4.16
2026 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 2,264

2026 Work RVU: 1.74
2026 NF PE RVU: 6.26
2026 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2024 Medicare Utilization:** 1,250,505

2026 Work RVU: 1.44
2026 NF PE RVU: 4.20
2026 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2024 Medicare Utilization: 4,081

2026 Work RVU: 1.74
2026 NF PE RVU: 6.22
2026 Fac PE RVU: NA

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2024 Medicare Utilization: 118,789

2026 Work RVU: 2.23
2026 NF PE RVU: 7.14
2026 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2024 Medicare Utilization: 105,694

2026 Work RVU: 2.23
2026 NF PE RVU: 7.16
2026 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2024 Medicare Utilization: 206,650

2026 Work RVU: 2.23
2026 NF PE RVU: 7.14
2026 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2024 Medicare Utilization: 706,090

2026 Work RVU: 0.17
2026 NF PE RVU: 0.65
2026 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017

2024 Medicare Utilization: 64,345

2026 Work RVU: 0.24
2026 NF PE RVU: 1.03
2026 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 12

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2024 Medicare Utilization: 3,437

2026 Work RVU: 1.76

2026 NF PE RVU: 7.21

2026 Fac PE RVU: NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2024 Medicare Utilization: 197,047

2026 Work RVU: 1.06

2026 NF PE RVU: 2.84

2026 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2024 Medicare Utilization: 32,601

2026 Work RVU: 1.13

2026 NF PE RVU: 5.54

2026 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:** 4,962

2026 Work RVU: 1.19
2026 NF PE RVU: 6.23
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 88,867

2026 Work RVU: 1.42
2026 NF PE RVU: 5.31
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 2,716

2026 Work RVU: 1.69
2026 NF PE RVU: 6.23
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 363,059

2026 Work RVU: 2.15
2026 NF PE RVU: 7.70
2026 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2024 Medicare Utilization:** 13,282

2026 Work RVU: 0.17
2026 NF PE RVU: 0.82
2026 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2024 Medicare Utilization:** 39,542

2026 Work RVU: 0.22
2026 NF PE RVU: 0.92
2026 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2024 Medicare Utilization:** 99,845

2026 Work RVU: 0.17
2026 NF PE RVU: 0.77
2026 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 252

2026 Work RVU: 0.89
2026 NF PE RVU: 2.39
2026 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2024 Medicare Utilization:** 82

2026 Work RVU: 0.89
2026 NF PE RVU: 2.17
2026 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 1,016

2026 Work RVU: 0.81
2026 NF PE RVU: 2.43
2026 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2024 Medicare Utilization:** 163

2026 Work RVU: 1.30
2026 NF PE RVU: 2.62
2026 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2024 Medicare Utilization:** 91,396

2026 Work RVU: 0.16
2026 NF PE RVU: 0.82
2026 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2024 Medicare Utilization:** 42,912

2026 Work RVU: 0.17
2026 NF PE RVU: 0.56
2026 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2024 Medicare Utilization:** 95,093

2026 Work RVU: 0.15
2026 NF PE RVU: 0.48
2026 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2024 Medicare Utilization:** 2,665,792

2026 Work RVU: 0.18
2026 NF PE RVU: 0.87
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2024 Medicare Utilization:** 5,376

2026 Work RVU: 0.18
2026 NF PE RVU: 0.71
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 296,424

2026 Work RVU: 0.16
2026 NF PE RVU: 0.78
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73070 **Radiologic examination, elbow; 2 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2024 Medicare Utilization:** 186,097

2026 Work RVU: 0.16
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2024 Medicare Utilization:** 396,119

2026 Work RVU: 0.17
2026 NF PE RVU: 0.80
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2024 Medicare Utilization:** 212,813

2026 Work RVU: 0.16
2026 NF PE RVU: 0.69
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 193,286

2026 Work RVU: 0.16
2026 NF PE RVU: 0.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2024 Medicare Utilization:** 989,094

2026 Work RVU: 0.17
2026 NF PE RVU: 1.09
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2024 Medicare Utilization: 215,952

2026 Work RVU: 0.16
2026 NF PE RVU: 0.76
2026 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2024 Medicare Utilization: 1,283,178

2026 Work RVU: 0.17
2026 NF PE RVU: 0.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2024 Medicare Utilization: 342,171

2026 Work RVU: 0.13
2026 NF PE RVU: 1.03
2026 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing /CMS-Other Utilization over 20,000 Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 21 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2024 Medicare Utilization:** 158,854

2026 Work RVU: 0.98
2026 NF PE RVU: 3.76
2026 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 21 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2024 Medicare Utilization:** 22,092

2026 Work RVU: 1.13
2026 NF PE RVU: 4.76
2026 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 21 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2024 Medicare Utilization:** 2,093

2026 Work RVU: 1.19
2026 NF PE RVU: 6.09
2026 Fac PE RVU: NA

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2024 Medicare Utilization:** 8,495

2026 Work RVU: 1.76
2026 NF PE RVU: 6.96
2026 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2024 Medicare Utilization:** 34,519

2026 Work RVU: 1.32
2026 NF PE RVU: 7.67
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2024 Medicare Utilization:** 448,903

2026 Work RVU: 1.32
2026 NF PE RVU: 4.73
2026 Fac PE RVU: NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 188,516

2026 Work RVU: 0.18
2026 NF PE RVU: 0.81
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 2,438,611

2026 Work RVU: 0.21
2026 NF PE RVU: 1.23
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 48,958

2026 Work RVU: 0.26
2026 NF PE RVU: 1.59
2026 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 136,837

2026 Work RVU: 0.21
2026 NF PE RVU: 1.03
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 173,734

2026 Work RVU: 0.28
2026 NF PE RVU: 1.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:** 99,120

2026 Work RVU: 0.30
2026 NF PE RVU: 1.51
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2024 Medicare Utilization:** 27,596

2026 Work RVU: 0.16
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2024 Medicare Utilization:** 510,556

2026 Work RVU: 0.18
2026 NF PE RVU: 0.87
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2024 Medicare Utilization:** 1,312,604

2026 Work RVU: 0.16
2026 NF PE RVU: 0.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2024 Medicare Utilization:** 2,291,515

2026 Work RVU: 0.18
2026 NF PE RVU: 1.07
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2024 Medicare Utilization:** 1,824,064

2026 Work RVU: 0.21
2026 NF PE RVU: 1.25
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 79,520

2026 Work RVU: 0.16
2026 NF PE RVU: 1.08
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 / Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:** 13,060

2026 Work RVU: 0.58
2026 NF PE RVU: 2.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Status Report: CMS Requests and Relativity Assessment Issues

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 438,972

2026 Work RVU: 0.16
2026 NF PE RVU: 0.76
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2024 Medicare Utilization:** 182,252

2026 Work RVU: 0.16
2026 NF PE RVU: 0.79
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2024 Medicare Utilization:** 1,104,666

2026 Work RVU: 0.17
2026 NF PE RVU: 0.92
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2024 Medicare Utilization:** 360,075

2026 Work RVU: 0.16
2026 NF PE RVU: 0.68
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2024 Medicare Utilization:** 2,556,686

2026 Work RVU: 0.17
2026 NF PE RVU: 0.83
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73650 **Radiologic examination; calcaneus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2024 Medicare Utilization:** 58,085

2026 Work RVU: 0.16
2026 NF PE RVU: 0.67
2026 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2024 Medicare Utilization:** 97,793

2026 Work RVU: 0.13
2026 NF PE RVU: 0.71
2026 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2024 Medicare Utilization:** 396,458

2026 Work RVU: 0.98
2026 NF PE RVU: 2.85
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2024 Medicare Utilization:** 60,541

2026 Work RVU: 1.13
2026 NF PE RVU: 3.75
2026 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2024 Medicare Utilization:** 5,515

2026 Work RVU: 1.19
2026 NF PE RVU: 4.55
2026 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2024 Medicare Utilization:** 22,317

2026 Work RVU: 1.85
2026 NF PE RVU: 7.63
2026 Fac PE RVU: NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 136,912

2026 Work RVU: 1.32
2026 NF PE RVU: 5.26
2026 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 909

2026 Work RVU: 1.58
2026 NF PE RVU: 6.13
2026 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 64,046

2026 Work RVU: 2.10
2026 NF PE RVU: 7.79
2026 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2024 Medicare Utilization:** 623,720

2026 Work RVU: 1.32
2026 NF PE RVU: 4.71
2026 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2024 Medicare Utilization:** 1,851,665

2026 Work RVU: 0.18
2026 NF PE RVU: 0.69
2026 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2024 Medicare Utilization:** 241,516

2026 Work RVU: 0.22
2026 NF PE RVU: 0.84
2026 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2024 Medicare Utilization:** 30,885

2026 Work RVU: 0.26
2026 NF PE RVU: 0.98
2026 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 85,399

2026 Work RVU: 0.31
2026 NF PE RVU: 1.14
2026 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2024 Medicare Utilization:** 50,481

2026 Work RVU: 1.16
2026 NF PE RVU: 2.84
2026 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2024 Medicare Utilization:** 65,376

2026 Work RVU: 1.24
2026 NF PE RVU: 5.57
2026 Fac PE RVU: NA

RUC Recommendation: 0.42

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2024 Medicare Utilization:** 98,158

2026 Work RVU: 1.37
2026 NF PE RVU: 6.30
2026 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2024 Medicare Utilization:** 430,765

2026 Work RVU: 2.15
2026 NF PE RVU: 9.02
2026 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2024 Medicare Utilization:** 28,548

2026 Work RVU: 1.77
2026 NF PE RVU: 7.20
2026 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2024 Medicare Utilization:** 1,923,174

2026 Work RVU: 1.70
2026 NF PE RVU: 3.67
2026 Fac PE RVU: NA

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2024 Medicare Utilization:** 3,524,504

2026 Work RVU: 1.77
2026 NF PE RVU: 7.10
2026 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2024 Medicare Utilization:** 480,025

2026 Work RVU: 1.96
2026 NF PE RVU: 8.02
2026 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 101,791

2026 Work RVU: 1.42
2026 NF PE RVU: 4.30
2026 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 3,789

2026 Work RVU: 1.69
2026 NF PE RVU: 7.19
2026 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:** 510,775

2026 Work RVU: 2.15
2026 NF PE RVU: 7.76
2026 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study** **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2024 Medicare Utilization:** 563

2026 Work RVU: 0.58
2026 NF PE RVU: 2.12
2026 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2024 Medicare Utilization: 85,728

2026 Work RVU: 0.59
2026 NF PE RVU: 2.19
2026 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74221 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: October 2018

2024 Medicare Utilization: 72,828

2026 Work RVU: 0.68
2026 NF PE RVU: 2.43
2026 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013

2024 Medicare Utilization: 316,923

2026 Work RVU: 0.52
2026 NF PE RVU: 3.04
2026 Fac PE RVU: NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 58,219

2026 Work RVU: 0.78
2026 NF PE RVU: 2.82
2026 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74246 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 39,164

2026 Work RVU: 0.88
2026 NF PE RVU: 3.08
2026 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2024 Medicare Utilization:** 10,879

2026 Work RVU: 0.68
2026 NF PE RVU: 1.65
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 42,745

2026 Work RVU: 0.79
2026 NF PE RVU: 2.69
2026 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74251 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 270

2026 Work RVU: 1.14
2026 NF PE RVU: 9.08
2026 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2024 Medicare Utilization:

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2024 Medicare Utilization: 15,509

2026 Work RVU: 1.01

2026 NF PE RVU: 3.38

2026 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74280 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

2024 Medicare Utilization: 3,329

2026 Work RVU: 1.23

2026 NF PE RVU: 5.01

2026 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2024 Medicare Utilization:** 14,275

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR

First Identified: October 2018 **2024 Medicare Utilization:** 69

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74305 **Deleted from CPT**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2024 Medicare Utilization:** 59,522

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2024 Medicare Utilization:** 2,270

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2024 Medicare Utilization:** 7,274

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:** 2,063

2026 Work RVU: 0.48
2026 NF PE RVU: 3.42
2026 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2024 Medicare Utilization:** 145,833

2026 Work RVU: 0.51
2026 NF PE RVU: 1.89
2026 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 955

2026 Work RVU: 0.50
2026 NF PE RVU: 3.47
2026 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation** **Global:** XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2024 Medicare Utilization:** 1,033

2026 Work RVU: 0.81
2026 NF PE RVU: 2.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75561 **Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;** **Global:** XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2024 Medicare Utilization:** 52,315

2026 Work RVU: 2.54
2026 NF PE RVU: 8.25
2026 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75565 **Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 26,866

2026 Work RVU: 0.24
2026 NF PE RVU: 1.11
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75571 **Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium** **Global:** XXX **Issue:** CT and CTA of Heart **Screen:** High Volume Growth8 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SCCT **First Identified:** April 2022 **2024 Medicare Utilization:** 110,545

2026 Work RVU: 0.57
2026 NF PE RVU: 2.36
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75572 **Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT and CTA of Heart **Screen:** High Volume Growth7 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SCCT **First Identified:** October 2020 **2024 Medicare Utilization:** 64,845

2026 Work RVU: 1.71
2026 NF PE RVU: 5.06
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT and CTA of Heart **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SCCT **First Identified:** May 2013 **2024 Medicare Utilization:** 200,737

2026 Work RVU: 2.34
2026 NF PE RVU: 7.25
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2024 Medicare Utilization:** 63,462

2026 Work RVU: 1.40
2026 NF PE RVU: 2.13
2026 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2024 Medicare Utilization:** 13,350

2026 Work RVU: 1.95
2026 NF PE RVU: 2.48
2026 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:** 105,133

2026 Work RVU: 2.34
2026 NF PE RVU: 9.77
2026 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2024 Medicare Utilization:** 107,585

2026 Work RVU: 1.71
2026 NF PE RVU: 2.51
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2024 Medicare Utilization:** 40,359

2026 Work RVU: 1.92
2026 NF PE RVU: 2.72
2026 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2024 Medicare Utilization:** 36,588

2026 Work RVU: 2.00
2026 NF PE RVU: 2.84
2026 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2024 Medicare Utilization:** 89,010

2026 Work RVU: 0.98
2026 NF PE RVU: 1.79
2026 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis a**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75820 **Venography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2024 Medicare Utilization:** 18,682

2026 Work RVU: 1.02
2026 NF PE RVU: 2.10
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2024 Medicare Utilization:** 8,539

2026 Work RVU: 1.44
2026 NF PE RVU: 2.42
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation** **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2024 Medicare Utilization:** 218

2026 Work RVU: 1.40
2026 NF PE RVU: 2.52
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation** **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2024 Medicare Utilization:** 398

2026 Work RVU: 1.40
2026 NF PE RVU: 2.53
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 14,555

2026 Work RVU: 2.19
2026 NF PE RVU: 6.79
2026 Fac PE RVU: NA

RUC Recommendation: 2.24 **Referred to CPT** February 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2024 Medicare Utilization:** 19,071

2026 Work RVU: 1.80
2026 NF PE RVU: 5.94
2026 Fac PE RVU: NA

RUC Recommendation: 1.85 **Referred to CPT** February 2024 February 2014 February 2015 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2019

Status Report: CMS Requests and Relativity Assessment Issues

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation** **Global:** **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel** **Global:** **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)** **Global:** **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: April 2013

2024 Medicare Utilization:

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2024 Medicare Utilization:

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2024 Medicare Utilization:

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 20,182

2026 Work RVU: 0.81
2026 NF PE RVU: 1.93
2026 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75992 **Deleted from CPT**

Global: **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT**

Global: **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III**

Global: **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75996 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time** **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2024 Medicare Utilization:** 89,973

2026 Work RVU: 0.30
2026 NF PE RVU: 0.98
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)**

Global: **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76098 **Radiological examination, surgical specimen**

Global: XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 71,611

2026 Work RVU: 0.30
2026 NF PE RVU: 0.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2024 Medicare Utilization:** 8,697

2026 Work RVU: 0.57
2026 NF PE RVU: 1.97
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2024 Medicare Utilization:** 387,593

2026 Work RVU: 0.20
2026 NF PE RVU: 0.54
2026 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76377 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2024 Medicare Utilization:** 206,804

2026 Work RVU: 0.77
2026 NF PE RVU: 1.53
2026 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76506 **Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated**

Global: XXX **Issue:** Echoencephalography **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACR **First Identified:** April 2026 **2024 Medicare Utilization:** 341

2026 Work RVU: 0.61
2026 NF PE RVU: 2.60
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2024 Medicare Utilization:** 13,180

2026 Work RVU: 0.68
2026 NF PE RVU: 1.36
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2024 Medicare Utilization:** 4,648

2026 Work RVU: 0.62
2026 NF PE RVU: 1.08
2026 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2024 Medicare Utilization:** 228,620

2026 Work RVU: 0.55
2026 NF PE RVU: 0.89
2026 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2024 Medicare Utilization:** 13,234

2026 Work RVU: 0.59
2026 NF PE RVU: 1.68
2026 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2024 Medicare Utilization:** 417,614

2026 Work RVU: 0.14
2026 NF PE RVU: 0.19
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2024 Medicare Utilization:** 1,965

2026 Work RVU: 0.39
2026 NF PE RVU: 1.02
2026 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2024 Medicare Utilization:** 92,478

2026 Work RVU: 0.53
2026 NF PE RVU: 1.53
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2024 Medicare Utilization:** 917,550

2026 Work RVU: 0.55
2026 NF PE RVU: 2.66
2026 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 127,499

2026 Work RVU: 0.58
2026 NF PE RVU: 1.20
2026 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2024 Medicare Utilization:** 654,984

2026 Work RVU: 0.71
2026 NF PE RVU: 2.24
2026 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2024 Medicare Utilization:** 704,488

2026 Work RVU: 0.66
2026 NF PE RVU: 1.79
2026 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2024 Medicare Utilization:** 658,161

2026 Work RVU: 0.79
2026 NF PE RVU: 2.57
2026 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2024 Medicare Utilization:** 998,588

2026 Work RVU: 0.58
2026 NF PE RVU: 1.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)** **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2024 Medicare Utilization:** 141,073

2026 Work RVU: 0.54
2026 NF PE RVU: 2.58
2026 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:** 1,188,051

2026 Work RVU: 0.72
2026 NF PE RVU: 2.41
2026 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:** 382,043

2026 Work RVU: 0.57
2026 NF PE RVU: 1.21
2026 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

76801 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 4,568

2026 Work RVU: 0.97
2026 NF PE RVU: 2.47
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

76802 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 77

2026 Work RVU: 0.81
2026 NF PE RVU: 0.96
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

76805 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 2,401

2026 Work RVU: 0.97
2026 NF PE RVU: 3.02
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76810 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 46

2026 Work RVU: 0.96
2026 NF PE RVU: 1.63
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76811 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 2,752

2026 Work RVU: 1.85
2026 NF PE RVU: 3.49
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76812 **Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 75

2026 Work RVU: 1.74
2026 NF PE RVU: 3.98
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76813 **Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 770

2026 Work RVU: 1.15
2026 NF PE RVU: 2.24
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76814 **Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 21

2026 Work RVU: 0.97
2026 NF PE RVU: 1.22
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76815 **Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 6,787

2026 Work RVU: 0.63
2026 NF PE RVU: 1.77
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76816 **Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus**

Global: XXX **Issue:** Ultrasound - pregnant uterus **Screen:** RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 8,888

2026 Work RVU: 0.83
2026 NF PE RVU: 2.45
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76817 **Ultrasound, pregnant uterus, real time with image documentation, transvaginal**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 7,235

2026 Work RVU: 0.73
2026 NF PE RVU: 2.00
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76818 **Fetal biophysical profile; with non-stress testing**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified:

2024 Medicare Utilization: 1,884

2026 Work RVU: 1.02
2026 NF PE RVU: 2.56
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** Fetal biophysical profile **Screen:** High Volume Growth2 / RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2013

2024 Medicare Utilization: 6,450

2026 Work RVU: 0.75
2026 NF PE RVU: 1.82
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

76820 **Doppler velocimetry, fetal; umbilical artery**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified:

2024 Medicare Utilization: 3,298

2026 Work RVU: 0.49
2026 NF PE RVU: 0.83
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76821 **Doppler velocimetry, fetal; middle cerebral artery**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified:

2024 Medicare Utilization: 800

2026 Work RVU: 0.68
2026 NF PE RVU: 1.98
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

76825 **Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified:

2024 Medicare Utilization: 688

2026 Work RVU: 1.63
2026 NF PE RVU: 6.12
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76826 **Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified:

2024 Medicare Utilization: 102

2026 Work RVU: 0.81
2026 NF PE RVU: 3.88
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76827 **Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete**

Global: XXX **Issue:** Fetal doppler echocardiography **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 592

2026 Work RVU: 0.57
2026 NF PE RVU: 1.49
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

76828 **Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study**

Global: XXX **Issue:** **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:** 217

2026 Work RVU: 0.55
2026 NF PE RVU: 0.90
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2024 Medicare Utilization:** 362,164

2026 Work RVU: 0.67
2026 NF PE RVU: 2.79
2026 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2024 Medicare Utilization:** 338,462

2026 Work RVU: 0.67
2026 NF PE RVU: 2.43
2026 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2024 Medicare Utilization:** 201,790

2026 Work RVU: 0.49
2026 NF PE RVU: 1.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2024 Medicare Utilization:** 128,198

2026 Work RVU: 0.62
2026 NF PE RVU: 2.28
2026 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 12 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** September 2011 **2024 Medicare Utilization:** 204,319

2026 Work RVU: 0.65
2026 NF PE RVU: 2.91
2026 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2024 Medicare Utilization:** 166,113

2026 Work RVU: 0.88
2026 NF PE RVU: 0.68
2026 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 0.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 **Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2024 Medicare Utilization:** 356,724

2026 Work RVU: 0.67
2026 NF PE RVU: 1.20
2026 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 0.69 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76883 **Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request-Final Rule for 2023 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** October 2021 **2024 Medicare Utilization:** 3,898

2026 Work RVU: 1.18
2026 NF PE RVU: 0.97
2026 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2024 Medicare Utilization:** 768

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2024 Medicare Utilization:** 621

2026 Work RVU: 1.94
2026 NF PE RVU: 5.75
2026 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2018 **2024 Medicare Utilization:** 599,340

2026 Work RVU: 0.29
2026 NF PE RVU: 0.88
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2024 Medicare Utilization:** 995

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2024 Medicare Utilization:** 657,482

2026 Work RVU: 0.65
2026 NF PE RVU: 1.23
2026 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation** **Global:** XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2024 Medicare Utilization:** 14

2026 Work RVU: 0.65
2026 NF PE RVU: 1.77
2026 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields** **Global:** **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76965 **Ultrasonic guidance for interstitial radioelement application** **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2024 Medicare Utilization:** 4,637

2026 Work RVU: 1.31
2026 NF PE RVU: 1.54
2026 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76970 **Ultrasound study follow-up (specify)**

Global: **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76978 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**

Global: XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2024 Medicare Utilization:** 828

2026 Work RVU: 1.58
2026 NF PE RVU: 3.45
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

76979 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2024 Medicare Utilization:** 42

2026 Work RVU: 0.83
2026 NF PE RVU: 2.31
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

76984 **Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2024 Medicare Utilization:** 2,804

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76987 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2024 Medicare Utilization:** 9

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76988 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2024 Medicare Utilization:** 1

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76989 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2024 Medicare Utilization:** 7

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2024 Medicare Utilization:** 25,994

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2024 Medicare Utilization:** 224,803

2026 Work RVU: 0.37
2026 NF PE RVU: 2.54
2026 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** January 2012 **2024 Medicare Utilization:** 529,373

2026 Work RVU: 0.53
2026 NF PE RVU: 3.06
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2024 Medicare Utilization:** 22,083

2026 Work RVU: 0.59
2026 NF PE RVU: 2.49
2026 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2024 Medicare Utilization:** 4,375

2026 Work RVU: 1.18
2026 NF PE RVU: 5.38
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2024 Medicare Utilization:** 140,695

2026 Work RVU: 1.46
2026 NF PE RVU: 2.12
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2024 Medicare Utilization:** 2,735,003

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2024 Medicare Utilization:** 281

2026 Work RVU: 1.41
2026 NF PE RVU: 4.89
2026 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2024 Medicare Utilization:** 3,455

2026 Work RVU: 1.56
2026 NF PE RVU: 4.83
2026 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2024 Medicare Utilization: 784

2026 Work RVU: 2.05
2026 NF PE RVU: 7.81
2026 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2024 Medicare Utilization: 130,389

2026 Work RVU: 2.24
2026 NF PE RVU: 7.78
2026 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified:

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77055 **Mammography; unilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77056 **Mammography; bilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77057 **Screening mammography, bilateral (2-view study of each breast)** **Global:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral** **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral** **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 661,772

2026 Work RVU: 0.79
2026 NF PE RVU: 2.86
2026 Fac PE RVU: NA

RUC Recommendation: 0.81

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 537,696

2026 Work RVU: 0.98
2026 NF PE RVU: 3.64
2026 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2024 Medicare Utilization: 5,619,948

2026 Work RVU: 0.74
2026 NF PE RVU: 2.99
2026 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77072 **Bone age studies**

Global: XXX **Issue:** Bone age studies **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACR

First Identified: April 2026

2024 Medicare Utilization: 277

2026 Work RVU: 0.19
2026 NF PE RVU: 0.55
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 75,444

2026 Work RVU: 0.25
2026 NF PE RVU: 1.11
2026 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

77074 **Radiologic examination, osseous survey; limited (eg, for metastases)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 1,995

2026 Work RVU: 0.43
2026 NF PE RVU: 1.47
2026 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 21,125

2026 Work RVU: 0.54
2026 NF PE RVU: 2.34
2026 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

77076 **Radiologic examination, osseous survey, infant**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 38

2026 Work RVU: 0.68
2026 NF PE RVU: 2.40
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2024 Medicare Utilization:** 35,411

2026 Work RVU: 0.32
2026 NF PE RVU: 1.07
2026 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2024 Medicare Utilization:** 2,690,817

2026 Work RVU: 0.20
2026 NF PE RVU: 0.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT / High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2017

2024 Medicare Utilization: 124,469

2026 Work RVU: 0.20
2026 NF PE RVU: 0.73
2026 Fac PE RVU: NA

RUC Recommendation: Maintain. 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, ACP

First Identified: October 2009

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2024 Medicare Utilization:** 104,505

2026 Work RVU: 0.29
2026 NF PE RVU: 1.31
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2024 Medicare Utilization:** 1,134

2026 Work RVU: 0.17
2026 NF PE RVU: 0.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2024 Medicare Utilization:** 13,597

2026 Work RVU: 1.27
2026 NF PE RVU: 0.75
2026 Fac PE RVU: 0.75

RUC Recommendation: Review action plan (Sept 2028). 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2024 Medicare Utilization: 3,615

2026 Work RVU: 1.95
2026 NF PE RVU: 1.14
2026 Fac PE RVU: 1.14

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2024 Medicare Utilization: 292,359

2026 Work RVU: 3.06
2026 NF PE RVU: 1.77
2026 Fac PE RVU: 1.77

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time / Different Performing Specialty from Survey6/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2024 Medicare Utilization: 531,516

2026 Work RVU: 0.68
2026 NF PE RVU: 7.38
2026 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2024 Medicare Utilization:** 12,786

2026 Work RVU: 1.02
2026 NF PE RVU: 12.50
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Action Plan. 1.05 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2024 Medicare Utilization:** 157,811

2026 Work RVU: 1.52
2026 NF PE RVU: 11.71
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.56 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2024 Medicare Utilization:** 38,576

2026 Work RVU: 1.95
2026 NF PE RVU: 10.08
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2024 Medicare Utilization:** 99,270

2026 Work RVU: 4.18
2026 NF PE RVU: 10.21
2026 Fac PE RVU: NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2024 Medicare Utilization:** 1,193,522

2026 Work RVU: 0.60
2026 NF PE RVU: 1.38
2026 Fac PE RVU: NA

RUC Recommendation: Maintain. 0.62

Referred to CPT February 2014, October 2014

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2024 Medicare Utilization:** 190,468

2026 Work RVU: 7.79
2026 NF PE RVU: 50.73
2026 Fac PE RVU: NA

RUC Recommendation: Maintain. New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2024 Medicare Utilization:** 714

2026 Work RVU: 1.37
2026 NF PE RVU: 3.08
2026 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2024 Medicare Utilization:** 19,845

2026 Work RVU: 2.83
2026 NF PE RVU: 5.77
2026 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2024 Medicare Utilization:** 3,558

2026 Work RVU: 1.37
2026 NF PE RVU: 6.03
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:** 1,731

2026 Work RVU: 1.78
2026 NF PE RVU: 7.93
2026 Fac PE RVU: NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:** 3,945

2026 Work RVU: 2.83
2026 NF PE RVU: 10.96
2026 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2024 Medicare Utilization:** 69,316

2026 Work RVU: 0.44
2026 NF PE RVU: 0.76
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015

2024 Medicare Utilization: 13,006

2026 Work RVU: 0.73
2026 NF PE RVU: 3.39
2026 Fac PE RVU: NA

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010

2024 Medicare Utilization: 647,208

2026 Work RVU: 1.12
2026 NF PE RVU: 2.64
2026 Fac PE RVU: NA

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 31 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012

2024 Medicare Utilization: 350,583

2026 Work RVU: 0.00
2026 NF PE RVU: 2.72
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:** 208,094

2026 Work RVU: 4.18
2026 NF PE RVU: 9.90
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2024 Medicare Utilization:** 103

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2024 Medicare Utilization:** 560

2026 Work RVU: 0.00
2026 NF PE RVU: 28.01
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2024 Medicare Utilization:** 45,432

2026 Work RVU: 0.00
2026 NF PE RVU: 29.32
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU: 0.68
2026 NF PE RVU: 0.39
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** September 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: **Issue:** Superficial Radiation Therapy **Screen:** High Volume Growth5 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2018 **2024 Medicare Utilization:** 402,067

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted at CPT **Referred to CPT** May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 2.37
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 9.45
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 11.65
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77417 **Therapeutic radiology port image(s)**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:** 19,962

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2024 Medicare Utilization:** 858,311

2026 Work RVU: 3.37
2026 NF PE RVU: 2.26
2026 Fac PE RVU: 2.26

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2024 Medicare Utilization:** 53,265

2026 Work RVU: 11.57
2026 NF PE RVU: 6.82
2026 Fac PE RVU: 6.82

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77436 **Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.77
2026 NF PE RVU: 1.59
2026 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77437 **Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy)**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 3.55
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77438 **Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 3.59
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77439 **Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.30
2026 NF PE RVU: 0.18
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2024 Medicare Utilization:** 81,473

2026 Work RVU: 1.98
2026 NF PE RVU: 2.30
2026 Fac PE RVU: NA

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77520 **Proton treatment delivery; simple, without compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2024 Medicare Utilization:** 117

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: January 2018 **2024 Medicare Utilization:** 2,369

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2016 **2024 Medicare Utilization:** 66,672

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018 **2024 Medicare Utilization:** 15,899

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 / CMS-Other Utilization over 20,000 Part5 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:** 32,682

2026 Work RVU: 1.28
2026 NF PE RVU: 15.03
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2024 Medicare Utilization:** 5,398

2026 Work RVU: 1.02
2026 NF PE RVU: 6.47
2026 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2024 Medicare Utilization:** 6,467

2026 Work RVU: 1.37
2026 NF PE RVU: 9.65
2026 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2024 Medicare Utilization:** 13,657

2026 Work RVU: 1.90
2026 NF PE RVU: 8.51
2026 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2024 Medicare Utilization:** 7,518

2026 Work RVU: 3.71
2026 NF PE RVU: 14.48
2026 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2024 Medicare Utilization:** 2,921

2026 Work RVU: 5.27
2026 NF PE RVU: 21.97
2026 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77776 **Interstitial radiation source application; simple**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:** 2,681

2026 Work RVU: 8.56
2026 NF PE RVU: 19.06
2026 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77781 **Deleted from CPT** **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT** **Global:** **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT** **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2024 Medicare Utilization:** 42

2026 Work RVU: 0.00
2026 NF PE RVU: 0.55
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:** 805

2026 Work RVU: 0.19
2026 NF PE RVU: 2.17
2026 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:** 691

2026 Work RVU: 0.36
2026 NF PE RVU: 4.57
2026 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2024 Medicare Utilization:** 9,558

2026 Work RVU: 0.49
2026 NF PE RVU: 5.75
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2024 Medicare Utilization:** 8,047

2026 Work RVU: 0.78
2026 NF PE RVU: 6.96
2026 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2024 Medicare Utilization:** 5,755

2026 Work RVU: 1.17
2026 NF PE RVU: 8.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2024 Medicare Utilization:** 12,280

2026 Work RVU: 1.56
2026 NF PE RVU: 9.80
2026 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Result: Maintain

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2024 Medicare Utilization:** 42,633

2026 Work RVU: 0.72
2026 NF PE RVU: 7.73
2026 Fac PE RVU: NA

RUC Recommendation: 0.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2024 Medicare Utilization:** 41,531

2026 Work RVU: 0.88
2026 NF PE RVU: 10.47
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2024 Medicare Utilization:** 207

2026 Work RVU: 0.96
2026 NF PE RVU: 9.35
2026 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2024 Medicare Utilization:** 316

2026 Work RVU: 1.05
2026 NF PE RVU: 10.67
2026 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2024 Medicare Utilization:** 11,591

2026 Work RVU: 0.97
2026 NF PE RVU: 8.09
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2024 Medicare Utilization:** 2,771

2026 Work RVU: 0.60
2026 NF PE RVU: 5.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2024 Medicare Utilization:** 1,087

2026 Work RVU: 0.81
2026 NF PE RVU: 6.38
2026 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2024 Medicare Utilization:** 130,623

2026 Work RVU: 0.84
2026 NF PE RVU: 6.85
2026 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 1,580

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78430 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 601

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78431 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 184,382

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 77

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 2.07 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78433 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 2,118

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 2.26 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78434 **Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 148,463

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2024 Medicare Utilization:** 20,194

2026 Work RVU: 1.35
2026 NF PE RVU: 7.88
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2024 Medicare Utilization:** 1,216,616

2026 Work RVU: 1.58
2026 NF PE RVU: 11.11
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2024 Medicare Utilization:** 580

2026 Work RVU: 0.98
2026 NF PE RVU: 6.80
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2024 Medicare Utilization:** 4,663

2026 Work RVU: 1.31
2026 NF PE RVU: 10.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 490

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2024 Medicare Utilization:** 8,097

2026 Work RVU: 0.96
2026 NF PE RVU: 5.18
2026 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2024 Medicare Utilization:** 111

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2024 Medicare Utilization:** 75,412

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2024 Medicare Utilization:** 207

2026 Work RVU: 0.48
2026 NF PE RVU: 4.44
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.49

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ACNM, SIR, SNMMI **First Identified:** February 2010 **2024 Medicare Utilization:** 31,359

2026 Work RVU: 0.72
2026 NF PE RVU: 5.47
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan. 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2024 Medicare Utilization:** 51,577

2026 Work RVU: 1.04
2026 NF PE RVU: 7.56
2026 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2024 Medicare Utilization:** 1,907

2026 Work RVU: 0.73
2026 NF PE RVU: 4.60
2026 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2024 Medicare Utilization:** 1,319

2026 Work RVU: 0.83
2026 NF PE RVU: 7.01
2026 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging** **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2024 Medicare Utilization:** 41,486

2026 Work RVU: 1.06
2026 NF PE RVU: 8.90
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78814 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)**

Global: XXX **Issue:** Positron emission tomography (PET) **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 28,605

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM

First Identified: October 2010

2024 Medicare Utilization: 746,418

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009

2024 Medicare Utilization: 18,268

2026 Work RVU: 1.91
2026 NF PE RVU: 2.30
2026 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records**

Global: **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

80502 **Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records**

Global: **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

80503 **Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2024 Medicare Utilization:** 23,763

2026 Work RVU: 0.43
2026 NF PE RVU: 0.34
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.50 **Referred to CPT** October 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

80504 **Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021

2024 Medicare Utilization: 3,743

2026 Work RVU: 0.91
2026 NF PE RVU: 0.57
2026 Fac PE RVU: 0.20

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80505 **Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021

2024 Medicare Utilization: 11,120

2026 Work RVU: 1.71
2026 NF PE RVU: 1.02
2026 Fac PE RVU: 0.39

RUC Recommendation: 1.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80506 **Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021

2024 Medicare Utilization: 25,347

2026 Work RVU: 0.80
2026 NF PE RVU: 0.40
2026 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

84165 **Protein; electrophoretic fractionation and quantitation, serum**

Global: XXX **Issue:** RAW **Screen:** RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: September 2025 **2024 Medicare Utilization:** 1,370,197

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

85060 **Blood smear, peripheral, interpretation by physician with written report**

Global: XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP

First Identified: April 2016 **2024 Medicare Utilization:** 146,132

2026 Work RVU: 0.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.11

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

85097 **Bone marrow, smear interpretation**

Global: XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 31 **Specialty Developing Recommendation:** CAP

First Identified: April 2016 **2024 Medicare Utilization:** 133,259

2026 Work RVU: 0.92
2026 NF PE RVU: 1.06
2026 Fac PE RVU: 0.20

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: April 2017

2024 Medicare Utilization: 25,093

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

86077 **Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report**

Global: XXX **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP

First Identified: April 2025

2024 Medicare Utilization: 36,081

2026 Work RVU: 0.92
2026 NF PE RVU: 0.57
2026 Fac PE RVU: 0.22

RUC Recommendation: Deleted from CPT 2028

Referred to CPT September 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

86078 **Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report**

Global: XXX **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP

First Identified: September 2026

2024 Medicare Utilization: 6,650

2026 Work RVU: 0.92
2026 NF PE RVU: 0.57
2026 Fac PE RVU: 0.22

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

86079 **Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report**

Global: XXX **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP

First Identified: September 2026

2024 Medicare Utilization: 4,816

2026 Work RVU: 0.92
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.21

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

86XX2

Global: **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

86XX3

Global: **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

86XX4

Global: **Issue:** Blood Bank Physician Services **Screen:** Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 15 **Specialty Developing Recommendation:** CAP **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2024 Medicare Utilization:** 27,310

2026 Work RVU: 0.55
2026 NF PE RVU: 1.94
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2024 Medicare Utilization:** 608

2026 Work RVU: 0.36
2026 NF PE RVU: 1.63
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2024 Medicare Utilization:** 167,531

2026 Work RVU: 0.43
2026 NF PE RVU: 1.60
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2024 Medicare Utilization:** 727,658

2026 Work RVU: 0.55
2026 NF PE RVU: 1.40
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2024 Medicare Utilization:** 40,679

2026 Work RVU: 1.17
2026 NF PE RVU: 15.02
2026 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2024 Medicare Utilization:** 17,498

2026 Work RVU: 0.98
2026 NF PE RVU: 10.77
2026 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2024 Medicare Utilization:** 37,180

2026 Work RVU: 0.25
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.47

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2024 Medicare Utilization:** 4,759

2026 Work RVU: 0.49
2026 NF PE RVU: 1.92
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2024 Medicare Utilization: 4,188

2026 Work RVU: 0.49
2026 NF PE RVU: 1.96
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2024 Medicare Utilization: 342

2026 Work RVU: 0.74
2026 NF PE RVU: 3.04
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2024 Medicare Utilization: 94,618

2026 Work RVU: 0.00
2026 NF PE RVU: 2.42
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2024 Medicare Utilization:** 2,080,665

2026 Work RVU: 0.00
2026 NF PE RVU: 0.69
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2024 Medicare Utilization:** 23,332

2026 Work RVU: 0.72
2026 NF PE RVU: 0.30
2026 Fac PE RVU: 0.30

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2024 Medicare Utilization:** 44,908

2026 Work RVU: 1.17
2026 NF PE RVU: 0.52
2026 Fac PE RVU: 0.52

RUC Recommendation: 1.40

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2024 Medicare Utilization:** 265,498

2026 Work RVU: 1.66
2026 NF PE RVU: 0.64
2026 Fac PE RVU: 0.64

RUC Recommendation: 1.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2024 Medicare Utilization:** 155,180

2026 Work RVU: 0.08
2026 NF PE RVU: 0.39
2026 Fac PE RVU: NA

RUC Recommendation: 0.08 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Harvard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2024 Medicare Utilization:** 54,283

2026 Work RVU: 0.13
2026 NF PE RVU: 0.83
2026 Fac PE RVU: NA

RUC Recommendation: 0.13 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2024 Medicare Utilization:** 753,005

2026 Work RVU: 0.21
2026 NF PE RVU: 1.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Harvard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2024 Medicare Utilization:** 16,115,294

2026 Work RVU: 0.73
2026 NF PE RVU: 1.35
2026 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Harvard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2024 Medicare Utilization:** 893,854

2026 Work RVU: 1.55
2026 NF PE RVU: 6.70
2026 Fac PE RVU: NA

RUC Recommendation: 1.59 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil - resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Harvard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2024 Medicare Utilization:** 127,553

2026 Work RVU: 2.73
2026 NF PE RVU: 9.55
2026 Fac PE RVU: NA

RUC Recommendation: 2.80 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Harvard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2024 Medicare Utilization:** 1,213,283

2026 Work RVU: 0.53
2026 NF PE RVU: 2.72
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2024 Medicare Utilization:** 1,244,493

2026 Work RVU: 0.23
2026 NF PE RVU: 2.17
2026 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2024 Medicare Utilization:** 33,919

2026 Work RVU: 0.44
2026 NF PE RVU: 1.99
2026 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **Issue:** Special Stains **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2024 Medicare Utilization:** 12,269

2026 Work RVU: 0.52
2026 NF PE RVU: 3.41
2026 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2024 Medicare Utilization:** 161,753

2026 Work RVU: 1.59
2026 NF PE RVU: 1.15
2026 Fac PE RVU: 0.36

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2024 Medicare Utilization:** 29,991

2026 Work RVU: 1.78
2026 NF PE RVU: 1.57
2026 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2024 Medicare Utilization:** 10,099

2026 Work RVU: 2.78
2026 NF PE RVU: 1.70
2026 Fac PE RVU: 0.48

RUC Recommendation: 2.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2024 Medicare Utilization:** 18,033

2026 Work RVU: 0.65
2026 NF PE RVU: 0.87
2026 Fac PE RVU: 0.15

RUC Recommendation: 0.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2024 Medicare Utilization:** 303,552

2026 Work RVU: 1.16
2026 NF PE RVU: 1.72
2026 Fac PE RVU: NA

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2024 Medicare Utilization:** 116,272

2026 Work RVU: 0.58
2026 NF PE RVU: 1.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2024 Medicare Utilization:** 55,930

2026 Work RVU: 1.17
2026 NF PE RVU: 1.44
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2024 Medicare Utilization:** 25,989

2026 Work RVU: 0.71
2026 NF PE RVU: 0.89
2026 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2024 Medicare Utilization:** 3,593,089

2026 Work RVU: 0.55
2026 NF PE RVU: 2.26
2026 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2024 Medicare Utilization:** 2,208,371

2026 Work RVU: 0.68
2026 NF PE RVU: 2.60
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedur**

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2024 Medicare Utilization:** 195,674

2026 Work RVU: 0.75
2026 NF PE RVU: 4.42
2026 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2024 Medicare Utilization:** 59,446

2026 Work RVU: 0.72
2026 NF PE RVU: 3.35
2026 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2024 Medicare Utilization:** 13,728

2026 Work RVU: 1.47
2026 NF PE RVU: 12.73
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2024 Medicare Utilization:** 247,574

2026 Work RVU: 0.58
2026 NF PE RVU: 2.60
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2024 Medicare Utilization:** 30,804

2026 Work RVU: 2.73
2026 NF PE RVU: 3.91
2026 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2024 Medicare Utilization:** 700,268

2026 Work RVU: 0.83
2026 NF PE RVU: 2.76
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2024 Medicare Utilization:** 127,963

2026 Work RVU: 0.93
2026 NF PE RVU: 2.49
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.95

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2024 Medicare Utilization:** 42,192

2026 Work RVU: 0.68
2026 NF PE RVU: 3.10
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.88

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2024 Medicare Utilization:** 67,993

2026 Work RVU: 0.86
2026 NF PE RVU: 4.17
2026 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2024 Medicare Utilization:** 3,149

2026 Work RVU: 1.21
2026 NF PE RVU: 6.69
2026 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2024 Medicare Utilization:** 4,537

2026 Work RVU: 0.71
2026 NF PE RVU: 2.42
2026 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2024 Medicare Utilization:** 16,839

2026 Work RVU: 0.86
2026 NF PE RVU: 3.48
2026 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2024 Medicare Utilization:** 6,365

2026 Work RVU: 0.57
2026 NF PE RVU: 1.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2024 Medicare Utilization:** 157,401

2026 Work RVU: 0.91
2026 NF PE RVU: 7.05
2026 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2024 Medicare Utilization:** 122,973

2026 Work RVU: 1.37
2026 NF PE RVU: 10.10
2026 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88381 **Microdissection (ie, sample preparation of microscopically identified target); manual**

Global: XXX **Issue:** Manual Microdissection **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ASC, AP **First Identified:** April 2022 **2024 Medicare Utilization:** 86,297

2026 Work RVU: 0.52
2026 NF PE RVU: 5.05
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

90460 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2024 Medicare Utilization:** 135

2026 Work RVU: 0.23
2026 NF PE RVU: 0.45
2026 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90461 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2024 Medicare Utilization:** 21

2026 Work RVU: 0.18
2026 NF PE RVU: 0.07
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90465 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90467 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2024 Medicare Utilization:** 283,701

2026 Work RVU: 0.17
2026 NF PE RVU: 0.48
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2024 Medicare Utilization:** 23,798

2026 Work RVU: 0.15
2026 NF PE RVU: 0.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2024 Medicare Utilization:** 13

2026 Work RVU: 0.17
2026 NF PE RVU: 0.34
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2024 Medicare Utilization:**

2026 Work RVU: 0.15
2026 NF PE RVU: 0.21
2026 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 414,582

2026 Work RVU: 0.33
2026 NF PE RVU: 0.11
2026 Fac PE RVU: 0.02

RUC Recommendation: 0.33 **Referred to CPT** October 2020 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 745,314

2026 Work RVU: 3.84
2026 NF PE RVU: 1.33
2026 Fac PE RVU: 0.25

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey8 **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 554,689

2026 Work RVU: 4.16
2026 NF PE RVU: 1.72
2026 Fac PE RVU: 0.44

RUC Recommendation: Remove from screen. 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 2,147,416

2026 Work RVU: 1.94
2026 NF PE RVU: 0.62
2026 Fac PE RVU: 0.13

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 1,543,045

2026 Work RVU: 1.71
2026 NF PE RVU: 0.66
2026 Fac PE RVU: 0.19

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 3,448,726

2026 Work RVU: 2.56
2026 NF PE RVU: 0.83
2026 Fac PE RVU: 0.17

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 409,346

2026 Work RVU: 2.17
2026 NF PE RVU: 0.84
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 6,947,876

2026 Work RVU: 3.78
2026 NF PE RVU: 1.20
2026 Fac PE RVU: 0.25

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 95,176

2026 Work RVU: 2.86
2026 NF PE RVU: 1.11
2026 Fac PE RVU: 0.32

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 21,702

2026 Work RVU: 3.58
2026 NF PE RVU: 1.19
2026 Fac PE RVU: 0.27

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 5,930

2026 Work RVU: 1.71
2026 NF PE RVU: 0.58
2026 Fac PE RVU: 0.14

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2024 Medicare Utilization:** 5,140

2026 Work RVU: 2.40
2026 NF PE RVU: 0.83
2026 Fac PE RVU: 0.20

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 22,775

2026 Work RVU: 2.74
2026 NF PE RVU: 0.40
2026 Fac PE RVU: 0.20

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 128,839

2026 Work RVU: 2.86
2026 NF PE RVU: 0.40
2026 Fac PE RVU: 0.20

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2024 Medicare Utilization:** 401,296

2026 Work RVU: 0.67
2026 NF PE RVU: 0.23
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU: 0.48
2026 NF PE RVU: 0.27
2026 Fac PE RVU: 0.11

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 / Medicaid High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2024 Medicare Utilization:** 343,913

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. Maintain **Referred to CPT** May 2027 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2024 Medicare Utilization:** 82,252

2026 Work RVU: 2.50
2026 NF PE RVU: 2.86
2026 Fac PE RVU: 0.36

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90885 **Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes**

Global: XXX **Issue:** Psychiatric evaluation of hospital records **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychology), APA (psychiatry), NASW **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.97
2026 NF PE RVU: 0.42
2026 Fac PE RVU: 0.21

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

908X1

Global: **Issue:** Supervised Self-Administration Intranasal Esketamine **Screen:** CMS-Other - Utilization over 20,000-Part4 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 16 **Specialty Developing Recommendation:** ANA, APA (psychiatry) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90901 **Biofeedback training by any modality**

Global: 000 **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27A **Specialty Developing Recommendation:** ANA, APA (psychology), APTA **First Identified:** April 2023 **2024 Medicare Utilization:** 89,393

2026 Work RVU: 0.41
2026 NF PE RVU: 0.81
2026 Fac PE RVU: 0.07

RUC Recommendation: Refer to CPT. 0.61 **Referred to CPT** May 2026; Sep 2025; Sep 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90912 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient**

Global: 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT / High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2024 Medicare Utilization:** 28,094

2026 Work RVU: 0.90
2026 NF PE RVU: 1.51
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.90 **Referred to CPT** September 2025; Sep 2024; Feb 2019-EC **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90913 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT / High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2024 Medicare Utilization:** 29,262

2026 Work RVU: 0.50
2026 NF PE RVU: 0.46
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.50 **Referred to CPT** September 2025; Sep 2024; Feb 2019-EC **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008 **2024 Medicare Utilization:** 507,444

2026 Work RVU: 1.44
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.32

RUC Recommendation: 1.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2024 Medicare Utilization:** 24,450

2026 Work RVU: 2.06
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.46

RUC Recommendation: 2.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2024 Medicare Utilization:** 97,807

2026 Work RVU: 1.52
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.70

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 8,791

2026 Work RVU: 2.46
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.55

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 23

2026 Work RVU: 23.92
2026 NF PE RVU: 10.05
2026 Fac PE RVU: 10.05

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 7

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 5

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 368

2026 Work RVU: 20.86
2026 NF PE RVU: 8.80
2026 Fac PE RVU: 8.80

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 102

2026 Work RVU: 10.32
2026 NF PE RVU: 5.15
2026 Fac PE RVU: 5.15

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 88

2026 Work RVU: 6.64
2026 NF PE RVU: 3.93
2026 Fac PE RVU: 3.93

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 1,309

2026 Work RVU: 15.46
2026 NF PE RVU: 7.42
2026 Fac PE RVU: 7.42

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 318

2026 Work RVU: 9.87
2026 NF PE RVU: 5.05
2026 Fac PE RVU: 5.05

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 204

2026 Work RVU: 6.19
2026 NF PE RVU: 3.57
2026 Fac PE RVU: 3.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 1,124,923

2026 Work RVU: 6.77
2026 NF PE RVU: 3.96
2026 Fac PE RVU: 3.96

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 393,024

2026 Work RVU: 5.52
2026 NF PE RVU: 3.42
2026 Fac PE RVU: 3.42

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 125,903

2026 Work RVU: 3.57
2026 NF PE RVU: 2.65
2026 Fac PE RVU: 2.65
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 127

2026 Work RVU: 12.09
2026 NF PE RVU: 5.91
2026 Fac PE RVU: 5.91
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 605

2026 Work RVU: 10.25
2026 NF PE RVU: 5.12
2026 Fac PE RVU: 5.12
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 723

2026 Work RVU: 9.80
2026 NF PE RVU: 5.05
2026 Fac PE RVU: 5.05

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2024 Medicare Utilization:** 296,348

2026 Work RVU: 5.52
2026 NF PE RVU: 3.41
2026 Fac PE RVU: 3.41

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90X03

Global: **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27A **Specialty Developing Recommendation:** ANA, APA (psychology), APTA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Refer to CPT. 0.48 **Referred to CPT** May 2026 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2024 Medicare Utilization:** 3,565

2026 Work RVU: 1.10
2026 NF PE RVU: 12.18
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2024 Medicare Utilization:** 39,363

2026 Work RVU: 2.18
2026 NF PE RVU: 21.77
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2024 Medicare Utilization:** 165

2026 Work RVU: 0.88
2026 NF PE RVU: 27.75
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91120 **Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**

Global: **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2024 Medicare Utilization:** 10,929

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91122 **Anorectal manometry**

Global: **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2024 Medicare Utilization:** 19,200

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91124 **Rectal sensation, tone, and compliance study (eg, barostat)**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 3.05
2026 NF PE RVU: 19.76
2026 Fac PE RVU: NA

RUC Recommendation: 3.05 **Referred to CPT** May 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91125 **Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2024 Medicare Utilization:**

2026 Work RVU: 2.70
2026 NF PE RVU: 7.54
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.70 **Referred to CPT** May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2024 Medicare Utilization:** 28

2026 Work RVU: 0.51
2026 NF PE RVU: 14.01
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2024 Medicare Utilization:** 28

2026 Work RVU: 0.64
2026 NF PE RVU: 14.56
2026 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92015 **Determination of refractive state**

Global: XXX **Issue:** Determination of refractive state **Screen:** RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2026 **2024 Medicare Utilization:** 1

2026 Work RVU: 0.37
2026 NF PE RVU: 0.18
2026 Fac PE RVU: 0.08

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92025 **Computerized corneal topography, unilateral or bilateral, with interpretation and report**

Global: XXX **Issue:** Computerized corneal topography **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2026 **2024 Medicare Utilization:** 300,872

2026 Work RVU: 0.34
2026 NF PE RVU: 0.74
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

92065 **Orthoptic training; performed by a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2019 **2024 Medicare Utilization:** 19,248

2026 Work RVU: 0.69
2026 NF PE RVU: 0.45
2026 Fac PE RVU: 0.12

RUC Recommendation: Refer to CPT Assistant. Review action plan. 0.71 **Referred to CPT** February 2021 May 2020-Tab 37 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2026

Status Report: CMS Requests and Relativity Assessment Issues

92066 **Orthoptic training; under supervision of a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** February 2021 **2024 Medicare Utilization:** 9,448

2026 Work RVU: 0.00
2026 NF PE RVU: 0.78
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. Review action plan. New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2026

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2024 Medicare Utilization:** 79,506

2026 Work RVU: 0.29
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.30

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2024 Medicare Utilization:** 100,048

2026 Work RVU: 0.39
2026 NF PE RVU: 1.01
2026 Fac PE RVU: NA

RUC Recommendation: 0.40

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2024 Medicare Utilization:** 2,696,824

2026 Work RVU: 0.49
2026 NF PE RVU: 1.40
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2024 Medicare Utilization:** 20,381

2026 Work RVU: 0.59
2026 NF PE RVU: 1.92
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2024 Medicare Utilization:** 2,745,450

2026 Work RVU: 0.30
2026 NF PE RVU: 0.61
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92134 **Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2024 Medicare Utilization:** 8,128,264

2026 Work RVU: 0.31
2026 NF PE RVU: 0.65
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2024 Medicare Utilization:** 1,510,715

2026 Work RVU: 0.53
2026 NF PE RVU: 0.89
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provocative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92201 **Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2024 Medicare Utilization:** 463,631

2026 Work RVU: 0.39
2026 NF PE RVU: 0.34
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2024 Medicare Utilization:** 648,150

2026 Work RVU: 0.25
2026 NF PE RVU: 0.21
2026 Fac PE RVU: 0.09

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92227 **Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 1,617

2026 Work RVU: 0.00
2026 NF PE RVU: 0.55
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92228 **Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 11,225

2026 Work RVU: 0.31
2026 NF PE RVU: 0.58
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92229 **Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 5,115

2026 Work RVU: 0.00
2026 NF PE RVU: 1.39
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011

2024 Medicare Utilization: 242,392

2026 Work RVU: 0.73
2026 NF PE RVU: 4.11
2026 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2015

2024 Medicare Utilization: 6,104

2026 Work RVU: 0.78
2026 NF PE RVU: 6.49
2026 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2024 Medicare Utilization:** 27,969

2026 Work RVU: 0.93
2026 NF PE RVU: 9.10
2026 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2024 Medicare Utilization:** 3,457,221

2026 Work RVU: 0.39
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2024 Medicare Utilization:** 314

2026 Work RVU: 0.79
2026 NF PE RVU: 2.96
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2024 Medicare Utilization:** 158,026

2026 Work RVU: 0.67
2026 NF PE RVU: 2.99
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.80

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2024 Medicare Utilization:** 4,104

2026 Work RVU: 0.59
2026 NF PE RVU: 2.16
2026 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.72

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92283 **Color vision examination, extended, eg, anomaloscope or equivalent**

Global: XXX **Issue:** Color vision examination **Screen:** Harvard Valued - Utilization over 30,000-Part7 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2026 **2024 Medicare Utilization:** 38,465

2026 Work RVU: 0.17
2026 NF PE RVU: 1.46
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

92284 **Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2024 Medicare Utilization:** 29,147

2026 Work RVU: 0.28
2026 NF PE RVU: 0.69
2026 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2026

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2024 Medicare Utilization:** 447,787

2026 Work RVU: 0.05
2026 NF PE RVU: 0.64
2026 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2024 Medicare Utilization:** 101,423

2026 Work RVU: 0.39
2026 NF PE RVU: 0.77
2026 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** **2024 Medicare Utilization:** 5,570

2026 Work RVU: 0.39
2026 NF PE RVU: 3.64
2026 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

92288 **Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** February 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.17
2026 NF PE RVU: 0.53
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92340 **Fitting of spectacles, except for aphakia; monofocal**

Global: XXX **Issue:** Fitting of spectacles **Screen:** RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.36
2026 NF PE RVU: 0.69
2026 Fac PE RVU: 0.08

RUC Recommendation: Review PE **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2024 Medicare Utilization:** 257,952

2026 Work RVU: 0.18
2026 NF PE RVU: 0.67
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services

Screen: CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10

Complete? Yes

Most Recent RUC Meeting: January 2026

Tab: 27B **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2024 Medicare Utilization: 819,853

2026 Work RVU: 1.30

2026 NF PE RVU: 0.97

2026 Fac PE RVU: NA

RUC Recommendation: Deleted for CPT 2027

Referred to CPT September 2025

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services

Screen: CMS Request/Speech Language Pathology Request

Complete? Yes

Most Recent RUC Meeting: January 2026

Tab: 27B **Specialty Developing Recommendation:** ASHA

First Identified: January 2026

2024 Medicare Utilization: 6,934

2026 Work RVU: 0.33

2026 NF PE RVU: 0.38

2026 Fac PE RVU: NA

RUC Recommendation: 0.28

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92512 **Nasal function studies (eg, rhinomanometry)**

Global: XXX **Issue:** RAW

Screen: QHP Included in Clinical Staff Direct PE Inputs

Complete? Yes

Most Recent RUC Meeting: April 2026

Tab: 13 **Specialty Developing Recommendation:**

First Identified: January 2026

2024 Medicare Utilization: 3,232

2026 Work RVU: 0.54

2026 NF PE RVU: 1.37

2026 Fac PE RVU: 0.12

RUC Recommendation: Change to L037D RN/LPN/MTA

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

92516 **Facial nerve function studies (eg, electroneuronography)**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: January 2026

2024 Medicare Utilization: 269

2026 Work RVU: 0.42
2026 NF PE RVU: 1.80
2026 Fac PE RVU: 0.11

RUC Recommendation: Change to L037D RN/LPN/MTA

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

92520 **Laryngeal function studies (ie, aerodynamic testing and acoustic testing)**

Global: XXX **Issue:** Laryngeal Function Studies **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14A **Specialty Developing Recommendation:**

First Identified: January 2026

2024 Medicare Utilization: 8,021

2026 Work RVU: 0.73
2026 NF PE RVU: 1.97
2026 Fac PE RVU: 0.22

RUC Recommendation: 1.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2024 Medicare Utilization: 490

2026 Work RVU: 2.24
2026 NF PE RVU: 1.74
2026 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 4,653

2026 Work RVU: 1.92
2026 NF PE RVU: 1.39
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request/ High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 42,704

2026 Work RVU: 3.84
2026 NF PE RVU: 2.93
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan. 3.36 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2024

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 27,218

2026 Work RVU: 1.92
2026 NF PE RVU: 1.32
2026 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Treatment of swallowing dysfunction **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2024 Medicare Utilization:** 284,140

2026 Work RVU: 1.34
2026 NF PE RVU: 1.17
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part9 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2024 Medicare Utilization:** 52,412

2026 Work RVU: 0.59
2026 NF PE RVU: 0.57
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: Survey. 0.80

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2024 Medicare Utilization:** 5,539

2026 Work RVU: 0.29
2026 NF PE RVU: 0.34
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: Survey. 0.55

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 / Codes Reported Together 75% or More-Part9 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2014 **2024 Medicare Utilization:** 71,954

2026 Work RVU: 1.46
2026 NF PE RVU: 1.62
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Survey. 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2024 Medicare Utilization:** 11,232

2026 Work RVU: 0.39
2026 NF PE RVU: 0.33
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Survey. 0.40

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2024 Medicare Utilization:** 14,212

2026 Work RVU: 0.47
2026 NF PE RVU: 0.36
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: Survey. 0.48

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2024 Medicare Utilization:** 3,220

2026 Work RVU: 0.26
2026 NF PE RVU: 0.25
2026 Fac PE RVU: NA

RUC Recommendation: Survey. 0.27 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** Caloric vestibular test with basic vestibular evaluation **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2024 Medicare Utilization:** 4,175

2026 Work RVU: 0.24
2026 NF PE RVU: 0.23
2026 Fac PE RVU: NA

RUC Recommendation: Survey. 0.25 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** Rotational Vestibular Assessment **Screen:** CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** February 2014 **2024 Medicare Utilization:** 42,251

2026 Work RVU: 0.28
2026 NF PE RVU: 3.72
2026 Fac PE RVU: NA

RUC Recommendation: Deleted for CPT 2027 **Referred to CPT** May 2025 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Vertical Electrodes (PE Only) **Screen:** CMS-Other - Utilization over 250,000 / QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2024 Medicare Utilization:** 22,985

2026 Work RVU: 0.00
2026 NF PE RVU: 0.33
2026 Fac PE RVU: NA

RUC Recommendation: Removed Audiologist (L052A) from PE **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Decrease

92548 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** February 2014 **2024 Medicare Utilization:** 29,739

2026 Work RVU: 0.65
2026 NF PE RVU: 0.75
2026 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** September 2018 / February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92549 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:** 3,949

2026 Work RVU: 0.85
2026 NF PE RVU: 1.00
2026 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2024 Medicare Utilization:** 180,083

2026 Work RVU: 0.35
2026 NF PE RVU: 0.29
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92551 **Screening test, pure tone, air only**

Global: XXX **Issue:** Pure tone screening test **Screen:** RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.39
2026 Fac PE RVU: NA

RUC Recommendation: Review PE **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92552 **Pure tone audiometry (threshold); air only**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 96,233

2026 Work RVU: 0.00
2026 NF PE RVU: 1.20
2026 Fac PE RVU: NA

RUC Recommendation: Survey January 2027 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

92553 **Pure tone audiometry (threshold); air and bone**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 35,129

2026 Work RVU: 0.00
2026 NF PE RVU: 1.46
2026 Fac PE RVU: NA

RUC Recommendation: Survey January 2027 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

92555 **Speech audiometry threshold;**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 14,712

2026 Work RVU: 0.00
2026 NF PE RVU: 0.88
2026 Fac PE RVU: NA

RUC Recommendation: Survey January 2027 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

92556 **Speech audiometry threshold; with speech recognition**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 54,880

2026 Work RVU: 0.00
2026 NF PE RVU: 1.38
2026 Fac PE RVU: NA

RUC Recommendation: Survey January 2027 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Audiometry Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** February 2008 **2024 Medicare Utilization:** 1,263,328

2026 Work RVU: 0.60
2026 NF PE RVU: 0.46
2026 Fac PE RVU: 0.16

RUC Recommendation: Survey. 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2024 Medicare Utilization:** 1

2026 Work RVU: 0.17
2026 NF PE RVU: 0.11
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92565 **Stenger test, pure tone** **Global:** XXX **Issue:** Stenger Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14B **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:** 1,367

2026 Work RVU: 0.00
2026 NF PE RVU: 0.66
2026 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2024 Medicare Utilization:** 990,854

2026 Work RVU: 0.20
2026 NF PE RVU: 0.27
2026 Fac PE RVU: 0.05

RUC Recommendation: Remove from screen. 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2024 Medicare Utilization:** 2,454

2026 Work RVU: 0.29
2026 NF PE RVU: 0.16
2026 Fac PE RVU: 0.08

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT** **Global:** **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2024 Medicare Utilization:** 27,260

2026 Work RVU: 0.55
2026 NF PE RVU: 0.38
2026 Fac PE RVU: 0.15

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92571 **Filtered speech test**

Global: XXX **Issue:** Complex Listening Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14C **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:** 6,220

2026 Work RVU: 0.00
2026 NF PE RVU: 0.92
2026 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92572 **Staggered spondaic word test**

Global: XXX **Issue:** Complex Listening Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14C **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:** 835

2026 Work RVU: 0.00
2026 NF PE RVU: 1.80
2026 Fac PE RVU: NA

RUC Recommendation: 0.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92575 **Sensorineural acuity level test**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 2,151

2026 Work RVU: 0.00
2026 NF PE RVU: 2.19
2026 Fac PE RVU: NA

RUC Recommendation: Deleted for CPT 2028 **Referred to CPT** September 2026 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92576 **Synthetic sentence identification test**

Global: XXX **Issue:** Complex Listening Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 14C **Specialty Developing Recommendation:** AAA, ASHA

First Identified: January 2026 **2024 Medicare Utilization:** 1,193

2026 Work RVU: 0.00
2026 NF PE RVU: 1.26
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for Deletion

Referred to CPT February 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92577 **Stenger test, speech**

Global: XXX **Issue:** Stenger Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14B **Specialty Developing Recommendation:**

First Identified: January 2026 **2024 Medicare Utilization:** 146

2026 Work RVU: 0.00
2026 NF PE RVU: 0.67
2026 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92579 **Visual reinforcement audiometry (VRA)**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA

First Identified: April 2026 **2024 Medicare Utilization:** 2,426

2026 Work RVU: 0.68
2026 NF PE RVU: 0.60
2026 Fac PE RVU: 0.20

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92582 **Conditioning play audiometry**

Global: XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA

First Identified: January 2026 **2024 Medicare Utilization:** 359

2026 Work RVU: 0.00
2026 NF PE RVU: 2.59
2026 Fac PE RVU: NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

92583 **Select picture audiometry** **Global:** XXX **Issue:** Audiometry Tests **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 88

2026 Work RVU: 0.00
2026 NF PE RVU: 1.83
2026 Fac PE RVU: NA

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **Electrocochleography** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:** 11,783

2026 Work RVU: 0.98
2026 NF PE RVU: 2.14
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive** **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited** **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2024 Medicare Utilization:** 36,819

2026 Work RVU: 0.35
2026 NF PE RVU: 0.29
2026 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 88,568

2026 Work RVU: 0.55
2026 NF PE RVU: 0.44
2026 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92596 **Ear protector attenuation measurements**

Global: XXX **Issue:** Ear Protector Attenuation Measurements **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 14D **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:** 98

2026 Work RVU: 0.00
2026 NF PE RVU: 2.33
2026 Fac PE RVU: NA

RUC Recommendation: 0.57 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2024 Medicare Utilization:** 1,946

2026 Work RVU: 1.23
2026 NF PE RVU: 0.88
2026 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU: 1.75
2026 NF PE RVU: 0.93
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.75 **Referred to CPT** February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU: 1.37
2026 NF PE RVU: 0.93
2026 Fac PE RVU: 0.30

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 648

2026 Work RVU: 1.85
2026 NF PE RVU: 1.81
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.85 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 207

2026 Work RVU: 0.70
2026 NF PE RVU: 0.73
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:** 16,563

2026 Work RVU: 1.50
2026 NF PE RVU: 1.56
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Treatment of swallowing dysfunction **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2024 Medicare Utilization:** 36,240

2026 Work RVU: 1.30
2026 NF PE RVU: 1.23
2026 Fac PE RVU: 0.42
Result: Decrease

RUC Recommendation: Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording** **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2024 Medicare Utilization:** 10,821

2026 Work RVU: 1.31
2026 NF PE RVU: 1.38
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92612 **Flexible endoscopic evaluation of swallowing by cine or video recording;** **Global:** XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 8,733

2026 Work RVU: 1.24
2026 NF PE RVU: 4.69
2026 Fac PE RVU: 0.33
Result:

RUC Recommendation: Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92613 **Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only**

Global: XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** April 2026 **2024 Medicare Utilization:** 3,445

2026 Work RVU: 0.69
2026 NF PE RVU: 0.34
2026 Fac PE RVU: 0.17

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92614 **Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;**

Global: XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 136

2026 Work RVU: 1.24
2026 NF PE RVU: 3.24
2026 Fac PE RVU: 0.32

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92615 **Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only**

Global: XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** April 2026 **2024 Medicare Utilization:** 90

2026 Work RVU: 0.61
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.15

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92616 **Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;**

Global: XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** January 2026 **2024 Medicare Utilization:** 1,659

2026 Work RVU: 1.83
2026 NF PE RVU: 4.95
2026 Fac PE RVU: 0.49

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92617 **Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only**

Global: XXX **Issue:** Flexible Endoscopic Evaluation Services **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AAO-HNS, ASHA **First Identified:** April 2026 **2024 Medicare Utilization:** 899

2026 Work RVU: 0.77
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.19

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU: 0.65
2026 NF PE RVU: 0.30
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2024 Medicare Utilization:** 1,274

2026 Work RVU: 1.50
2026 NF PE RVU: 1.13
2026 Fac PE RVU: 0.41

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2024 Medicare Utilization:** 71

2026 Work RVU: 0.35
2026 NF PE RVU: 0.28
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2024 Medicare Utilization:** 9,376

2026 Work RVU: 1.15
2026 NF PE RVU: 0.80
2026 Fac PE RVU: 0.31

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2024 Medicare Utilization:** 22,236

2026 Work RVU: 1.40
2026 NF PE RVU: 1.11
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2024 Medicare Utilization:** 6,727

2026 Work RVU: 0.33
2026 NF PE RVU: 0.27
2026 Fac PE RVU: 0.09

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2024 Medicare Utilization:** 4

2026 Work RVU: 1.76
2026 NF PE RVU: 1.41
2026 Fac PE RVU: 0.48

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92650 **Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:**

2026 Work RVU: 0.24
2026 NF PE RVU: 0.55
2026 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92651 **Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:** 406

2026 Work RVU: 0.98
2026 NF PE RVU: 1.38
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92652 **Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:** 5,242

2026 Work RVU: 1.46
2026 NF PE RVU: 1.70
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92653 **Auditory evoked potentials; neurodiagnostic, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA **First Identified:** February 2019 **2024 Medicare Utilization:** 24,016

2026 Work RVU: 1.02
2026 NF PE RVU: 1.33
2026 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:** 18,235

2026 Work RVU: 8.14
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.54

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:** 1,514

2026 Work RVU: 9.88
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.86

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2024 Medicare Utilization: 188,399

2026 Work RVU: 9.75
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.83

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2024 Medicare Utilization:

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 4.44

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2024 Medicare Utilization: 12,011

2026 Work RVU: 11.64
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.20

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 5.50

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/or its branches**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2024 Medicare Utilization:** 9,741

2026 Work RVU: 11.02
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.07

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additio**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / 000-Day Global Period Services Typically Performed Inpatient **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:** 26,478

2026 Work RVU: 12.40
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.35
Result: Decrease

RUC Recommendation: Maintain. 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:** 6,881

2026 Work RVU: 13.35
2026 NF PE RVU: NA
2026 Fac PE RVU: 2.51
Result: Decrease

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external** **Global:** 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:** 218,131

2026 Work RVU: 1.95
2026 NF PE RVU: 2.53
2026 Fac PE RVU: 0.74

RUC Recommendation: 2.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92973 **Percutaneous transluminal coronary mechanical aspiration thrombectomy (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2024 Medicare Utilization:** 2,571

2026 Work RVU: 1.71
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.33

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92978 **Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Endoluminal Coronary IVUS **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 22 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** April 2025 **2024 Medicare Utilization:** 107,390

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92979 **Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endoluminal Coronary IVUS **Screen:** High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 22 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** September 2025 **2024 Medicare Utilization:** 21,002

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve** **Global:** 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2024 Medicare Utilization:** 1,889

2026 Work RVU: 22.04
2026 NF PE RVU: NA
2026 Fac PE RVU: 7.76

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X0X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X1X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X2X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X3X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X4X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X5X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X6X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X7X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92X8X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92X9X

Global: **Issue:** Speech Language Pathology Services **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 27B **Specialty Developing Recommendation:** ASHA **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92XX5 **Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report;**

Global: XXX **Issue:** Rotational Vestibular Assessment **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** May 2025 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92XX6 **Rotational vestibular assessment by sinusoidal harmonic acceleration (SHA) testing with calibrated, computer-controlled chair, with interpretation and report; with velocity step testing (VST) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Rotational Vestibular Assessment **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** May 2025 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2024 Medicare Utilization:** 10,144,789

2026 Work RVU: 0.17
2026 NF PE RVU: 0.27
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:** 445,751

2026 Work RVU: 0.00
2026 NF PE RVU: 0.20
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

Status Report: CMS Requests and Relativity Assessment Issues

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2024 Medicare Utilization:** 15,488,181

2026 Work RVU: 0.17
2026 NF PE RVU: 0.07
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93012 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93014 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 795,237

2026 Work RVU: 0.73
2026 NF PE RVU: 1.43
2026 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 744,705

2026 Work RVU: 0.44
2026 NF PE RVU: 0.17
2026 Fac PE RVU: 0.17

RUC Recommendation: Remove from screen. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:** 71,328

2026 Work RVU: 0.00
2026 NF PE RVU: 1.15
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 883,535

2026 Work RVU: 0.29
2026 NF PE RVU: 0.11
2026 Fac PE RVU: 0.11

RUC Recommendation: Review action plan. 0.30

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2024 Medicare Utilization:** 66

2026 Work RVU: 0.73
2026 NF PE RVU: 3.30
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2024 Medicare Utilization:** 75,026

2026 Work RVU: 0.15
2026 NF PE RVU: 0.28
2026 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2024 Medicare Utilization:** 11,946

2026 Work RVU: 0.00
2026 NF PE RVU: 0.23
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Harvard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC, ACEP **First Identified:** October 2008 **2024 Medicare Utilization:** 255,611

2026 Work RVU: 0.15
2026 NF PE RVU: 0.05
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93050 **Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 10,799

2026 Work RVU: 0.17
2026 NF PE RVU: 0.32
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93150 **Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2024 Medicare Utilization:** 37

2026 Work RVU: 0.83
2026 NF PE RVU: 2.42
2026 Fac PE RVU: 0.19

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93151 **Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2024 Medicare Utilization:** 308

2026 Work RVU: 0.78
2026 NF PE RVU: 1.99
2026 Fac PE RVU: 0.19

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93152 **Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2024 Medicare Utilization:** 71

2026 Work RVU: 1.77
2026 NF PE RVU: 2.45
2026 Fac PE RVU: 0.36

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93153 **Interrogation without programming of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2024 Medicare Utilization:** 60

2026 Work RVU: 0.42
2026 NF PE RVU: 1.29
2026 Fac PE RVU: 0.11

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:** 117,340

2026 Work RVU: 0.38
2026 NF PE RVU: 1.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:** 43,956

2026 Work RVU: 0.00
2026 NF PE RVU: 0.53
2026 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:** 77,390

2026 Work RVU: 0.00
2026 NF PE RVU: 1.03
2026 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2024 Medicare Utilization:** 151,287

2026 Work RVU: 0.38
2026 NF PE RVU: 0.14
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2024 Medicare Utilization:** 310,454

2026 Work RVU: 0.47
2026 NF PE RVU: 0.25
2026 Fac PE RVU: 0.25

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2024 Medicare Utilization:** 389,344

2026 Work RVU: 0.00
2026 NF PE RVU: 22.66
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93231 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93235 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93236 **Deleted from CPT**

Global: **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93241 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 34,671

2026 Work RVU: 0.49
2026 NF PE RVU: 7.84
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93242 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 146,480

2026 Work RVU: 0.00
2026 NF PE RVU: 0.34
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93243 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 255,473

2026 Work RVU: 0.00
2026 NF PE RVU: 7.33
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93244 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 259,119

2026 Work RVU: 0.49
2026 NF PE RVU: 0.17
2026 Fac PE RVU: 0.17

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93245 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 11,793

2026 Work RVU: 0.54
2026 NF PE RVU: 8.10
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93246 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 150,118

2026 Work RVU: 0.00
2026 NF PE RVU: 0.34
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93247 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 379,419

2026 Work RVU: 0.00
2026 NF PE RVU: 7.58
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93248 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 341,908

2026 Work RVU: 0.54
2026 NF PE RVU: 0.18
2026 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93264 **Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** **Screen:** High Volume Growth12 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 41,879

2026 Work RVU: 0.68
2026 NF PE RVU: 0.85
2026 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2024 Medicare Utilization:** 10,018

2026 Work RVU: 0.51
2026 NF PE RVU: 4.54
2026 Fac PE RVU: NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2024 Medicare Utilization:** 24,683

2026 Work RVU: 0.00
2026 NF PE RVU: 0.24
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2024 Medicare Utilization:** 27,810

2026 Work RVU: 0.00
2026 NF PE RVU: 4.12
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2024 Medicare Utilization:** 71,504

2026 Work RVU: 0.51
2026 NF PE RVU: 0.18
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 104,498

2026 Work RVU: 0.63
2026 NF PE RVU: 1.34
2026 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 724,436

2026 Work RVU: 0.75
2026 NF PE RVU: 1.56
2026 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 70,175

2026 Work RVU: 0.83
2026 NF PE RVU: 1.61
2026 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 60,806

2026 Work RVU: 0.83
2026 NF PE RVU: 1.49
2026 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 137,125

2026 Work RVU: 1.12
2026 NF PE RVU: 1.72
2026 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 168,058

2026 Work RVU: 1.22
2026 NF PE RVU: 1.85
2026 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 42,378

2026 Work RVU: 0.51
2026 NF PE RVU: 1.24
2026 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 34,070

2026 Work RVU: 0.29
2026 NF PE RVU: 1.02
2026 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 14,110

2026 Work RVU: 0.44
2026 NF PE RVU: 1.08
2026 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 142,877

2026 Work RVU: 0.42
2026 NF PE RVU: 1.22
2026 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 49,184

2026 Work RVU: 0.73
2026 NF PE RVU: 1.36
2026 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 71,800

2026 Work RVU: 0.42
2026 NF PE RVU: 1.13
2026 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 57,275

2026 Work RVU: 0.36
2026 NF PE RVU: 1.06
2026 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 679

2026 Work RVU: 0.42
2026 NF PE RVU: 1.10
2026 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 6,516

2026 Work RVU: 0.30
2026 NF PE RVU: 0.88
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 1,898,865

2026 Work RVU: 0.59
2026 NF PE RVU: 0.25
2026 Fac PE RVU: 0.25

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2024 Medicare Utilization: 726,443

2026 Work RVU: 0.72
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.31

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2024 Medicare Utilization: 1,982,453

2026 Work RVU: 0.00
2026 NF PE RVU: 0.94
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2024 Medicare Utilization: 657,290

2026 Work RVU: 0.51
2026 NF PE RVU: 1.28
2026 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:** 1,332,145

2026 Work RVU: 0.51
2026 NF PE RVU: 2.54
2026 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support**

Global: **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93303 **Transthoracic echocardiography for congenital cardiac anomalies; complete**

Global: XXX **Issue:** Transthoracic echocardiography – Congenital Cardiac **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAP, ACC, ASE, SCAI **First Identified:** April 2026 **2024 Medicare Utilization:** 11,842

2026 Work RVU: 1.27
2026 NF PE RVU: 5.26
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93304 **Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study**

Global: XXX **Issue:** Transthoracic echocardiography – Congenital Cardiac **Screen:** CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAP, ACC, ASE, SCAI **First Identified:** April 2026 **2024 Medicare Utilization:** 1,432

2026 Work RVU: 0.73
2026 NF PE RVU: 3.83
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2024 Medicare Utilization:** 6,676,378

2026 Work RVU: 1.42
2026 NF PE RVU: 4.39
2026 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2024 Medicare Utilization:** 23,288

2026 Work RVU: 0.90
2026 NF PE RVU: 3.19
2026 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing / Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2024 Medicare Utilization:** 581,455

2026 Work RVU: 0.52
2026 NF PE RVU: 2.47
2026 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2024 Medicare Utilization:** 314,292

2026 Work RVU: 0.37
2026 NF PE RVU: 1.15
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.38 **Referred to CPT** May 2027 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2024 Medicare Utilization:** 334,655

2026 Work RVU: 0.15
2026 NF PE RVU: 0.60
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.15 **Referred to CPT** May 2027 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2024 Medicare Utilization:** 630,518

2026 Work RVU: 0.07
2026 NF PE RVU: 0.64
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.07

Referred to CPT May 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008 **2024 Medicare Utilization:** 61,530

2026 Work RVU: 1.42
2026 NF PE RVU: 4.06
2026 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015 **2024 Medicare Utilization:** 164,152

2026 Work RVU: 1.71
2026 NF PE RVU: 5.19
2026 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93355 **Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D**

Global: XXX **Issue:** Transesophageal Echocardiography (TEE) **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: January 2026 **Tab:** 23 **Specialty Developing Recommendation:** ACC, ASA, ASE, SCAI **First Identified:** April 2025 **2024 Medicare Utilization:** 31,841

2026 Work RVU: 4.54
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.87
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 45,143

2026 Work RVU: 2.41
2026 NF PE RVU: 22.68
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 2,986

2026 Work RVU: 4.39
2026 NF PE RVU: 20.96
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 4.32 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 1,592

2026 Work RVU: 5.84
2026 NF PE RVU: 26.40
2026 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 102,948

2026 Work RVU: 4.43
2026 NF PE RVU: 20.95
2026 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 17,216

2026 Work RVU: 5.16
2026 NF PE RVU: 23.10
2026 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 19,915

2026 Work RVU: 5.75
2026 NF PE RVU: 25.86
2026 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 3,077

2026 Work RVU: 6.47
2026 NF PE RVU: 27.95
2026 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 381,295

2026 Work RVU: 5.46
2026 NF PE RVU: 23.68
2026 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 51,627

2026 Work RVU: 6.19
2026 NF PE RVU: 25.10
2026 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 71,110

2026 Work RVU: 6.92
2026 NF PE RVU: 27.80
2026 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 9,006

2026 Work RVU: 7.65
2026 NF PE RVU: 30.61
2026 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 8,131

2026 Work RVU: 3.64
2026 NF PE RVU: 1.59
2026 Fac PE RVU: 0.80

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 5,876

2026 Work RVU: 1.95
2026 NF PE RVU: 0.78
2026 Fac PE RVU: 0.39

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 1,285

2026 Work RVU: 1.76
2026 NF PE RVU: 4.84
2026 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2024 Medicare Utilization:** 46,154

2026 Work RVU: 1.95

2026 NF PE RVU: NA

2026 Fac PE RVU: 0.31

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93508 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93511 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: October 2017 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 0.77. Deleted from CPT for 2022.

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: October 2017 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 0.95. Deleted from CPT for 2022.

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 125

2026 Work RVU: 0.98
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.19

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Low Survey Response **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2024 Medicare Utilization:** 6

2026 Work RVU: 1.00
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.19

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 40

2026 Work RVU: 0.49
2026 NF PE RVU: 0.18
2026 Fac PE RVU: 0.09

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 164

2026 Work RVU: 0.49
2026 NF PE RVU: 0.19
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 14,387

2026 Work RVU: 0.68
2026 NF PE RVU: 0.26
2026 Fac PE RVU: 0.13

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2024 Medicare Utilization:** 671

2026 Work RVU: 0.86
2026 NF PE RVU: 0.33
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2024 Medicare Utilization:** 59,246

2026 Work RVU: 0.00
2026 NF PE RVU: NA
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2024 Medicare Utilization:** 11,234

2026 Work RVU: 0.00
2026 NF PE RVU: NA
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2024 Medicare Utilization:** 1,330

2026 Work RVU: 5.10
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.11

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2024 Medicare Utilization:** 5,411

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93621 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2019 **2024 Medicare Utilization:** 1,857

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93622 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Work Neutrality 2023 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2025 **2024 Medicare Utilization:** 12,349

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2024 Medicare Utilization:** 41,341

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2024 Medicare Utilization:** 5,154

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2024 Medicare Utilization:** 27,051

2026 Work RVU: 14.63
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.22

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2024 Medicare Utilization:** 8,547

2026 Work RVU: 17.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.87

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2024 Medicare Utilization:** 59,836

2026 Work RVU: 5.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.18

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93656 **Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2024 Medicare Utilization:** 94,373

2026 Work RVU: 16.58
2026 NF PE RVU: NA
2026 Fac PE RVU: 3.66
Result: Decrease

RUC Recommendation: 17.00 **Referred to CPT** October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2024 Medicare Utilization:** 61,592

2026 Work RVU: 5.36
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.18
Result: Decrease

RUC Recommendation: 7.00 **Referred to CPT** October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 /Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2008 **2024 Medicare Utilization:** 29,522

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.53 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2024 Medicare Utilization:** 756

2026 Work RVU: 0.00
2026 NF PE RVU: 0.45
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2024 Medicare Utilization:** 2,453

2026 Work RVU: 0.00
2026 NF PE RVU: 0.80
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93732 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

Global: XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2024 Medicare Utilization:** 75,930

2026 Work RVU: 0.75
2026 NF PE RVU: 0.77
2026 Fac PE RVU: 0.20

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2024 Medicare Utilization:** 605

2026 Work RVU: 0.00
2026 NF PE RVU: 2.14
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2024 Medicare Utilization:** 1,282,422

2026 Work RVU: 0.18
2026 NF PE RVU: 0.16
2026 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93875 **Deleted from CPT**

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 1,614,990

2026 Work RVU: 0.78
2026 NF PE RVU: 4.79
2026 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

---

93882 **Duplex scan of extracranial arteries; unilateral or limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2024 Medicare Utilization:** 26,049

2026 Work RVU: 0.49
2026 NF PE RVU: 3.15
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2024 Medicare Utilization:** 76,976

2026 Work RVU: 0.88
2026 NF PE RVU: 7.12
2026 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 7,860

2026 Work RVU: 0.71
2026 NF PE RVU: 4.33
2026 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study**

Global: **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2024 Medicare Utilization:** 32,811

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT** May 2023 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2024 Medicare Utilization:** 35,119

2026 Work RVU: 1.12
2026 NF PE RVU: 7.94
2026 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** May 2023 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2024 Medicare Utilization:** 2,152

2026 Work RVU: 1.12
2026 NF PE RVU: 9.74
2026 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

93896 **Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2024 Medicare Utilization:**

2026 Work RVU: 0.79
2026 NF PE RVU: 4.75
2026 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

93897 **Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2024 Medicare Utilization:**

2026 Work RVU: 0.71
2026 NF PE RVU: 6.32
2026 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93898 **Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2024 Medicare Utilization:**

2026 Work RVU: 0.83
2026 NF PE RVU: 6.95
2026 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2024 Medicare Utilization:** 579,465

2026 Work RVU: 0.24
2026 NF PE RVU: 2.21
2026 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2024 Medicare Utilization:** 314,257

2026 Work RVU: 0.44
2026 NF PE RVU: 3.47
2026 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2024 Medicare Utilization:** 39,560

2026 Work RVU: 0.49
2026 NF PE RVU: 4.37
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2024 Medicare Utilization:** 589,898

2026 Work RVU: 0.78
2026 NF PE RVU: 6.22
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2024 Medicare Utilization:** 206,633

2026 Work RVU: 0.49
2026 NF PE RVU: 3.62
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2024 Medicare Utilization:** 22,889

2026 Work RVU: 0.78
2026 NF PE RVU: 5.08
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2024 Medicare Utilization:** 38,781

2026 Work RVU: 0.49
2026 NF PE RVU: 3.06
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2024 Medicare Utilization:** 1,395,581

2026 Work RVU: 0.68
2026 NF PE RVU: 4.74
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2024 Medicare Utilization:** 1,442,717

2026 Work RVU: 0.44
2026 NF PE RVU: 2.99
2026 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2024 Medicare Utilization:** 211,033

2026 Work RVU: 1.13
2026 NF PE RVU: 6.50
2026 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2024 Medicare Utilization:** 134,739

2026 Work RVU: 0.78
2026 NF PE RVU: 3.82
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2024 Medicare Utilization:** 246,654

2026 Work RVU: 0.78
2026 NF PE RVU: 4.48
2026 Fac PE RVU: NA

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2024 Medicare Utilization:** 49,128

2026 Work RVU: 0.49
2026 NF PE RVU: 2.93
2026 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93985 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2024 Medicare Utilization:** 16,888

2026 Work RVU: 0.78
2026 NF PE RVU: 6.52
2026 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93986 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2024 Medicare Utilization:** 5,578

2026 Work RVU: 0.49
2026 NF PE RVU: 3.86
2026 Fac PE RVU: NA

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SVS

First Identified: October 2008 **2024 Medicare Utilization:** 89,522

2026 Work RVU: 0.49
2026 NF PE RVU: 3.74
2026 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2024 Medicare Utilization:** 812,887

2026 Work RVU: 0.17
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2024 Medicare Utilization:** 227

2026 Work RVU: 0.51
2026 NF PE RVU: 1.25
2026 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2024 Medicare Utilization:** 9

2026 Work RVU: 0.00
2026 NF PE RVU: 1.04
2026 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2024 Medicare Utilization:** 6,843

2026 Work RVU: 0.51
2026 NF PE RVU: 0.21
2026 Fac PE RVU: 0.21

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2024 Medicare Utilization:** 788,024

2026 Work RVU: 0.21
2026 NF PE RVU: 1.07
2026 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Decrease

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2024 Medicare Utilization:** 48,452

2026 Work RVU: 0.05
2026 NF PE RVU: 0.42
2026 Fac PE RVU: NA

RUC Recommendation: 0.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2024 Medicare Utilization:** 771

2026 Work RVU: 0.39
2026 NF PE RVU: 2.98
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2024 Medicare Utilization:** 5,971

2026 Work RVU: 0.68
2026 NF PE RVU: 2.07
2026 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2024 Medicare Utilization:** 248,085

2026 Work RVU: 0.47
2026 NF PE RVU: 0.61
2026 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2024 Medicare Utilization:** 16,453

2026 Work RVU: 1.38
2026 NF PE RVU: 3.49
2026 Fac PE RVU: NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94625 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2024 Medicare Utilization:** 30,023

2026 Work RVU: 0.36
2026 NF PE RVU: 2.21
2026 Fac PE RVU: 0.08

RUC Recommendation: Review in 3 years (April 2029)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94626 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2024 Medicare Utilization:** 48,786

2026 Work RVU: 0.56
2026 NF PE RVU: 2.64
2026 Fac PE RVU: 0.10

RUC Recommendation: Review in 3 years (April 2029)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2024 Medicare Utilization:** 236,618

2026 Work RVU: 0.00
2026 NF PE RVU: 0.25
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2024 Medicare Utilization:** 2,099

2026 Work RVU: 0.00
2026 NF PE RVU: 0.80
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2024 Medicare Utilization:** 6,293

2026 Work RVU: 0.00
2026 NF PE RVU: 1.15
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94669 **Mechanical chest wall oscillation to facilitate lung function, per session**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2024 Medicare Utilization:** 153

2026 Work RVU: 0.00
2026 NF PE RVU: 0.75
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2024 Medicare Utilization:** 2,973

2026 Work RVU: 0.20
2026 NF PE RVU: 1.28
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:** 635,405

2026 Work RVU: 0.25
2026 NF PE RVU: 1.63
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:** 247,163

2026 Work RVU: 0.25
2026 NF PE RVU: 1.22
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:** 2,779

2026 Work RVU: 0.25
2026 NF PE RVU: 1.17
2026 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2024 Medicare Utilization:** 968,292

2026 Work RVU: 0.19
2026 NF PE RVU: 1.69
2026 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94750 **Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2024 Medicare Utilization:** 10,293

2026 Work RVU: 0.00
2026 NF PE RVU: 0.11
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2024 Medicare Utilization:** 3,390

2026 Work RVU: 0.00
2026 NF PE RVU: 0.12
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008 **2024 Medicare Utilization:** 137,417

2026 Work RVU: 0.00
2026 NF PE RVU: 0.71
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2024 Medicare Utilization:** 8,634,100

2026 Work RVU: 0.01
2026 NF PE RVU: 0.09
2026 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST **First Identified:** October 2018 **2024 Medicare Utilization:** 100,854

2026 Work RVU: 0.00
2026 NF PE RVU: 0.58
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2024 Medicare Utilization:** 13,621

2026 Work RVU: 0.07
2026 NF PE RVU: 0.16
2026 Fac PE RVU: 0.01

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2024 Medicare Utilization:** 87,923

2026 Work RVU: 0.14
2026 NF PE RVU: 0.42
2026 Fac PE RVU: 0.03

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2024 Medicare Utilization:** 1,338,894

2026 Work RVU: 0.01
2026 NF PE RVU: 0.21
2026 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2024 Medicare Utilization:** 98,050

2026 Work RVU: 0.01
2026 NF PE RVU: 0.12
2026 Fac PE RVU: NA

RUC Recommendation: 0.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2024 Medicare Utilization:** 681,246

2026 Work RVU: 0.00
2026 NF PE RVU: 0.30
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2024 Medicare Utilization:** 2,344,953

2026 Work RVU: 0.00
2026 NF PE RVU: 0.36
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAAAI, AAFP, AAO-HNS, AAOA, ACAAI, ACP **First Identified:** October 2010 **2024 Medicare Utilization:** 169,392

2026 Work RVU: 0.06
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.01

RUC Recommendation: Refer to CPT Assistant. 0.06 **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2026

Result: Maintain

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2024 Medicare Utilization:** 19,069

2026 Work RVU: 0.06
2026 NF PE RVU: 2.60
2026 Fac PE RVU: 0.01

RUC Recommendation: 0.06 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2024 Medicare Utilization:** 5,868,096

2026 Work RVU: 0.06
2026 NF PE RVU: 0.46
2026 Fac PE RVU: 0.01

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / High Volume Growth11 / QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** **2024 Medicare Utilization:** 19,813

2026 Work RVU: 0.00
2026 NF PE RVU: 2.05
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. **Referred to CPT** May 2027 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 / High Volume Growth11 / QHP Included in Clinical Staff Direct PE Inputs **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** October 2013 **2024 Medicare Utilization:** 32,942

2026 Work RVU: 0.00
2026 NF PE RVU: 4.52
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. **Referred to CPT** May 2027 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 / High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: January 2026 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ANA, ES **First Identified:** April 2013 **2024 Medicare Utilization:** 841,923

2026 Work RVU: 0.68
2026 NF PE RVU: 0.32
2026 Fac PE RVU: 0.32

RUC Recommendation: Survey January 2027. 0.70 **Referred to CPT** May 2027 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95700 **Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 17,378

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95705 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 288

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95706 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 282

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95707 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 112

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95708 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 7,387

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95709 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2024 Medicare Utilization: 1,439

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95710 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2024 Medicare Utilization: 55

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95711 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2024 Medicare Utilization: 100

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95712 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 1,230

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95713 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 2,329

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95714 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 2,698

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95715 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 20,847

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95716 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 4,053

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95717 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 6,987

2026 Work RVU: 1.95
2026 NF PE RVU: 1.18
2026 Fac PE RVU: 0.56

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95718 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 35,989

2026 Work RVU: 2.44
2026 NF PE RVU: 1.49
2026 Fac PE RVU: 0.70

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95719 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 6,567

2026 Work RVU: 2.93
2026 NF PE RVU: 1.78
2026 Fac PE RVU: 0.85

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95720 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 134,573

2026 Work RVU: 3.76
2026 NF PE RVU: 2.28
2026 Fac PE RVU: 1.08

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95721 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 2,668

2026 Work RVU: 3.86
2026 NF PE RVU: 2.35
2026 Fac PE RVU: 1.10

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95722 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 2,199

2026 Work RVU: 4.70
2026 NF PE RVU: 2.81
2026 Fac PE RVU: 1.33

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95723 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 2,614

2026 Work RVU: 4.75
2026 NF PE RVU: 2.81
2026 Fac PE RVU: 1.32

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95724 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 4,677

2026 Work RVU: 6.00
2026 NF PE RVU: 3.54
2026 Fac PE RVU: 1.68

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95725 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 114

2026 Work RVU: 5.40
2026 NF PE RVU: 3.30
2026 Fac PE RVU: 1.55

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95726 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:** 797

2026 Work RVU: 7.58
2026 NF PE RVU: 4.58
2026 Fac PE RVU: 2.16

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2024 Medicare Utilization:** 158,835

2026 Work RVU: 0.83
2026 NF PE RVU: 3.34
2026 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2024 Medicare Utilization:** 328

2026 Work RVU: 0.83
2026 NF PE RVU: 2.22
2026 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2024 Medicare Utilization:** 129

2026 Work RVU: 0.88
2026 NF PE RVU: 3.12
2026 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2024 Medicare Utilization:** 1,648

2026 Work RVU: 1.17
2026 NF PE RVU: 13.03
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2009 **2024 Medicare Utilization:** 90,944

2026 Work RVU: 0.91
2026 NF PE RVU: 2.12
2026 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2027 **Referred to CPT** February 2025 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2024 Medicare Utilization:** 914

2026 Work RVU: 1.25
2026 NF PE RVU: 11.87
2026 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2024 Medicare Utilization:** 754

2026 Work RVU: 1.70
2026 NF PE RVU: 13.45
2026 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2024 Medicare Utilization:** 170,205

2026 Work RVU: 2.44
2026 NF PE RVU: 17.49
2026 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2024 Medicare Utilization:** 181,052

2026 Work RVU: 2.54
2026 NF PE RVU: 18.39
2026 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2024 Medicare Utilization:** 22,232

2026 Work RVU: 1.08
2026 NF PE RVU: 10.31
2026 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015 **2024 Medicare Utilization:** 27,195

2026 Work RVU: 1.63
2026 NF PE RVU: 12.62
2026 Fac PE RVU: NA

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2024 Medicare Utilization:** 297,191

2026 Work RVU: 1.05
2026 NF PE RVU: 11.24
2026 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011 **2024 Medicare Utilization:** 151,376

2026 Work RVU: 1.05
2026 NF PE RVU: 13.29
2026 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012 **2024 Medicare Utilization:** 21,361

2026 Work RVU: 1.05
2026 NF PE RVU: 12.24
2026 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95827 **Electroencephalogram (EEG); all night recording** **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95851 **Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APTA **First Identified:** April 2022 **2024 Medicare Utilization:** 15,140

2026 Work RVU: 0.16
2026 NF PE RVU: 0.61
2026 Fac PE RVU: 0.03

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2024 Medicare Utilization:** 2,774

2026 Work RVU: 0.94
2026 NF PE RVU: 2.58
2026 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 51,187

2026 Work RVU: 1.50
2026 NF PE RVU: 3.28
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 56

2026 Work RVU: 1.82
2026 NF PE RVU: 4.69
2026 Fac PE RVU: NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 1,152

2026 Work RVU: 1.94
2026 NF PE RVU: 5.18
2026 Fac PE RVU: NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 1,637

2026 Work RVU: 0.77
2026 NF PE RVU: 2.41
2026 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 4,755

2026 Work RVU: 1.15
2026 NF PE RVU: 2.66
2026 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2024 Medicare Utilization:** 403

2026 Work RVU: 0.36
2026 NF PE RVU: 2.46
2026 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2024 Medicare Utilization:** 46,904

2026 Work RVU: 0.36
2026 NF PE RVU: 2.20
2026 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 120,560

2026 Work RVU: 0.34
2026 NF PE RVU: 1.58
2026 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 859,070

2026 Work RVU: 0.84
2026 NF PE RVU: 2.13
2026 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 11,564

2026 Work RVU: 0.69
2026 NF PE RVU: 1.92
2026 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 4,318

2026 Work RVU: 0.98
2026 NF PE RVU: 1.79
2026 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 42,267

2026 Work RVU: 1.22
2026 NF PE RVU: 2.27
2026 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 102,940

2026 Work RVU: 1.46
2026 NF PE RVU: 2.72
2026 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 125,134

2026 Work RVU: 1.95
2026 NF PE RVU: 3.50
2026 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 162,098

2026 Work RVU: 2.44
2026 NF PE RVU: 4.05
2026 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 73,725

2026 Work RVU: 2.93
2026 NF PE RVU: 4.57
2026 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2024 Medicare Utilization:** 79,411

2026 Work RVU: 3.47
2026 NF PE RVU: 5.36
2026 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** October 2009 **2024 Medicare Utilization:** 59,436

2026 Work RVU: 0.88
2026 NF PE RVU: 1.78
2026 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2008 **2024 Medicare Utilization:** 2,349

2026 Work RVU: 0.96
2026 NF PE RVU: 1.72
2026 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008; Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** October 2019 **2024 Medicare Utilization:** 94,618

2026 Work RVU: 0.88
2026 NF PE RVU: 2.75
2026 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2012 **2024 Medicare Utilization:** 22,589

2026 Work RVU: 1.73
2026 NF PE RVU: 2.81
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2024 Medicare Utilization:** 8,970

2026 Work RVU: 0.53
2026 NF PE RVU: 3.95
2026 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2024 Medicare Utilization:** 6,053

2026 Work RVU: 0.53
2026 NF PE RVU: 3.49
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2024 Medicare Utilization:** 360

2026 Work RVU: 1.46
2026 NF PE RVU: 6.13
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.50 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2024 Medicare Utilization:** 1,368

2026 Work RVU: 1.46
2026 NF PE RVU: 5.95
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2024 Medicare Utilization:** 29,716

2026 Work RVU: 0.34
2026 NF PE RVU: 1.67
2026 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95937 **Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2024 Medicare Utilization:** 26,650

2026 Work RVU: 0.63
2026 NF PE RVU: 2.52
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2024 Medicare Utilization:** 100,572

2026 Work RVU: 0.84
2026 NF PE RVU: 11.06
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2024 Medicare Utilization:** 51,909

2026 Work RVU: 2.19
2026 NF PE RVU: 15.31
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Continuous Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2024 Medicare Utilization:** 14,590

2026 Work RVU: 0.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.17

RUC Recommendation: Refer to CPT. 0.60 **Referred to CPT** May 2027 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean he**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2024 Medicare Utilization:** 711

2026 Work RVU: 2.39
2026 NF PE RVU: 8.83
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

95955 **Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)**

Global: XXX **Issue:** EEG Noncranial Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part7 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAN, AAPM&R, ACNS **First Identified:** April 2026 **2024 Medicare Utilization:** 32,399

2026 Work RVU: 0.98
2026 NF PE RVU: 4.89
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for deletion

Referred to CPT May 2027
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2024 Medicare Utilization:** 28,023

2026 Work RVU: 1.93
2026 NF PE RVU: 7.25
2026 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator/Transmitter **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AASM, ACNS **First Identified:** February 2010 **2024 Medicare Utilization:** 30,746

2026 Work RVU: 0.35
2026 NF PE RVU: 0.21
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2024 Medicare Utilization:** 18,242

2026 Work RVU: 0.78
2026 NF PE RVU: 0.66
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2024 Medicare Utilization:** 35,403

2026 Work RVU: 0.80
2026 NF PE RVU: 0.92
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator/Transmitter **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AASM, ACNS **First Identified:** June 2017 **2024 Medicare Utilization:** 15,120

2026 Work RVU: 0.71
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95977 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator/Transmitter **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AASM, ACNS **First Identified:** June 2017 **2024 Medicare Utilization:** 8,838

2026 Work RVU: 0.95
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2024 Medicare Utilization:** 334

2026 Work RVU: 0.78
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.27

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2024 Medicare Utilization:** 589

2026 Work RVU: 0.29
2026 NF PE RVU: 0.96
2026 Fac PE RVU: 0.15

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2024 Medicare Utilization:** 864

2026 Work RVU: 0.63
2026 NF PE RVU: 1.17
2026 Fac PE RVU: 0.23

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2024 Medicare Utilization:** 45,312

2026 Work RVU: 0.91
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.27

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2024 Medicare Utilization:** 51,604

2026 Work RVU: 0.80
2026 NF PE RVU: 0.48
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2024 Medicare Utilization:** 422

2026 Work RVU: 0.00
2026 NF PE RVU: 2.89
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2024 Medicare Utilization:** 7,549

2026 Work RVU: 0.75
2026 NF PE RVU: 2.65
2026 Fac PE RVU: 0.19

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95992 **Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**

Global: XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2024 Medicare Utilization:** 125,574

2026 Work RVU: 0.73
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.14

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X18 **Unattended sleep study, set-up, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X19 **Unattended sleep study, set-up, data acquisition and technical analysis; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X20 **Unattended sleep study, set-up, data acquisition and technical analysis; high complexity of 11 or more channels that generate at least 9 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** February 2025 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X21 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.83 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X22 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.08 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95X23 **Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories**

Global: **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.60 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95XX4 **Testing of autonomic nervous system function, with interpretation and report; use of tilt table (List separately in addition to code for primary procedure)**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.35 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX5 **Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX6 **Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 0.50 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95XX7 **Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 1.20 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX8 **Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 1.75 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

95XX9 **Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 09 **Specialty Developing Recommendation:** AAN, AANEM, ACP **First Identified:** February 2025 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: 1.91 **Referred to CPT** February 2025 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per ho**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2024 Medicare Utilization:** 1,706

2026 Work RVU: 1.75
2026 NF PE RVU: 1.11
2026 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.36
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 13,487

2026 Work RVU: 2.56
2026 NF PE RVU: 1.05
2026 Fac PE RVU: 0.50

RUC Recommendation: Review in 3 years. 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96113 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 735

2026 Work RVU: 1.16
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.16

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2024 Medicare Utilization:** 136,474

2026 Work RVU: 1.86
2026 NF PE RVU: 0.90
2026 Fac PE RVU: 0.24

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time int**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 32,182

2026 Work RVU: 1.71
2026 NF PE RVU: 0.54
2026 Fac PE RVU: 0.12

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Standardized cognitive performance testing **Screen:** CMS High Expenditure Procedural Codes2 / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2024 Medicare Utilization:** 11,129

2026 Work RVU: 1.70
2026 NF PE RVU: 1.34
2026 Fac PE RVU: NA

RUC Recommendation: Survey. 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / High Volume Growth11 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2024 Medicare Utilization:** 955,337

2026 Work RVU: 0.00
2026 NF PE RVU: 0.14
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen. New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 125,271

2026 Work RVU: 2.56
2026 NF PE RVU: 1.06
2026 Fac PE RVU: 0.33

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 73,521

2026 Work RVU: 1.96
2026 NF PE RVU: 0.62
2026 Fac PE RVU: 0.13

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 298,217

2026 Work RVU: 2.56
2026 NF PE RVU: 1.03
2026 Fac PE RVU: 0.32

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96133 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 408,065

2026 Work RVU: 1.96
2026 NF PE RVU: 0.95
2026 Fac PE RVU: 0.13

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96136 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 172,719

2026 Work RVU: 0.55
2026 NF PE RVU: 0.74
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96137 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 347,667

2026 Work RVU: 0.46
2026 NF PE RVU: 0.65
2026 Fac PE RVU: 0.03

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 205,282

2026 Work RVU: 0.00
2026 NF PE RVU: 1.12
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 398,834

2026 Work RVU: 0.00
2026 NF PE RVU: 1.06
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2024 Medicare Utilization:** 8,790

2026 Work RVU: 0.00
2026 NF PE RVU: 0.06
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW **First Identified:** April 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 20,347

2026 Work RVU: 2.40
2026 NF PE RVU: 0.80
2026 Fac PE RVU: 0.18

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 31,869

2026 Work RVU: 1.66
2026 NF PE RVU: 0.54
2026 Fac PE RVU: 0.12

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96159 **Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 22,518

2026 Work RVU: 0.57
2026 NF PE RVU: 0.19
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96164 **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 10,182

2026 Work RVU: 0.24
2026 NF PE RVU: 0.10
2026 Fac PE RVU: 0.03

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96165 **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 36,575

2026 Work RVU: 0.11
2026 NF PE RVU: 0.04
2026 Fac PE RVU: 0.01

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96167 **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 1,638

2026 Work RVU: 1.77
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.11

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96168 **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:** 1,300

2026 Work RVU: 0.63
2026 NF PE RVU: 0.21
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:**

2026 Work RVU: 1.50
2026 NF PE RVU: 0.66
2026 Fac PE RVU: 0.33

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96171 **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2024 Medicare Utilization:**

2026 Work RVU: 0.54
2026 NF PE RVU: 0.24
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96202 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes**

Global: XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AND, APA (psychology), NASW **First Identified:** April 2021 **2024 Medicare Utilization:** 661

2026 Work RVU: 0.43
2026 NF PE RVU: 0.16
2026 Fac PE RVU: 0.08

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96203 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** AND, APA (psychology), NASW **First Identified:** April 2021 **2024 Medicare Utilization:** 11

2026 Work RVU: 0.12
2026 NF PE RVU: 0.03
2026 Fac PE RVU: 0.02

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2024 Medicare Utilization:** 222,763

2026 Work RVU: 0.17
2026 NF PE RVU: 0.82
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2024 Medicare Utilization:** 322,632

2026 Work RVU: 0.09
2026 NF PE RVU: 0.29
2026 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour** **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2024 Medicare Utilization:** 1,390,818

2026 Work RVU: 0.21
2026 NF PE RVU: 1.76
2026 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2024 Medicare Utilization:** 635,986

2026 Work RVU: 0.18
2026 NF PE RVU: 0.45
2026 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2024 Medicare Utilization:** 930,223

2026 Work RVU: 0.19
2026 NF PE RVU: 0.69
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2024 Medicare Utilization:** 129,593

2026 Work RVU: 0.17
2026 NF PE RVU: 0.44
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2024 Medicare Utilization:** 6,928,791

2026 Work RVU: 0.17
2026 NF PE RVU: 0.28
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2024 Medicare Utilization:** 208,285

2026 Work RVU: 0.18
2026 NF PE RVU: 0.93
2026 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2024 Medicare Utilization:** 1,386,441

2026 Work RVU: 0.10
2026 NF PE RVU: 0.36
2026 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2024 Medicare Utilization:** 14,066

2026 Work RVU: 0.17
2026 NF PE RVU: 0.39
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

96380 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2024 Medicare Utilization:** 865

2026 Work RVU: 0.28
2026 NF PE RVU: 0.60
2026 Fac PE RVU: NA

RUC Recommendation: 0.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

96381 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2024 Medicare Utilization:** 548

2026 Work RVU: 0.17
2026 NF PE RVU: 0.55
2026 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2024 Medicare Utilization:** 936,714

2026 Work RVU: 0.21
2026 NF PE RVU: 1.91
2026 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2024 Medicare Utilization:** 335,383

2026 Work RVU: 0.19
2026 NF PE RVU: 0.95
2026 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review / High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AADA **First Identified:** NA **2024 Medicare Utilization:** 30,677

2026 Work RVU: 0.52
2026 NF PE RVU: 1.98
2026 Fac PE RVU: 0.16

RUC Recommendation: Refer to CPT Assistant. New PE inputs **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** PE Only

---

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2024 Medicare Utilization:** 778

2026 Work RVU: 0.80
2026 NF PE RVU: 3.09
2026 Fac PE RVU: 0.26

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2024 Medicare Utilization:** 37,437

2026 Work RVU: 0.24
2026 NF PE RVU: 2.83
2026 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2024 Medicare Utilization:** 108,765

2026 Work RVU: 0.20
2026 NF PE RVU: 1.48
2026 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2024 Medicare Utilization:** 1,706,604

2026 Work RVU: 0.28
2026 NF PE RVU: 3.64
2026 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2024 Medicare Utilization:** 643,712

2026 Work RVU: 0.19
2026 NF PE RVU: 0.64
2026 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2024 Medicare Utilization:** 23,014

2026 Work RVU: 0.21
2026 NF PE RVU: 3.71
2026 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2024 Medicare Utilization:** 323,149

2026 Work RVU: 0.21
2026 NF PE RVU: 1.75
2026 Fac PE RVU: NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** **First Identified:** NA **2024 Medicare Utilization:** 38

2026 Work RVU: 2.12
2026 NF PE RVU: 20.74
2026 Fac PE RVU: 1.22

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96521 **Refilling and maintenance of portable pump**

Global: XXX **Issue:** Refilling and Maintenance of Portable Pump **Screen:** Different Performing Specialty from Survey7 **Complete?** Yes

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ACP, ANA, ASCO, IDSA **First Identified:** April 2025 **2024 Medicare Utilization:** 58,052

2026 Work RVU: 0.21
2026 NF PE RVU: 4.02
2026 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** June 2026

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2024 Medicare Utilization:** 44,367

2026 Work RVU: 0.00
2026 NF PE RVU: 3.86
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2024 Medicare Utilization:** 32,612

2026 Work RVU: 0.47
2026 NF PE RVU: 6.01
2026 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2024 Medicare Utilization:** 69,606

2026 Work RVU: 0.98
2026 NF PE RVU: 6.97
2026 Fac PE RVU: NA

RUC Recommendation: 1.01

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015 **2024 Medicare Utilization:** 278,695

2026 Work RVU: 0.00
2026 NF PE RVU: 3.42
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96920 **Excimer laser treatment for psoriasis; total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2024 Medicare Utilization:** 60,496

2026 Work RVU: 0.81
2026 NF PE RVU: 3.28
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.00 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96921 **Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: February 2008 **2024 Medicare Utilization:** 21,461

2026 Work RVU: 0.88
2026 NF PE RVU: 3.51
2026 Fac PE RVU: 0.48

RUC Recommendation: 1.07 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96922 **Excimer laser treatment for psoriasis; over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2024 Medicare Utilization:** 13,299

2026 Work RVU: 1.12
2026 NF PE RVU: 4.09
2026 Fac PE RVU: 1.08

RUC Recommendation: 1.32 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2024 Medicare Utilization:**

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU: 0.06
2026 NF PE RVU: 0.13
2026 Fac PE RVU: NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2024 Medicare Utilization:** 429,761

2026 Work RVU: 0.24
2026 NF PE RVU: 0.18
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU: 0.18
2026 NF PE RVU: 0.19
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: February 2010 **2024 Medicare Utilization:** 988,833

2026 Work RVU: 0.18
2026 NF PE RVU: 0.17
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010 **2024 Medicare Utilization:** 160,843

2026 Work RVU: 0.06
2026 NF PE RVU: 0.11
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016 **2024 Medicare Utilization:** 127,896

2026 Work RVU: 0.17
2026 NF PE RVU: 0.29
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs.0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97026 **Application of a modality to 1 or more areas; infrared**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 30,730

2026 Work RVU: 0.06
2026 NF PE RVU: 0.13
2026 Fac PE RVU: NA

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: July 2015

2024 Medicare Utilization: 512,074

2026 Work RVU: 0.25
2026 NF PE RVU: 0.18
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016

2024 Medicare Utilization: 29,382

2026 Work RVU: 0.26
2026 NF PE RVU: 0.30
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2024 Medicare Utilization:** 6,540

2026 Work RVU: 0.21
2026 NF PE RVU: 0.20
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2024 Medicare Utilization:** 1,064,436

2026 Work RVU: 0.21
2026 NF PE RVU: 0.21
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 64,241,401

2026 Work RVU: 0.45
2026 NF PE RVU: 0.41
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2024 Medicare Utilization:** 34,780,926

2026 Work RVU: 0.50
2026 NF PE RVU: 0.47
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2024 Medicare Utilization:** 1,570,166

2026 Work RVU: 0.48
2026 NF PE RVU: 0.62
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2024 Medicare Utilization:** 4,997,850

2026 Work RVU: 0.45
2026 NF PE RVU: 0.41
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: January 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: 1.50

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97129 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes**

Global: XXX **Issue:** Standardized cognitive performance testing **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: September 2026 **2024 Medicare Utilization:** 314,935

2026 Work RVU: 0.50
2026 NF PE RVU: 0.16
2026 Fac PE RVU: 0.07

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97130 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Standardized cognitive performance testing **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: September 2026 **2024 Medicare Utilization:** 592,742

2026 Work RVU: 0.48
2026 NF PE RVU: 0.15
2026 Fac PE RVU: 0.07

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** September 2011 **2024 Medicare Utilization:** 29,289,782

2026 Work RVU: 0.43
2026 NF PE RVU: 0.39
2026 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97148

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97149

Global: ZZZ **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2024 Medicare Utilization:** 2,708,055

2026 Work RVU: 0.29
2026 NF PE RVU: 0.24
2026 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97151 **Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:** 119

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97152 **Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:** 8

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97153 **Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:** 2,297

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97154 **Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97155 **Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:** 267

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97156 **Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:** 159

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97157 **Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:** 47

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97158 **Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes**

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** April 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97159 **Global:** XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97160 **Global:** ZZZ **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 1,714,661

2026 Work RVU: 1.54
2026 NF PE RVU: 1.39
2026 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 1,505,535

2026 Work RVU: 1.54
2026 NF PE RVU: 1.39
2026 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 284,212

2026 Work RVU: 1.54
2026 NF PE RVU: 1.39
2026 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 533,503

2026 Work RVU: 0.96
2026 NF PE RVU: 1.05
2026 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 185,741

2026 Work RVU: 1.54
2026 NF PE RVU: 1.46
2026 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 168,072

2026 Work RVU: 1.54
2026 NF PE RVU: 1.46
2026 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 26,784

2026 Work RVU: 1.54
2026 NF PE RVU: 1.46
2026 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2024 Medicare Utilization:** 41,042

2026 Work RVU: 0.96
2026 NF PE RVU: 1.08
2026 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97173

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97180

Global: XXX **Issue:** Adaptive Behavior Services **Screen:** Medicaid High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** APA (psychological) **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Survey **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2024 Medicare Utilization:** 44,663,845

2026 Work RVU: 0.44
2026 NF PE RVU: 0.60
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2024 Medicare Utilization:** 104,959

2026 Work RVU: 0.48
2026 NF PE RVU: 1.33
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2024 Medicare Utilization:** 3,947,473

2026 Work RVU: 0.45
2026 NF PE RVU: 0.51
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

---

97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2024 Medicare Utilization:** 10,703

2026 Work RVU: 0.48
2026 NF PE RVU: 0.47
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2024 Medicare Utilization:** 130,028

2026 Work RVU: 0.48
2026 NF PE RVU: 0.45
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2024 Medicare Utilization:** 684,928

2026 Work RVU: 0.75
2026 NF PE RVU: 2.24
2026 Fac PE RVU: 0.13

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2024 Medicare Utilization:** 135,191

2026 Work RVU: 0.49
2026 NF PE RVU: 0.88
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2024 Medicare Utilization:** 38,572

2026 Work RVU: 0.54
2026 NF PE RVU: 0.71
2026 Fac PE RVU: 0.08

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2024 Medicare Utilization:** 14,248

2026 Work RVU: 0.59
2026 NF PE RVU: 0.91
2026 Fac PE RVU: 0.09

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2024 Medicare Utilization:** 11,703

2026 Work RVU: 0.40
2026 NF PE RVU: 10.55
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2024 Medicare Utilization:** 2,335

2026 Work RVU: 0.45
2026 NF PE RVU: 11.36
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services / Different Performing Specialty from Survey8 / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ANA **First Identified:** April 2016 **2024 Medicare Utilization:** 179,720

2026 Work RVU: 0.39
2026 NF PE RVU: 11.51
2026 Fac PE RVU: 0.06

RUC Recommendation: Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2024 Medicare Utilization:** 2,036

2026 Work RVU: 0.62
2026 NF PE RVU: 0.50
2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

---

Status Report: CMS Requests and Relativity Assessment Issues

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2024 Medicare Utilization:** 57,424

2026 Work RVU: 0.50
2026 NF PE RVU: 0.87
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2024 Medicare Utilization:** 3,856

2026 Work RVU: 0.50
2026 NF PE RVU: 0.70
2026 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2024 Medicare Utilization:** 48,884

2026 Work RVU: 0.48
2026 NF PE RVU: 1.01
2026 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** No

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** AND **First Identified:** NA **2024 Medicare Utilization:** 197,436

2026 Work RVU: 0.53
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.25
Result: Increase

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** No

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** AND **First Identified:** NA **2024 Medicare Utilization:** 185,747

2026 Work RVU: 0.45
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.20
Result: Increase

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97804 **Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 39A **Specialty Developing Recommendation:** AND **First Identified:** September 2026 **2024 Medicare Utilization:** 2,632

2026 Work RVU: 0.25
2026 NF PE RVU: 0.25
2026 Fac PE RVU: 0.11

RUC Recommendation:
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

97810 **Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient** **Global:** XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2024 Medicare Utilization:** 89,230

2026 Work RVU: 0.61
2026 NF PE RVU: 0.79
2026 Fac PE RVU: 0.17

RUC Recommendation: Flag for re-review. 0.61
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

97811 **Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2024 Medicare Utilization:** 98,789

2026 Work RVU: 0.46
2026 NF PE RVU: 0.36
2026 Fac PE RVU: 0.13

RUC Recommendation: Flag for re-review. 0.46
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

97813 **Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2024 Medicare Utilization:** 69,789

2026 Work RVU: 0.74
2026 NF PE RVU: 0.90
2026 Fac PE RVU: 0.21

RUC Recommendation: Flag for re-review. 0.74 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97814 **Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2024 Medicare Utilization:** 91,010

2026 Work RVU: 0.47
2026 NF PE RVU: 0.36
2026 Fac PE RVU: 0.13

RUC Recommendation: Flag for re-review. 0.47 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97X01

Global: **Issue:** Medical Nutrition Therapy **Screen:** CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 39A **Specialty Developing Recommendation:** AND **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97X02

Global: **Issue:** Medical Nutrition Therapy **Screen:** CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 39A **Specialty Developing Recommendation:** AND **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:
Result:

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

98000 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 0.93
2026 NF PE RVU: 0.61
2026 Fac PE RVU: 0.21
Result: Maintain

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

98001 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.60
2026 NF PE RVU: 0.92
2026 Fac PE RVU: 0.35
Result: Maintain

RUC Recommendation: 1.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98002 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 2.60
2026 NF PE RVU: 1.42
2026 Fac PE RVU: 0.57

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98003 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 3.50
2026 NF PE RVU: 1.84
2026 Fac PE RVU: 0.77

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98004 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 0.70
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.16

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98005 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.30
2026 NF PE RVU: 0.77
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98006 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.92
2026 NF PE RVU: 1.12
2026 Fac PE RVU: 0.42

RUC Recommendation: 1.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98007 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 2.60
2026 NF PE RVU: 1.43
2026 Fac PE RVU: 0.57

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98008 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 0.90
2026 NF PE RVU: 0.56
2026 Fac PE RVU: 0.20

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98009 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.55
2026 NF PE RVU: 0.87
2026 Fac PE RVU: 0.34

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98010 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 2.42
2026 NF PE RVU: 1.31
2026 Fac PE RVU: 0.53

RUC Recommendation: 2.42 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98011 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 3.20
2026 NF PE RVU: 1.68
2026 Fac PE RVU: 0.70

RUC Recommendation: 3.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98012 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 0.65
2026 NF PE RVU: 0.44
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98013 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.20
2026 NF PE RVU: 0.70
2026 Fac PE RVU: 0.27

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98014 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 1.75
2026 NF PE RVU: 1.00
2026 Fac PE RVU: 0.38

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98015 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 2.60
2026 NF PE RVU: 1.40
2026 Fac PE RVU: 0.57

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98016 **Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2024 Medicare Utilization:**

2026 Work RVU: 0.30
2026 NF PE RVU: 0.20
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2024 Medicare Utilization:** 44,248

2026 Work RVU: 0.45
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.11

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2024 Medicare Utilization:** 86,286

2026 Work RVU: 0.69
2026 NF PE RVU: 0.65
2026 Fac PE RVU: 0.16

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2024 Medicare Utilization:** 81,625

2026 Work RVU: 0.94
2026 NF PE RVU: 0.82
2026 Fac PE RVU: 0.20

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2024 Medicare Utilization:** 84,304

2026 Work RVU: 1.18
2026 NF PE RVU: 0.95
2026 Fac PE RVU: 0.25

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2024 Medicare Utilization:** 93,171

2026 Work RVU: 1.42
2026 NF PE RVU: 1.08
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2024 Medicare Utilization:** 3,711,173

2026 Work RVU: 0.45
2026 NF PE RVU: 0.34
2026 Fac PE RVU: 0.09

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2024 Medicare Utilization:** 12,854,954

2026 Work RVU: 0.69
2026 NF PE RVU: 0.45
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2024 Medicare Utilization:** 983,912

2026 Work RVU: 0.94
2026 NF PE RVU: 0.54
2026 Fac PE RVU: 0.19

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2024 Medicare Utilization:**

2026 Work RVU: 0.45
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98960 **Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.98
2026 Fac PE RVU: NA

RUC Recommendation: Change to L042A RN/LPN **Referred to CPT** **Result:** PE Inputs

Referred to CPT Asst ☐ **Published in CPT Asst:**

98961 **Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.46
2026 Fac PE RVU: NA

RUC Recommendation: Change to L042A RN/LPN **Referred to CPT** **Result:** PE Inputs

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98962 **Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.35
2026 Fac PE RVU: NA

RUC Recommendation: Change to L042A RN/LPN **Referred to CPT** **Result:** PE Inputs

Referred to CPT Asst ☐ **Published in CPT Asst:**

98970 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2024 Medicare Utilization:** 441

2026 Work RVU: 0.25
2026 NF PE RVU: 0.11
2026 Fac PE RVU: 0.05

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

98971 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2024 Medicare Utilization:** 785

2026 Work RVU: 0.44
2026 NF PE RVU: 0.23
2026 Fac PE RVU: 0.11

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Status Report: CMS Requests and Relativity Assessment Issues

98972 **Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - QHP **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACG, ACP, AGA, AND, APA (psychology), ASGE **First Identified:** April 2025 **2024 Medicare Utilization:** 1,265

2026 Work RVU: 0.69
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.15

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Result: Maintain

98975 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), APTA **First Identified:** September 2024 **2024 Medicare Utilization:** 57,383

2026 Work RVU: 0.00
2026 NF PE RVU: 0.63
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

98976 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** September 2024 **2024 Medicare Utilization:** 133,560

2026 Work RVU: 0.00
2026 NF PE RVU: 1.41
2026 Fac PE RVU: NA

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

98977 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List /CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACP, APTA **First Identified:** September 2024 **2024 Medicare Utilization:** 152,241

2026 Work RVU: 0.00
2026 NF PE RVU: 1.19
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98978 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List /CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACP, APA (psychology), APTA **First Identified:** September 2024 **2024 Medicare Utilization:** 661

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98979 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List /CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), APTA **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.31
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.02

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98980 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List /CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), APTA **First Identified:** September 2024 **2024 Medicare Utilization:** 124,438

2026 Work RVU: 0.62
2026 NF PE RVU: 0.97
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98981 **Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), APTA **First Identified:** September 2024 **2024 Medicare Utilization:** 79,530

2026 Work RVU: 0.61
2026 NF PE RVU: 0.60
2026 Fac PE RVU: 0.12

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98984 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACP **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 1.41
2026 Fac PE RVU: NA

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98985 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 1.19
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

98986 **Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

99091 **Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:** 175,857

2026 Work RVU: 1.10
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.25

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

99143 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99144 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99149 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99150 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:**

2026 Work RVU: 0.50
2026 NF PE RVU: 1.33
2026 Fac PE RVU: 0.10

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:** 1,412,677

2026 Work RVU: 0.25
2026 NF PE RVU: 1.26
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:** 4

2026 Work RVU: 1.90
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.30

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2024 Medicare Utilization:** 7,445

2026 Work RVU: 1.65
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.29

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.19
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.15
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2024 Medicare Utilization:** 295,873

2026 Work RVU: 2.06
2026 NF PE RVU: 0.96
2026 Fac PE RVU: 0.96

RUC Recommendation: 2.11 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99281 **Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2024 Medicare Utilization:** 5,819

2026 Work RVU: 0.25
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2024 Medicare Utilization:** 144,855

2026 Work RVU: 0.93
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2024 Medicare Utilization:** 981,975

2026 Work RVU: 1.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.28
Result: Increase

RUC Recommendation: 1.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2024 Medicare Utilization:** 4,533,091

2026 Work RVU: 2.74
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.45
Result: Increase

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99285 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2024 Medicare Utilization:** 9,078,814

2026 Work RVU: 4.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.65
Result: Maintain

RUC Recommendation: 3.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99291 **Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes**

Global: XXX **Issue:** Critical Care E/M **Screen:** RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million **Complete?** No

Most Recent RUC Meeting: January 2026 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACS, ASA, ATS, CHEST, SCCM, SHM **First Identified:** September 2025 **2024 Medicare Utilization:** 5,801,928

2026 Work RVU: 4.50
2026 NF PE RVU: 4.29
2026 Fac PE RVU: 1.00

RUC Recommendation: Refer to CPT **Referred to CPT** September 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99292 **Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Critical Care E/M **Screen:** RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million **Complete?** No

Most Recent RUC Meeting: January 2026 **Tab:** 29 **Specialty Developing Recommendation:** ACEP, ACS, ASA, ATS, CHEST, SCCM, SHM **First Identified:** Janaury 2026 **2024 Medicare Utilization:** 405,991

2026 Work RVU: 2.25
2026 NF PE RVU: 1.53
2026 Fac PE RVU: 0.52

RUC Recommendation: Refer to CPT **Referred to CPT** September 2027 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99358 **Prolonged evaluation and management service before and/or after direct patient care; first hour**

Global: XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2024 Medicare Utilization:**

2026 Work RVU: 1.80
2026 NF PE RVU: 0.84
2026 Fac PE RVU: 0.39

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99359 **Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2024 Medicare Utilization:**

2026 Work RVU: 0.75
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.17

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of ther**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU: 1.73
2026 NF PE RVU: 1.32
2026 Fac PE RVU: 0.37

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2024 Medicare Utilization:**

2026 Work RVU: 1.73
2026 NF PE RVU: 1.32
2026 Fac PE RVU: 0.37

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99408 **Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes**

Global: XXX **Issue:** Alcohol & Substance Use Assessment **Screen:** CMS-Other - Utilization over 20,000-Part6 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 06 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** September 2025 **2024 Medicare Utilization:**

2026 Work RVU: 0.65
2026 NF PE RVU: 0.36
2026 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99409 **Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes**

Global: XXX **Issue:** Alcohol & Substance Use Assessment **Screen:** CMS-Other - Utilization over 20,000-Part6 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 06 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** September 2025 **2024 Medicare Utilization:**

2026 Work RVU: 1.30
2026 NF PE RVU: 0.65
2026 Fac PE RVU: 0.29

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

9940X

Global: **Issue:** Alcohol & Substance Use Assessment **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: January 2027 **Tab:** 18 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** September 2026 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: **Referred to CPT** September 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99415 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2024 Medicare Utilization:** 5,612

2026 Work RVU: 0.00
2026 NF PE RVU: 0.68
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99416 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2024 Medicare Utilization:** 1,159

2026 Work RVU: 0.00
2026 NF PE RVU: 0.37
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99417 **Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2024 Medicare Utilization:** 4

2026 Work RVU: 0.61
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99418 **Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** February 2021 **2024 Medicare Utilization:**

2026 Work RVU: 0.81
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.18

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99421 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2024 Medicare Utilization:** 89,192

2026 Work RVU: 0.25
2026 NF PE RVU: 0.20
2026 Fac PE RVU: 0.06

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

99422 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2024 Medicare Utilization:** 40,879

2026 Work RVU: 0.50
2026 NF PE RVU: 0.38
2026 Fac PE RVU: 0.13

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Status Report: CMS Requests and Relativity Assessment Issues

99423 **Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes**

Global: XXX **Issue:** Online Digital Evaluation Service (e-Visit) - Physician **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAP, ACC, ACG, ACP, AGA, ANA, ASGE, ES **First Identified:** April 2025 **2024 Medicare Utilization:** 48,262

2026 Work RVU: 0.80
2026 NF PE RVU: 0.61
2026 Fac PE RVU: 0.20

RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Sept 2025

Result: Maintain

99445 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 1.41
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

99453 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:** 214,706

2026 Work RVU: 0.00
2026 NF PE RVU: 0.63
2026 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99454 **Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:** 2,172,397

2026 Work RVU: 0.00
2026 NF PE RVU: 1.41
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99457 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** April 2022 **2024 Medicare Utilization:** 2,639,692

2026 Work RVU: 0.61
2026 NF PE RVU: 0.90
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.45 **Referred to CPT** September 2024 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99458 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:** 2,191,546

2026 Work RVU: 0.61
2026 NF PE RVU: 0.59
2026 Fac PE RVU: 0.14

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99459 **Pelvic examination (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA **First Identified:** April 2022 **2024 Medicare Utilization:** 272,395

2026 Work RVU: 0.00
2026 NF PE RVU: 0.52
2026 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99470 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes** **Global:** XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2024 Medicare Utilization:**

2026 Work RVU: 0.31
2026 NF PE RVU: 0.45
2026 Fac PE RVU: 0.07

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99473 **Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration** **Global:** XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPA, ACC, ANA **First Identified:** September 2024 **2024 Medicare Utilization:** 43,539

2026 Work RVU: 0.00
2026 NF PE RVU: 0.45
2026 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99474 **Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List / CMS Request - NPRM for 2027 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2024 Medicare Utilization:** 3,763

2026 Work RVU: 0.18
2026 NF PE RVU: 0.36
2026 Fac PE RVU: 0.04

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

99491 **Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2024 Medicare Utilization:** 283,911

2026 Work RVU: 1.50
2026 NF PE RVU: 1.08
2026 Fac PE RVU: 0.37

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

Status Report: CMS Requests and Relativity Assessment Issues

99492 **Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2024 Medicare Utilization:** 35,662

2026 Work RVU: 1.88
2026 NF PE RVU: 2.78
2026 Fac PE RVU: 0.44

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99493 **Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2024 Medicare Utilization:** 123,074

2026 Work RVU: 2.05
2026 NF PE RVU: 2.15
2026 Fac PE RVU: 0.49

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99494 **Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2024 Medicare Utilization:** 85,359

2026 Work RVU: 0.82
2026 NF PE RVU: 0.96
2026 Fac PE RVU: 0.20

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99495 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2024 Medicare Utilization:** 723,611

2026 Work RVU: 2.78
2026 NF PE RVU: 3.62
2026 Fac PE RVU: 0.69
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99496 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2024 Medicare Utilization:** 697,397

2026 Work RVU: 3.79
2026 NF PE RVU: 4.91
2026 Fac PE RVU: 0.95
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2024 Medicare Utilization:** 2,700,158

2026 Work RVU: 1.50
2026 NF PE RVU: 1.01
2026 Fac PE RVU: 0.38
Result: Maintain

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2024 Medicare Utilization:** 91,220

2026 Work RVU: 1.40
2026 NF PE RVU: 0.85
2026 Fac PE RVU: 0.41

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

G0008 **Administration of influenza virus vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0009 **Administration of pneumococcal vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0010 **Administration of hepatitis b vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0022 **Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)** **Global:** ZZZ **Issue:** Community health integration services **Screen:** CMS-Other Utilization over 20,000 Part5 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** April 2026 **2024 Medicare Utilization:** 24,435

2026 Work RVU: 0.70
2026 NF PE RVU: 0.87
2026 Fac PE RVU: 0.17

RUC Recommendation: Action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2024 Medicare Utilization:** 728,925

2026 Work RVU: 0.44
2026 NF PE RVU: 0.68
2026 Fac PE RVU: 0.23

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2024 Medicare Utilization:** 7,317

2026 Work RVU: 0.18
2026 NF PE RVU: 0.54
2026 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2024 Medicare Utilization:** 2,746

2026 Work RVU: 0.82 **2026 NF PE RVU:** 5.51 **2026 Fac PE RVU:** 0.67

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 255,935

2026 Work RVU: 3.18 **2026 NF PE RVU:** 7.73 **2026 Fac PE RVU:** 1.34

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes** **Global:** XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2024 Medicare Utilization:** 114,300

2026 Work RVU: 0.90 **2026 NF PE RVU:** 0.73 **2026 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes** **Global:** XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2024 Medicare Utilization:** 42,321

2026 Work RVU: 0.25 **2026 NF PE RVU:** 0.22 **2026 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2024 Medicare Utilization:** 189,791

2026 Work RVU: 3.18
2026 NF PE RVU: 7.73
2026 Fac PE RVU: 1.34

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2024 Medicare Utilization:** 34,068

2026 Work RVU: 0.25
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.47

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2024 Medicare Utilization:** 1,190,336

2026 Work RVU: 0.17
2026 NF PE RVU: 0.53
2026 Fac PE RVU: 0.02

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2024 Medicare Utilization: 2,518

2026 Work RVU: 0.25
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.47

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: April 2016

2024 Medicare Utilization: 41,985

2026 Work RVU: 0.00
2026 NF PE RVU: 3.04
2026 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACEP

First Identified: July 2016

2024 Medicare Utilization: 38,523

2026 Work RVU: 0.30
2026 NF PE RVU: 2.80
2026 Fac PE RVU: 0.05

RUC Recommendation: New PE inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2024 Medicare Utilization:** 581,373

2026 Work RVU: 0.44
2026 NF PE RVU: 0.86
2026 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2024 Medicare Utilization:** 920,198

2026 Work RVU: 0.65
2026 NF PE RVU: 1.00
2026 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allo**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2024 Medicare Utilization:** 458,373

2026 Work RVU: 1.73
2026 NF PE RVU: 1.44
2026 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patie**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2024 Medicare Utilization:** 28,000

2026 Work RVU: 1.73
2026 NF PE RVU: 1.40
2026 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0202 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0204 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2024 Medicare Utilization:

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2024 Medicare Utilization: 24,358

2026 Work RVU: 0.00

2026 NF PE RVU: 0.37

2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008

2024 Medicare Utilization: 75,589

2026 Work RVU: 0.00

2026 NF PE RVU: 0.33

2026 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-t**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2024 Medicare Utilization:** 11,866

2026 Work RVU: 0.00
2026 NF PE RVU: 3.11
2026 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in th**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:** 787,614

2026 Work RVU: 0.00
2026 NF PE RVU: 1.96
2026 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequen**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2024 Medicare Utilization:** 85,043

2026 Work RVU: 0.18
2026 NF PE RVU: 0.08
2026 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2024 Medicare Utilization:** 156,304

2026 Work RVU: 0.59
2026 NF PE RVU: 0.84
2026 Fac PE RVU: 0.15

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face w**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AND **First Identified:** February 2008 **2024 Medicare Utilization:** 78,707

2026 Work RVU: 0.45
2026 NF PE RVU: 0.49
2026 Fac PE RVU: 0.20

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0271 **Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AND **First Identified:** September 2025 **2024 Medicare Utilization:** 759

2026 Work RVU: 0.25
2026 NF PE RVU: 0.25
2026 Fac PE RVU: 0.11

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0277 **Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval** **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2024 Medicare Utilization:** 165,289

2026 Work RVU: 0.00
2026 NF PE RVU: 5.77
2026 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2024 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)** **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2024 Medicare Utilization:** 958,857

2026 Work RVU: 0.59
2026 NF PE RVU: 0.59
2026 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2024 Medicare Utilization:** 5,442,550

2026 Work RVU: 0.18
2026 NF PE RVU: 0.19
2026 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0296 **Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)**

Global: XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: January 2019 **2024 Medicare Utilization:** 68,884

2026 Work RVU: 0.52
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.12

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0297 **Low dose ct scan (ldct) for lung cancer screening**

Global: **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

First Identified: October 2018 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0339 **Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment**

Global: XXX **Issue:** RAW **Screen:** Contractor Priced High Volume4 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: September 2025 **2024 Medicare Utilization:** 3,546

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0340 **Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatm**

Global: XXX **Issue:** RAW **Screen:** Contractor Priced High Volume4 **Complete?** Yes

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2025 **2024 Medicare Utilization:** 13,309

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2017 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** Alcohol & Substance Use Assessment **Screen:** CMS-Other - Utilization over 20,000-Part4 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 06 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** October 2017 **2024 Medicare Utilization:** 63,114

2026 Work RVU: 0.65
2026 NF PE RVU: 0.40
2026 Fac PE RVU: 0.16

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0397 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes**

Global: XXX **Issue:** Alcohol & Substance Use Assessment **Screen:** CMS-Other - Utilization over 20,000-Part4 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 06 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** September 2025 **2024 Medicare Utilization:** 2,347

2026 Work RVU: 1.30
2026 NF PE RVU: 0.65
2026 Fac PE RVU: 0.28

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0398 **Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** April 2025 **2024 Medicare Utilization:** 6,318

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0399 **Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** October 2018 **2024 Medicare Utilization:** 65,672

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0400 **Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels**

Global: XXX **Issue:** Unattended Sleep Testing **Screen:** High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025 **Tab:** 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST **First Identified:** April 2025 **2024 Medicare Utilization:** 25,705

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2024 Medicare Utilization:** 538,127

2026 Work RVU: 2.60
2026 NF PE RVU: 2.46
2026 Fac PE RVU: 0.65

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2024 Medicare Utilization:** 113,443

2026 Work RVU: 0.17
2026 NF PE RVU: 0.27
2026 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0407 **Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Inpatient Consult Follow-Up **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2024 Medicare Utilization:** 26,530

2026 Work RVU: 1.39
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.40

RUC Recommendation: Review April 2028

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0408 **Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Inpatient Consult Follow-Up **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2024 Medicare Utilization:** 31,628

2026 Work RVU: 2.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.62

RUC Recommendation: Review April 2028 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0409 **Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf)**

Global: XXX **Issue:** RAW **Screen:** QHP Included in Clinical Staff Direct PE Inputs **Complete?** Yes

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** January 2026 **2024 Medicare Utilization:** 13

2026 Work RVU: 0.00
2026 NF PE RVU: 0.71
2026 Fac PE RVU: NA

RUC Recommendation: Remove QHP from the clinical staff direct PE inputs **Referred to CPT** **Result:** Request CMS remove QHP from direct PE inputs

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any methodSurgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2024 Medicare Utilization:** 148,817

2026 Work RVU: 3.51
2026 NF PE RVU: 7.06
2026 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0422 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020

2024 Medicare Utilization: 100,079

2026 Work RVU: 2.03
2026 NF PE RVU: 1.83
2026 Fac PE RVU: 1.83

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0423 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020

2024 Medicare Utilization: 65,576

2026 Work RVU: 2.03
2026 NF PE RVU: 1.83
2026 Fac PE RVU: 1.83

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0425 **Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2022

2024 Medicare Utilization: 31,465

2026 Work RVU: 1.92
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.41

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0426 **Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: September 2022

2024 Medicare Utilization: 41,686

2026 Work RVU: 2.61
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.67

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0427 **Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: September 2022 **2024 Medicare Utilization:** 31,484

2026 Work RVU: 3.86
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.90

RUC Recommendation: Review April 2028. No recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0438 **Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2013 **2024 Medicare Utilization:** 676,944

2026 Work RVU: 2.60
2026 NF PE RVU: 2.45
2026 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0439 **Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2024 Medicare Utilization:** 10,305,605

2026 Work RVU: 1.92
2026 NF PE RVU: 2.08
2026 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0442 **Annual alcohol misuse screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2024 Medicare Utilization:** 1,010,123

2026 Work RVU: 0.18
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0443 **Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2024 Medicare Utilization:** 2,970

2026 Work RVU: 0.60
2026 NF PE RVU: 0.39
2026 Fac PE RVU: 0.15

RUC Recommendation: 0.63

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

G0444 **Annual depression screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2024 Medicare Utilization:** 2,583,226

2026 Work RVU: 0.18
2026 NF PE RVU: 0.37
2026 Fac PE RVU: 0.05

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0445 **High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** September 2022 **2024 Medicare Utilization:** 641

2026 Work RVU: 0.60
2026 NF PE RVU: 0.39
2026 Fac PE RVU: 0.16

RUC Recommendation: Action Plan. 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2017 **2024 Medicare Utilization:** 366,684

2026 Work RVU: 0.60
2026 NF PE RVU: 0.38
2026 Fac PE RVU: 0.15

RUC Recommendation: Action Plan. 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2016

2024 Medicare Utilization: 304,132

2026 Work RVU: 0.60
2026 NF PE RVU: 0.38
2026 Fac PE RVU: 0.15

RUC Recommendation: Action Plan. 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018

2024 Medicare Utilization: 163,356

2026 Work RVU: 0.91
2026 NF PE RVU: 0.47
2026 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** Continuous Intraoperative Neurophysiology Monitoring **Screen:** CMS-Other - Utilization over 100,000 / CMS-Other Utilization over 20,000 Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: April 2016

2024 Medicare Utilization: 369,155

2026 Work RVU: 0.60
2026 NF PE RVU: NA
2026 Fac PE RVU: 0.17

RUC Recommendation: Refer to CPT

Referred to CPT May 2027

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0498 **Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume3 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: April 2024 **2024 Medicare Utilization:** 88,414

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: Remove from Screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Remove from Screen

---

Status Report: CMS Requests and Relativity Assessment Issues

G0500 **Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monit**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2024 Medicare Utilization:** 223,342

2026 Work RVU: 0.10
2026 NF PE RVU: 1.87
2026 Fac PE RVU: 0.03

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0506 **Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2020 **2024 Medicare Utilization:** 161,315

2026 Work RVU: 0.87
2026 NF PE RVU: 1.06
2026 Fac PE RVU: 0.22

RUC Recommendation: Requested CMS Delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G0508 **Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 16,231

2026 Work RVU: 4.00
2026 NF PE RVU: NA
2026 Fac PE RVU: 1.17

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0513 **Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)**

Global: ZZZ **Issue:** Prolonged preventive service(s) **Screen:** CMS-Other Utilization over 20,000 Part5 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 22,822

2026 Work RVU: 1.17
2026 NF PE RVU: 0.70
2026 Fac PE RVU: 0.28

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0516 **Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

First Identified: January 2023

2024 Medicare Utilization: 2

2026 Work RVU: 1.77
2026 NF PE RVU: 3.32
2026 Fac PE RVU: 0.62

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0517 **Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

First Identified: January 2023

2024 Medicare Utilization: 2

2026 Work RVU: 2.05
2026 NF PE RVU: 3.71
2026 Fac PE RVU: 0.68

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

G0518 **Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2024 Medicare Utilization:** 2

2026 Work RVU: 3.46
2026 NF PE RVU: 5.68
2026 Fac PE RVU: 0.98

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0561 **Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583t)**

Global: ZZZ **Issue:** Tympanostomy **Screen:** CMS Request - Final Rule for 2026 **Complete?** Yes

Most Recent RUC Meeting: January 2026 **Tab:** 20 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2025 **2024 Medicare Utilization:**

2026 Work RVU: 0.00
2026 NF PE RVU: 0.00
2026 Fac PE RVU: 0.00

RUC Recommendation: PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2010 **Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2024 Medicare Utilization:** 3,523

2026 Work RVU: 0.18
2026 NF PE RVU: 0.20
2026 Fac PE RVU: 0.05

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2011 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes**

Global: XXX **Issue:** Alcohol & Substance Use Assessment **Screen:** High Volume Growth12 **Complete?** No

Most Recent RUC Meeting: April 2026 **Tab:** 06 **Specialty Developing Recommendation:** AAFP, AAPM, AAPM&R, ACP, ANA, AOA, ASA, ASRA-PM **First Identified:** April 2026 **2024 Medicare Utilization:** 10,471

2026 Work RVU: 0.33
2026 NF PE RVU: 0.16
2026 Fac PE RVU: 0.08

RUC Recommendation: Refer to CPT **Referred to CPT** September 2026 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G2012 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2024 Medicare Utilization:** 63,697

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Requested CMS delete **Referred to CPT** February 2023 **Result:** Request CMS Delete
Referred to CPT Asst ☐ **Published in CPT Asst:**

G2066 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and te**

Global: XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2082 **Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation**

Global: XXX **Issue:** Supervised Self-Administration Intranasal Esketamine **Screen:** CMS-Other - Utilization over 20,000-Part6 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ANA, APA (psychiatry)

First Identified: September 2025 **2024 Medicare Utilization:** 4,475

2026 Work RVU: 0.70
2026 NF PE RVU: 27.78
2026 Fac PE RVU: 0.16

RUC Recommendation: Refer to CPT

Referred to CPT September 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G2083 **Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration,**

Global: XXX **Issue:** Supervised Self-Administration Intranasal Esketamine **Screen:** CMS-Other - Utilization over 20,000-Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** ANA, APA (psychiatry)

First Identified: April 2025 **2024 Medicare Utilization:** 33,537

2026 Work RVU: 0.70
2026 NF PE RVU: 39.86
2026 Fac PE RVU: 0.16

RUC Recommendation: Refer to CPT

Referred to CPT September 2026
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G2211 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)**

Global: ZZZ **Issue:** Visit complexity inherent to E/M **Screen:** CMS-Other Utilization over 20,000 Part5 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026 **2024 Medicare Utilization:** 24,957,647

2026 Work RVU: 0.33
2026 NF PE RVU: 0.17
2026 Fac PE RVU: 0.08

RUC Recommendation: Action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G2214 **Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional**

Global: XXX **Issue:** Initial or subsequent psychiatric collaborative care management **Screen:** CMS-Other Utilization over 20,000 Part5 **Complete?** No

Most Recent RUC Meeting: September 2026 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2026

2024 Medicare Utilization: 27,202

2026 Work RVU: 0.77
2026 NF PE RVU: 0.99
2026 Fac PE RVU: 0.18

RUC Recommendation: Action Plan

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G2252 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2023

2024 Medicare Utilization: 3,641

2026 Work RVU: 0.50
2026 NF PE RVU: 0.31
2026 Fac PE RVU: 0.13

RUC Recommendation: Requested CMS Delete

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G3002 **Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan th**

Global: XXX **Issue:** Chronic Pain Management and Treatment Bundle **Screen:** CMS-Other - Utilization over 20,000-Part4 **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM&R, ANA, ASA, ASIPP, NASS

First Identified: April 2025

2024 Medicare Utilization: 118,651

2026 Work RVU: 1.45
2026 NF PE RVU: 1.01
2026 Fac PE RVU: 0.36

RUC Recommendation: Refer to CPT to be considered under the CPT Value-Based Care Workgroup.

Referred to CPT Time uncertain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G3003 **Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)**

Global: ZZZ **Issue:** Chronic Pain Management and Treatment Bundle **Screen:** **Complete?** No

Most Recent RUC Meeting: September 2025 **Tab:** 29 **Specialty Developing Recommendation:** AAPM&R, ANA, ASA, ASIPP, NASS **First Identified:** **2024 Medicare Utilization:** 33,423

2026 Work RVU: 0.50
2026 NF PE RVU: 0.40
2026 Fac PE RVU: 0.13

RUC Recommendation: Refer to CPT to be considered under the CPT Value-Based Care Workgroup.

Referred to CPT Time uncertain **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6001 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Suerficial Radiation Therapy **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 368,508

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2017 **2024 Medicare Utilization:** 662,198

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6003 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 1,235

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6004 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 1,352

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6005 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 261

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6006 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 38

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6007 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 78

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6008 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 552

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6009 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 22

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6010 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 8

2026 Work RVU:

2026 NF PE RVU:

2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6011 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 2,425

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6012 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 256,967

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6013 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 96,880

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2019 **2024 Medicare Utilization:** 5,185

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS DeleteRemove from screen **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6015 **Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2024 Medicare Utilization:** 1,078,378

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6016 **Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2024 Medicare Utilization:** 1,916

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6017 **Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment**

Global: YYY **Issue:** Radiation Oncology Treatment Delivery **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2022 **2024 Medicare Utilization:** 124,552

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: Request CMS Delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

GPCX1 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient'**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2019 **2024 Medicare Utilization:**

2026 Work RVU:
2026 NF PE RVU:
2026 Fac PE RVU:

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2024 Medicare Utilization:** 659

2026 Work RVU: 0.25
2026 NF PE RVU: 0.47
2026 Fac PE RVU: 0.47

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2024 Medicare Utilization:** 368,893

2026 Work RVU: 0.36
2026 NF PE RVU: 0.99
2026 Fac PE RVU: 0.08
Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
26770	**Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**	Emergent Procedures / Emergency Medicine 010-090 Day Global Periods	September 2026	AAOS, ACEP, and orthopaedic subspecialties	May 2027

Background: In January 2026, during discussion of the action plan for 25605 identified via the Different Performing Specialty from Survey screen, the Relativity Assessment Workgroup questioned why code 25605 is performed by Emergency Medicine physicians more than 50% of the time when it has a 090-day global period and it is questionable if Emergency Medicine physicians would be performing the post-operative visits. The Workgroup requested AMA staff to run the data for 010 and 090-day global period services performed by Emergency Medicine >50% to review at the April 2026 meeting and determine if these services need further discussion and action plans for the September 2026 RAW meeting. AMA staff identified 31 codes that have a 010 or 090-day global period with Emergency Medicine performing more than 50% of the time. Of these 31 codes, all but one service is Harvard valued and has not yet met that screen utilization threshold and only 6 codes have more than 1,000 in Medicare utilization in 2024. The Workgroup reviewed the data and determined that specialty societies should submit action plans for the 6 codes identified (23650, 26770, 27265, 27810, 27818 and 27840) with 2024 Medicare utilization over 1,000. In September 2026, the RUC agreed with the specialty societies and recommended to refer to the CPT Editorial Panel (May 2027) to revise the descriptors to specify that code 26770 which can be performed in an office includes treatment performed with local anesthesia, including a digital block, and reserve the anesthesia-designated code for treatment requiring general anesthesia or moderate sedation.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33361	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as “Do not use to validate physician work” because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33362	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as “Do not use to validate physician work” because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33363	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33364	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**	RAW Flag Service with Less than 30 Survey Responses	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33365	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
33366	**Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)**	RAW Flag - Co-surgeon status / New Technlogy-New Services List	September 2025	AATS, ACC, SCAI, STS	February 2027

Background: CPT codes 33361-33366 were on the New Technology/New Services list and noted in the RUC database as "Do not use to validate physician work" because of the unique co-surgery status for 33361-33366 and that CPT code 33364 did not meet the survey threshold of 30 responses. In April 2025, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2021, 2022 and 2023). The RUC recommended that these services should be surveyed for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37184	**Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel**	High Volume Growth12	September 2026	ACC, ACR, OEIS, SCAI, SIR, SVS	May 2027

Background: In April 2026, the Workgroup identified CPT code 37184 code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requested that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) for revision. This service has expanded to be a commonly performed endovascular treatment and increased since it is a minimally invasive percutaneous approach. The specialty societies request referral to the CPT Editorial Panel to create separate codes for pulmonary artery and systemic artery thrombectomy. The RAW noted that 36015 is typically reported with 37184 76.9% of the time based on 2024 Medicare data and should be bundled into this service as well. (CPT codes 37185 and 37186 listed as part of the family).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37185	**Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)**	High Volume Growth12	September 2026	ACC, ACR, OEIS, SCAI, SIR, SVS	May 2027

Background: In April 2026, the Workgroup identified CPT code 37184 code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requested that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) for revision. This service has expanded to be a commonly performed endovascular treatment and increased since it is a minimally invasive percutaneous approach. The specialty societies request referral to the CPT Editorial Panel to create separate codes for pulmonary artery and systemic artery thrombectomy. The RAW noted that 36015 is typically reported with 37184 76.9% of the time based on 2024 Medicare data and should be bundled into this service as well. (CPT codes 37185 and 37186 listed as part of the family).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37186	**Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)**	High Volume Growth12	September 2026	ACC, ACR, OEIS, SCAI, SIR, SVS	May 2027

Background: In April 2026, the Workgroup identified CPT code 37184 code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requested that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) for revision. This service has expanded to be a commonly performed endovascular treatment and increased since it is a minimally invasive percutaneous approach. The specialty societies request referral to the CPT Editorial Panel to create separate codes for pulmonary artery and systemic artery thrombectomy. The RAW noted that 36015 is typically reported with 37184 76.9% of the time based on 2024 Medicare data and should be bundled into this service as well. (CPT codes 37185 and 37186 listed as part of the family).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44950	**Appendectomy;**	Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	February 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Laparoscopy, surgical, appendectomy as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting. The specialty societies submitted a CCA for the February 2026 CPT meeting that was not supported. The specialty societies will resubmit for the September 2026 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
44955	**Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)**	Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	February 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Laparoscopy, surgical, appendectomy as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting. The specialty societies submitted a CCA for the February 2026 CPT meeting that was not supported. The specialty societies will resubmit for the September 2026 CPT meeting.

44960 **Appendectomy; for ruptured appendix with abscess or generalized peritonitis**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	February 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Laparoscopy, surgical, appendectomy as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting. The specialty societies submitted a CCA for the February 2026 CPT meeting that was not supported. The specialty societies will resubmit for the September 2026 CPT meeting.

44970 **Laparoscopy, surgical, appendectomy**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Fastest Growing / Site of Service Anomaly - 2025	September 2025	ACS, APSA, ASCRS (colon), SAGES	February 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 44970 Laparoscopy, surgical, appendectomy as a site of service anomaly where Medicare data from 2021-2023 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2023 Medicare utilization over 10,000. These services were placed directly on the level of interest form to survey for September 2025. The RAW also worked with the specialty societies and identified codes 44950, 44955 and 44960 as part of this family of services. In September 2025, the specialty societies indicated that the ACS National Surgical Quality Improvement Program (NSQIP®) and NSQIP® Pediatric database analysis revealed considerable variability in both length of hospital stay and operative time for appendectomy procedures, influenced by multiple factors such as surgical approach, patient age, whether the disease was complicated or uncomplicated, and whether the surgery was performed as an interval appendectomy or for tumor. In light of these findings, the specialty societies indicated that new and revised codes are needed to more accurately describe and differentiate physician work. The specialty societies indicated they will submit a CPT code change application for the CPT 2028 cycle. The RUC agreed and recommended that codes 44950, 44955, 44960 and 44970 be referred to the CPT Editorial Panel for revision for CPT 2028, preferably by the May 2026 CPT meeting/September 2026 RUC meeting. The specialty societies submitted a CCA for the February 2026 CPT meeting that was not supported. The specialty societies will resubmit for the September 2026 CPT meeting.

58300 **Insertion of intrauterine device (IUD)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Harvard Valued - Medicaid Utilization over 30,000 Part1	September 2026	AAFP, ACOG	May 2027

Background: In April 2026, the RAW identified six codes that are Harvard valued with 2024 Medicaid utilization over 30,000. The Workgroup requested an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer this issue to the CPT Editorial Pane (May 2027) to reflect current practice and adding a code that includes removal and reinsertion (CPT code 58301 listed as part of the family).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75571	**Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium**	High Volume Growth8 / High Volume Growth12	September 2026	ACC, ACR, SCAI, SCCT	May 2027

Background: In April 2026, the Workgroup identified this code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to CPT Editorial Panel (May 2027). The specialty societies indicated that the technology has changed since 2009. For example, in 2008, the TAVR procedure did not exist, as well as other valve procedures that are standard practice in 2026. In addition, there have also been significant changes in distribution/breadth of types of cases, raising the question of whether there should be more or less granularity with regards to the codes. There has also been significant Software as a Medical Service (SaMS) in this space which might need more appropriate integration into the code set.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75572	**Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)**	High Volume Growth7 / High Volume Growth12	September 2026	ACC, ACR, SCAI, SCCT	May 2027

Background: In April 2026, the Workgroup identified this code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to CPT Editorial Panel (May 2027). The specialty societies indicated that the technology has changed since 2009. For example, in 2008, the TAVR procedure did not exist, as well as other valve procedures that are standard practice in 2026. In addition, there have also been significant changes in distribution/breadth of types of cases, raising the question of whether there should be more or less granularity with regards to the codes. There has also been significant Software as a Medical Service (SaMS) in this space which might need more appropriate integration into the code set.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75574	**Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**	CMS Request - Final Rule for 2013 / High Volume Growth7 / High Volume Growth12	September 2026	ACC, ACR, SCAI, SCCT	May 2027

Background: In April 2026, the Workgroup identified this code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to CPT Editorial Panel (May 2027). The specialty societies indicated that the technology has changed since 2009. For example, in 2008, the TAVR procedure did not exist, as well as other valve procedures that are standard practice in 2026. In addition, there have also been significant changes in distribution/breadth of types of cases, raising the question of whether there should be more or less granularity with regards to the codes. There has also been significant Software as a Medical Service (SaMS) in this space which might need more appropriate integration into the code set.

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Contractor Priced High Volume / Contractor Priced High Volume2 / Medicaid High Volume Growth1	September 2026	APA (psychiatry)	May 2027

Background: In October 2018, the RUC noted that these services (90867, 90868 and 90869) were identified on the new technology list for review. The Workgroup agreed with the specialty that technology for these services is still evolving. Two FDA modifications were recently approved and the new coil will significantly reduce the time required to perform these services. The RUC recommended these services be reviewed again in 2 years (Oct 2020). In October 2020, the Workgroup noted that this issue is also under review at this meeting via the new technology/new services screen. The Workgroup agreed that the CMS practice expense methodology issues as the specialty society outlined in their action plan still exist. The coil technology continues to change with treatment for depression and OCD, which involve different equipment. The codes continue to grow exponentially, especially CPT code 90868. The specialty society indicated that the typical course of treatments per patient is 36, therefore the 2019e Medicare utilization of 238,754 represents approximately 6,600 patients. The Workgroup agreed that the physician time, clinical staff time and direct practice expense inputs continue to change for transcranial magnetic stimulation (TMS) and to survey now may be premature. The Workgroup recommended that codes 90867-90869 maintain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years. When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2022, the Workgroup identified this service as Contractor Priced High Volume again. The Workgroup requested that the specialty societies submit an action plan for September 2022. In September 2022, the RUC recommended that this service remain contractor priced. This service is also on New Technology/New Services list and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90869 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting. In April 2024, AMA staff inquired why a CCA has not been submitted and the specialty society indicated they intend to submit a CCA for the September 2026 CPT meeting. In April 2026, the Workgroup identified this service with Medicaid utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September the RAW recommended to maintain this servie noting that it was previously identified on Contractor Priced High Volume and New Technology/New services screens and is referred to CPT. A CCA was submitted for Sept 2026 CPT meeting, however, it was withdrawn. The specialty societies plan to submit a new CCA for the May 2027 CPT meeting.

92015 **Determination of refractive state**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
RUC Reviewed Greater than 20 years ago and Medicaid Util over 1 million	September 2026	AAO, AOA (optometry)	February 2027

Background: In April 2026, the Workgroup identified CPT code 92015 via the RUC reviewed more than 20 years ago (prior to 2006) with 2024 Medicaid over 1 million in claims screen. The Workgroup requested that the specialty societies submit an action plans for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (Feb 2027) to splite 92015 into two codes specific for cycloplegic refraction and manifest refraction, non-cycloplegic.

92576 **Synthetic sentence identification test**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
QHP Included in Clinical Staff Direct PE Inputs	September 2026	AAA, ASHA	February 2027

Background: In September 2026, the surveying professional organizations and HCPAC agreed to refer CPT code 92576 to the CPT Editorial Panel for deletion. CPT code 92576 was reported by only 11 practitioners across eight unique practices in CY 2024, representing 1,193 fully adjudicated Medicare claims. Further, this specific test is no longer included in training curricula, as other diagnostic tests are now used to obtain comparable diagnostic information. The HCPAC Review Board recommends that CPT Code 92576 be referred to the CPT Editorial Panel for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93303	**Transthoracic echocardiography for congenital cardiac anomalies; complete**	CMS-Other - Medicaid Utilization over 20,000 Part1	September 2026	AAP, ACC, ASE, SCAI	May 2027

Background: In April 2026, the RAW identified six codes that have CMS/Other source and 2024 Medicaid utilization over 20,000. The Workgroup requests an action plan for September 2026. In September 2026, the RUC agreed with the specialty societiest to refer to the CPT Editorial Panel (May 2027) to create a bundled coding structure that incorporates the work currently reported with CPT codes 93303, 93320, and 93325. (Code family listed as 93303, 93304, 93320, 93321 and 93325).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93304	**Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study**	CMS-Other - Medicaid Utilization over 20,000 Part1	September 2026	AAP, ACC, ASE, SCAI	May 2027

Background: In April 2026, the RAW identified six codes that have CMS/Other source and 2024 Medicaid utilization over 20,000. The Workgroup requests an action plan for September 2026. In September 2026, the RUC agreed with the specialty societiest to refer to the CPT Editorial Panel (May 2027) to create a bundled coding structure that incorporates the work currently reported with CPT codes 93303, 93320, and 93325. (Code family listed as 93303, 93304, 93320, 93321 and 93325).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93320	**Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1	January 2014	ACC	May 2027

Background: In April 2026, the RAW identified CPT codes 93303 and 93304 via the CMS/Other source and 2024 Medicaid utilization over 20,000 screen. The Workgroup requested an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) to create a bundled coding structure that incorporates the work currently reported with CPT codes 93303, 93320, and 93325. (Code family listed as 93303, 93304, 93320, 93321 and 93325).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93321	**Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**	CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1	January 2014	ACC	May 2027

Background: In April 2026, the RAW identified CPT codes 93303 and 93304 via the CMS/Other source and 2024 Medicaid utilization over 20,000 screen. The Workgroup requested an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) to create a bundled coding structure that incorporates the work currently reported with CPT codes 93303, 93320, and 93325. (Code family listed as 93303, 93304, 93320, 93321 and 93325).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93325	**Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 / CMS-Other - Medicaid Utilization over 20,000 Part1	January 2014	ACC	May 2027

Background: In April 2026, the RAW identified CPT codes 93303 and 93304 via the CMS/Other source and 2024 Medicaid utilization over 20,000 screen. The Workgroup requested an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to the CPT Editorial Panel (May 2027) to create a bundled coding structure that incorporates the work currently reported with CPT codes 93303, 93320, and 93325. (Code family listed as 93303, 93304, 93320, 93321 and 93325).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93355	**Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D**	High Volume Growth11	January 2026	ACC, ASA, ASE, SCAI	February 2027

Background: In April 2025, the Relativity Assessment Workgroup identified this service via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies should submit action plans for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to survey for January 2026. At the January 2026 meeting, the specialty societies requested that CPT code 93355 be referred to the CPT May 2026 meeting to create a more granular framework to capture physician work and role delineation across practice settings (i.e., interventional imagers, structural heart operators and anesthesiology teams). The specialty societies believe the service has changed and the current code no longer represents how interventional transesophageal echocardiography (TEE) is currently performed. The RUC agreed and recommends that CPT code 93355 be referred to CPT for the May 2026 CPT Editorial Panel meeting. In May 2026, the specialty societies withdrew their application based on reviewer feedback from the CPT Editorial Panel. The specialty societies expect forthcoming peer-reviewed publications to directly address the outstanding issues raised during review—particularly those related to definitional differences. The specialty societies will incorporate emerging evidence into a strengthened resubmission that fully responds to the concerns identified.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95249	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**	High Volume Growth2 / High Volume Growth11 / QHP Included in Clinical Staff Direct PE Inputs	April 2026	AACE, ANA, ES	May 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 95251 with Medicare utilization of 10,000 or more that has increased by at least 100% from 2018 through 2023. The RAW reviewed the action plan and the RUC recommended that CPT code 95251 along with the family of services be surveyed for the January 2026 RUC meeting. In January 2026, the specialty societies requested that the continuous glucose monitoring codes (95249, 95250 and 95251) be referred to the CPT Editorial Panel to be revised to reflect the advances in diabetes technology. The major change in technology is how the continuous glucose monitoring devices interact and work with insulin pumps. The RUC recommends CPT codes 95249, 95250 and 95251 be referred to the September 2026 CPT Editorial Panel meeting. The tab was postponed until time uncertain.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95250	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**	High Volume Growth2 / Work Neutrality 2018 / High Volume Growth11 / QHP Included in Clinical Staff Direct PE Inputs	April 2026	AACE, ANA, ES	May 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 95251 with Medicare utilization of 10,000 or more that has increased by at least 100% from 2018 through 2023. The RAW reviewed the action plan and the RUC recommended that CPT code 95251 along with the family of services be surveyed for the January 2026 RUC meeting. In January 2026, the specialty societies requested that the continuous glucose monitoring codes (95249, 95250 and 95251) be referred to the CPT Editorial Panel to be revised to reflect the advances in diabetes technology. The major change in technology is how the continuous glucose monitoring devices interact and work with insulin pumps. The RUC recommends CPT codes 95249, 95250 and 95251 be referred to the September 2026 CPT Editorial Panel meeting. The tab was postponed until time uncertain.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95251	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**	High Volume Growth / Work Neutrality 2018 / High Volume Growth11	January 2026	AACE, ANA, ES	May 2027

Background: In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 95251 with Medicare utilization of 10,000 or more that has increased by at least 100% from 2018 through 2023. The RAW reviewed the action plan and the RUC recommended that CPT code 95251 along with the family of services be surveyed for the January 2026 RUC meeting. In January 2026, the specialty societies requested that the continuous glucose monitoring codes (95249, 95250 and 95251) be referred to the CPT Editorial Panel to be revised to reflect the advances in diabetes technology. The major change in technology is how the continuous glucose monitoring devices interact and work with insulin pumps. The RUC recommends CPT codes 95249, 95250 and 95251 be referred to the September 2026 CPT Editorial Panel meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95940	**Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**	Codes Reported Together 75% or More-Part1 / CMS-Other Utilization over 20,000 Part4	September 2025	AAN, ACNS	May 2027

Background: In April 2025, the Relativity Assessment Workgroup identified G0453 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer to CPT May 2026 to revise 95940 to include the services currently reported with G0453. There is not a current Category I CPT code to report intraoperative neurophysiology monitoring services outside the operating room, per patient, per 15 minutes. At the September 2026 CPT meeting, the this issue was withdrawn. The CPT Editorial Panel indicated that the proposed descriptor was not well-defined nor was clearly distinguished from existing procedures and services already in CPT and the structure and content of the proposed code descriptor does not accurately reflects the procedure or service as typically performed. There continues to be difficulty both in clearly defining the work and in presenting it in a way that would support CMS adoption of CPT codes in place of the HCPCS codes currently in use.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95955	**Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)**	Harvard Valued - Utilization over 30,000-Part7	September 2026	AAN, AAPM&R, ACNS	May 2027

Background: In April 2026, the Workgroup identified two Harvard-valued services with 2024 Medicare utilization over 30,000. The Workgroup requested action plans for September 2026. In September 2026, the RUC agreed with the specialty societies and recommends to refer to the CPT Editorial Panel (May 2027) for deletion of 95955 and instead instruction to report 95822.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99291	**Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes**	RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million	January 2026	ACEP, ACS, ASA, ATS, CHEST, SCCM, SHM	September 2027

Background: In September 2025, the Relativity Assessment Workgroup identified CPT code 99291 as not having been reviewed by the RUC in the last 20 years (prior to 2006) with 2023 Medicare utilization over 1 million. The Workgroup requested the specialty societies submit an action plan for review at the January 2026 meeting. In January 2026, the Workgroup reviewed the action plan for 99291 and agreed with the specialty societies that critical care services CPT codes 99291 and 99292 be referred to the CPT Editorial Panel for revision. The specialties typically providing these services have changed and these E/M services were not part of the revisions to E/M services that took place in 2019 and 2021. The Workgroup recommends CPT codes 99291 and 99292 be referred to the CPT Editorial Panel in September 2026 for revision. At the September 2026 CPT Editorial Panel, this issue was withdrawn in order to build consensus in the CCA.

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99292	**Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)**	RUC Reviewed Greater than 20 years ago and Medicare Util over 1 million	January 2026	ACEP, ACS, ASA, ATS, CHEST, SCCM, SHM	September 2027

Background: In September 2025, the Relativity Assessment Workgroup identified CPT code 99291 as not having been reviewed by the RUC in the last 20 years (prior to 2006) with 2023 Medicare utilization over 1 million. The Workgroup requested the specialty societies submit an action plan for review at the January 2026 meeting. In January 2026, the Workgroup reviewed the action plan for 99291 and agreed with the specialty societies that critical care services CPT codes 99291 and 99292 be referred to the CPT Editorial Panel for revision. The specialties typically providing these services have changed and these E/M services were not part of the revisions to E/M services that took place in 2019 and 2021. The Workgroup recommends CPT codes 99291 and 99292 be referred to the CPT Editorial Panel in September 2026 for revision. At the September 2026 CPT Editorial Panel, this issue was withdrawn in order to build consensus in the CCA.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0453	**Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**	CMS-Other - Utilization over 100,000 / CMS-Other Utilization over 20,000 Part4	September 2025	AAN, ACNS	May 2027

Background: In April 2025, the Relativity Assessment Workgroup identified G0453 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer to CPT May 2026 to revise 95940 to include the services currently reported with G0453. There is not a current Category I CPT code to report intraoperative neurophysiology monitoring services outside the operating room, per patient, per 15 minutes. In May 2026, the requestors withdrew their CCA due to feeback from the CPT Editorial Panel that they did not meet general criteria B2, B3 and B4. At the September 2026 CPT meeting, the this issue was withdrawn. The CPT Editorial Panel indicated that the proposed descriptor was not well-defined nor was clearly distinguished from existing procedures and services already in CPT and the structure and content of the proposed code descriptor does not accurately reflects the procedure or service as typically performed. There continues to be difficulty both in clearly defining the work and in presenting it in a way that would support CMS adoption of CPT codes in place of the HCPCS codes currently in use.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G3002	**Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan th**	CMS-Other - Utilization over 20,000-Part4	September 2025	AAPM&R, ANA, ASA, ASIPP, NASS	Time uncertain

Background: In April 2025, the Relativity Assessment Workgroup identified G3002 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G3002 and G3003 to CPT to be considered under the CPT Value-Based Care Workgroup.

RUC Referrals to CPT Editoral Panel - Outstanding Issues

G3003	**Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in addition to code for g3002. when using g3003, 15 minutes must be met or exceeded.)**	**Screen**	**RUC Meeting**	**Specialty Society:**	**CPT Meeting**
			September 2025	AAPM&R, ANA, ASA, ASIPP, NASS	Time uncertain

Background: In April 2025, the Relativity Assessment Workgroup identified G3002 via the CMS Other source with 2023 Medicare utilization over 20,000 screen. The specialty societies should submit action plans for review at the September 2025 RAW meeting to determine how to address this service and if current CPT codes exist to report these services described by the G code, new CPT codes should be created, or the G code should be surveyed. In September 2025, the RUC recommended to refer G3002 and G3003 to CPT to be considered under the CPT Value-Based Care Workgroup.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
90885	**Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes**	CMS-Other - Medicaid Utilization over 20,000 Part1	September 2026	Refer to CPT Assistant	APA (psychology), APA (psychiatry), NASW	

Background: In April 2026, the Workgroup identified six codes that have CMS/Other source and 2024 Medicaid utilization over 20,000. The Workgroup requests an action plan for September 2026. In September 2026, the Workgroup noted that Medicaid utilization is concentrated to one case management agency in California, reporting 80% of claims. Refer to CPT Assistant for development of a Q&A to clarify the appropriate reporting of CPT code 90885. Additional guidance may be helpful to distinguish routine or preparatory chart review from review of accumulated records and other data performed for diagnostic purposes.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92025	**Computerized corneal topography, unilateral or bilateral, with interpretation and report**	Medicaid High Volume Growth1	September 2026	Refer to CPT Assistant	AAO, AOA (optometry)	

Background: In April 2026, the Workgroup identified this service CPT code 92025 via the Medicaid high volume growth screen (2019 through 2024). The Workgroup requests that the specialty societies submit an action plan for September 2026. In Septmeber 2026, the RUC agreed with the specialty soceities to refer to CPT Assistant for specialty societies to develop an article for education on the appropriate billing of 92025, as 92025 should only be billed if there is pathology, not as a pre-operative cataract screen.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92283	**Color vision examination, extended, eg, anomaloscope or equivalent**	Harvard Valued - Utilization over 30,000-Part7	September 2026	Refer to CPT Assistant	AAO, AOA (optometry)	

Background: In April 2026, the Workgroup identified CPT code 92283 via the Harvard-valued services with 2024 Medicare utilization over 30,000 screen. The Workgroup requested action plans for September 2026. In September 2026, the RUC agreed with the specialty socieity to refer to CPT Assistant for specialty societies to develop an article detailing the specific circumstances in which 92283 should be reported.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
93622	**Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)**	Work Neutrality 2023 / High Volume Growth12	September 2026	Refer to CPT Assistant	ACC, HRS	

Background: In April 2025, the Relativity Assessment Workgroup identified four issues for codes that were reviewed for CPT 2023 (April 2021, October 2021, and January 2022) that have more than 10% increase in work RVUs from what was projected. The Workgroup requests action plans for Cardiac Ablation (93653-93657, 93613, 93621 and 93662) for review at the September 2025 RAW meeting. In April 2026, the Workgroup identified this code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty societies to refer to CPT Assistant to clarify when left ventricular pacing and recording is separately reportable. The article should clarify that 93622 is appropriate only when distinct left ventricular pacing/recording is actually performed and clinically indicated, and that routine right ventricular pacing/recording included in AF ablation services should not be reported separately as 93622.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
96405	**Chemotherapy administration; intralesional, up to and including 7 lesions**	CMS Request - Practice Expense Review / High Volume Growth12	September 2026	Refer to CPT Assistant. New PE inputs	AADA	

Background: In April 2026, the Workgroup identified this code via the high volume growth screen with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. The Workgroup requests that the specialty societies submit an action plan for September 2026. In September 2026, the RUC agreed with the specialty socities to refer to CPT Assistant for the specialty societies to develop an article to reinforce existing CPT guidance on appropriate use of the codes and reporting of the specific drug administered. When 96405/96406 are reported without a corresponding HCPCS drug code, claims data alone cannot determine whether the codes were reported appropriately. Reinforcing existing drug-reporting guidance, together with additional data collection, would allow future utilization to be evaluated in the context of the drugs being administered, providing a clearer understanding of what is driving utilization and whether those changes warrant further review of the codes.

Physician Time from RUC Meeting:
September 2026 (CPT 2028)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
21076	N/A	41			231	N/A	30													302
21077	N/A	45			863	N/A	30													938
21079	N/A	40			445	N/A	30													515
21080	N/A	45			584	N/A	43													672
21081	N/A	42			590	N/A	45													677
21082	N/A	40			538	N/A	40													618
21083	N/A	39			429	N/A	47													515
21084	N/A	40			518	N/A	36													594
21085	N/A	30			112	N/A	30													172
21086	N/A	51			874	N/A	30													955
21087	N/A	45			873	N/A	30													948
21088	N/A	60			967	N/A	32													1,059
31624	3-FAC Straightforward Patient/Difficult Procedure	10	10	10	15	9A General Anes or Complex Reg Blk/Strghtforw Proc	15													60
31627	3-FAC Straightforward Patient/Difficult Procedure				45	9A General Anes or Complex Reg Blk/Strghtforw Proc														45
31628	3-FAC Straightforward Patient/Difficult Procedure	15	10	10	30	9A General Anes or Complex Reg Blk/Strghtforw Proc	20													85
31629	3-FAC Straightforward Patient/Difficult Procedure	15	10	10	30	9A General Anes or Complex Reg Blk/Strghtforw Proc	20													85
31652	3-FAC Straightforward Patient/Difficult Procedure	15	10	10	37	9A General Anes or Complex Reg Blk/Strghtforw Proc	20													92
31653	3-FAC Straightforward Patient/Difficult Procedure	15	10	10	46	9A General Anes or Complex Reg Blk/Strghtforw Proc	20													101
31654	3-FAC Straightforward Patient/Difficult Procedure				20	9A General Anes or Complex Reg Blk/Strghtforw Proc														20
33267	4-FAC Difficult Patient/Difficult Procedure	43	11	15	80	9B General Anes or Complex Regional Blk/Cmplx Proc	30			2				1	1		1	1		445
33268	ZZZ Global Code				10	ZZZ Global Code														10
33269	4-FAC Difficult Patient/Difficult Procedure	44	13	15	60	9B General Anes or Complex Regional Blk/Cmplx Proc	30			1				1	1	1				318
43497	3-FAC Straightforward Patient/Difficult Procedure	33	3	10	90	9A General Anes or Complex Reg Blk/Strghtforw Proc	50			2						0.5				251
55874	1-FAC Straightforw Pat/Procedure(no sedate/anesth	13	6	6	20	7A Local/Simple Procedure	12													57
55876	1-FAC Straightforw Pat/Procedure(no sedate/anesth	13	6	6	16	7A Local/Simple Procedure	10													51
92520	XXX Global Code	7			40	XXX Global Code	10													57
92565	XXX Global Code	3			6	XXX Global Code	3													12
92571	XXX Global Code	5			15	XXX Global Code	5													25
92572	XXX Global Code	5			20	XXX Global Code	10													35
92577	XXX Global Code	2			5	XXX Global Code	3													10
92596	XXX Global Code	5			15	XXX Global Code	5													25
2XXX1	3-FAC Straightforward Patient/Difficult Procedure	30	10	10	45	9B General Anes or Complex Regional Blk/Cmplx Proc	15		1	2						0.5				191
2XXX2	ZZZ Global Code				20.5	ZZZ Global Code														20.5
55XX0	1-FAC Straightforw Pat/Procedure(no sedate/anesth	15	6	6	30	7A Local/Simple Procedure	15													72
93XXX	ZZZ Global Code				15	ZZZ Global Code														15

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
21076	21076
21077	21077
21079	21079
21080	21080
21081	21081
21082	21082
21083	21083
21084	21084
21085	21085
21086	21086
21087	21087
21088	21088
31624	31624
31627	31627
31628	31628
31629	31629
31652	31652
31653	31653
31654	31654
33267	33267
33268	33268
33269	33269
43497	43497
55874	55874
55876	55876
92520	92520
92547	92652
92565	92565
92571	92571
92572	92572
92577	92577
92596	92596
2XXX1	29883
2XXX2	29883
55XX0	55874
93XXX	92978

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
21076	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21077	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21079	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21080	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21081	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21082	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21083	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21084	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21085	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21086	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21087	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
21088	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
31624	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31627	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31628	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31629	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31652	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31653	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
31654	PPO50	P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
33267	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33268	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
33269	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
43497	PPG4	P	Procedure	PG	Digestive/Gastrointestinal	4	Lower GI Endoscopy - Other
55874	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
55876	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
92520	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
92565	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
92571	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
92572	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
92577	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
92596	OOC0	O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family
2XXX1	PPM15	P	Procedure	PM	Musculoskeletal	15	Joint Injection
2XXX2	PPM15	P	Procedure	PM	Musculoskeletal	15	Joint Injection
55XX0	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
93XXX	IIX0	I	Imaging	IX	Imaging - Miscellaneous	0	No RBCS Family

RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc	RBCS_ID (exluding 6th digit major/minor procedure indicator)
A	Anesthesia	AA	Anesthesia	0	No RBCS Family	
D	DME	DA	Medical/Surgical Supplies	0	No RBCS Family	
D	DME	DA	Medical/Surgical Supplies	18	Skin Allograft	
D	DME	DA	Medical/Surgical Supplies	23	Wound Care Directed Dressings	
D	DME	DB	Hospital Beds	0	No RBCS Family	
D	DME	DC	Oxygen and Supplies	0	No RBCS Family	
D	DME	DC	Oxygen and Supplies	2	Oxygen Concentrator	
D	DME	DD	Wheelchairs	0	No RBCS Family	
D	DME	DD	Wheelchairs	9	Power Wheelchairs and Accessories	
D	DME	DD	Wheelchairs	21	Wheelchair Accessories	
D	DME	DE	Other DME	0	No RBCS Family	
D	DME	DE	Other DME	1	CPAP (sleep apnea)	
D	DME	DE	Other DME	5	Home Ventilator	
D	DME	DE	Other DME	12	Blood Glucose Test or Reagent Strips	
D	DME	DE	Other DME	13	Cardioverter - Defibrillator	
D	DME	DE	Other DME	14	Cardiac Catheter	
D	DME	DE	Other DME	15	Implantable Neurostimulator	
D	DME	DE	Other DME	16	Pacemaker	
D	DME	DE	Other DME	17	Diabetic Supplies and Monitoring	
D	DME	DE	Other DME	20	Cardiac Stent	
D	DME	DE	Other DME	22	Orthopedic Screw	
D	DME	DF	Orthotic Devices	0	No RBCS Family	
D	DME	DF	Orthotic Devices	3	Below Knee Orthotic	
D	DME	DF	Orthotic Devices	7	Lumbar Sacral Orthosis Brace	
D	DME	DF	Orthotic Devices	8	Intermittent Urinary Catheter	
D	DME	DF	Orthotic Devices	10	Ostomy	
D	DME	DF	Orthotic Devices	11	Knee Orthosis	
D	DME	DF	Orthotic Devices	19	Implantable Joint Device	
D	DME	DG	Drugs Administered Through DME	0	No RBCS Family	
D	DME	DG	Drugs Administered Through DME	4	Vasodilator	
D	DME	DG	Drugs Administered Through DME	6	Bronchodilator	
E	E&M	EB	Behavioral Health Services	0	No RBCS Family	
E	E&M	EB	Behavioral Health Services	9	Psychotherapy - Nongroup	
E	E&M	EB	Behavioral Health Services	15	Psychotherapy - Group	
E	E&M	EC	Critical Care Services	10	Critical Care E&M	
E	E&M	EE	Ophthalmological Services	0	No RBCS Family	
E	E&M	EE	Ophthalmological Services	7	Ophthalmological E&M	
E	E&M	EH	Home Services	0	No RBCS Family	
E	E&M	EH	Home Services	17	Home E&M - New and Established	
E	E&M	EH	Home Services	18	Home Health Skilled Services	
E	E&M	EI	Hospital Inpatient Services	0	No RBCS Family	
E	E&M	EI	Hospital Inpatient Services	3	Hospital E&M - Subsequent	
E	E&M	EI	Hospital Inpatient Services	5	Hospital E&M - Initial	
E	E&M	EI	Hospital Inpatient Services	14	Hospital Discharge Management	
E	E&M	EM	Care Management/Coordination	0	No RBCS Family	
E	E&M	EM	Care Management/Coordination	19	Chronic and Transitional Care Management	
E	E&M	EN	Nursing Facility Services	0	No RBCS Family	
E	E&M	EN	Nursing Facility Services	8	SNF E&M	
E	E&M	EN	Nursing Facility Services	16	Rest Home E&M	
E	E&M	EO	Observation Care Services	12	Observation Care	
E	E&M	EP	Hospice	0	No RBCS Family	
E	E&M	ER	Emergency Department Services	0	No RBCS Family	
E	E&M	ER	Emergency Department Services	2	Emergency Department E&M	
E	E&M	EV	Office/Outpatient Services	0	No RBCS Family	
E	E&M	EV	Office/Outpatient Services	1	Office E&M - Established	
E	E&M	EV	Office/Outpatient Services	4	Office E&M - New	
E	E&M	EV	Office/Outpatient Services	6	Hospital Outpatient E&M - Facility Fee	
E	E&M	EV	Office/Outpatient Services	11	Annual Wellness Visits	
E	E&M	EV	Office/Outpatient Services	13	FQHC E&M - Facility Fee	
E	E&M	EV	Office/Outpatient Services	20	Telephone Services	
E	E&M	EX	E&M - Miscellaneous	0	No RBCS Family	
I	Imaging	IC	CT Scan	0	No RBCS Family	
I	Imaging	IC	CT Scan	3	CT/CTA - Abdomen and Pelvis	
I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck	
I	Imaging	IC	CT Scan	7	CT/CTA - Chest	
I	Imaging	IC	CT Scan	21	CT/CTA - Spine	
I	Imaging	IM	Magnetic Resonance	0	No RBCS Family	
I	Imaging	IM	Magnetic Resonance	9	MRI/MRA - Head and Neck	
I	Imaging	IM	Magnetic Resonance	10	MRI/MRA - Spine	
I	Imaging	IM	Magnetic Resonance	20	MRI/MRA - Lower Extremity	
I	Imaging	IM	Magnetic Resonance	22	MRI/MRA - Abdomen and Pelvis	
I	Imaging	IM	Magnetic Resonance	23	MRI/MRA - Other	
I	Imaging	IN	Nuclear	0	No RBCS Family	
I	Imaging	IN	Nuclear	2	Myocardial Perfusion Scan	
I	Imaging	IN	Nuclear	8	PET- Oncology	
I	Imaging	IS	Standard X-ray	0	No RBCS Family	
I	Imaging	IS	Standard X-ray	4	X-ray - Chest	
I	Imaging	IS	Standard X-ray	5	Mammography	
I	Imaging	IS	Standard X-ray	12	Angiography	
I	Imaging	IS	Standard X-ray	13	X-ray - Lower Extremity	
I	Imaging	IS	Standard X-ray	19	X-ray - Spine and Pelvis	
I	Imaging	IS	Standard X-ray	24	X-ray - Upper Extremity	
I	Imaging	IS	Standard X-ray	25	Contrast Agent	
I	Imaging	IU	Ultrasound	0	No RBCS Family	
I	Imaging	IU	Ultrasound	1	Echocardiography (TTE/TEE)	
I	Imaging	IU	Ultrasound	11	Ultrasound - Abdomen and Pelvis	
I	Imaging	IU	Ultrasound	14	Duplex Scan - Extremity Arteries	
I	Imaging	IU	Ultrasound	15	Duplex Scan - Extracranial Arteries	
I	Imaging	IU	Ultrasound	16	Duplex Scan - Extremity Veins	
I	Imaging	IU	Ultrasound	18	Ultrasound - Nonspecific	
I	Imaging	IX	Imaging - Miscellaneous	0	No RBCS Family	
I	Imaging	IX	Imaging - Miscellaneous	17	Computerized Ophthalmic Imaging	
O	Other	OA	Ambulance	0	No RBCS Family	
O	Other	OA	Ambulance	1	Medical Transport - Ground Emergency	
O	Other	OA	Ambulance	2	Medical Transport - Ground	
O	Other	OA	Ambulance	3	Medical Transport - Mileage	
O	Other	OA	Ambulance	4	Medical Transport - Air	
O	Other	OB	Enteral and Parenteral	0	No RBCS Family	
O	Other	OB	Enteral and Parenteral	5	Parenteral Feeding and Formula	
O	Other	OB	Enteral and Parenteral	6	Enteral Feeding and Formula	
O	Other	OC	Vision, Hearing, and Speech Services	0	No RBCS Family	
P	Procedure	PB	Breast	0	No RBCS Family	
P	Procedure	PB	Breast	33	Mastectomy	
P	Procedure	PB	Breast	52	Breast Biopsy	
P	Procedure	PC	Cardiovascular	0	No RBCS Family	
P	Procedure	PC	Cardiovascular	2	Percutaneous Transcatheterization	

P	Procedure	PC	Cardiovascular	3	Insertion/Removal/Replacement ICD
P	Procedure	PC	Cardiovascular	8	Comprehensive Electrophysiologic Evaluation
P	Procedure	PC	Cardiovascular	18	Pacemaker Insertion or Repair
P	Procedure	PC	Cardiovascular	25	Pacemaker Removal
P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
P	Procedure	PE	Eye	0	No RBCS Family
P	Procedure	PE	Eye	1	Cataract Surgery
P	Procedure	PE	Eye	35	Intravitreal Injection
P	Procedure	PE	Eye	46	Vitrectomy - Mechanical
P	Procedure	PE	Eye	53	Fluid Flow and Drainage of Eye (Any Method)
P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
P	Procedure	PG	Digestive/Gastrointestinal	4	Lower GI Endoscopy - Other
P	Procedure	PG	Digestive/Gastrointestinal	6	Upper GI Endoscopy
P	Procedure	PG	Digestive/Gastrointestinal	12	Colonoscopy - Lesion Removal
P	Procedure	PG	Digestive/Gastrointestinal	26	Cholecystectomy - Laparoscopic
P	Procedure	PG	Digestive/Gastrointestinal	43	Hernia Repair - Laparoscopic (any site)
P	Procedure	PG	Digestive/Gastrointestinal	47	Hernia Repair - Open (inguinal)
P	Procedure	PH	Hematology	0	No RBCS Family
P	Procedure	PH	Hematology	34	Red Blood Cell Transfusion
P	Procedure	PM	Musculoskeletal	20	Arthrodesis - Spine
P	Procedure	PM	Musculoskeletal	44	Arthroplasty - Hip
P	Procedure	PM	Musculoskeletal	14	Arthroplasty - Knee
P	Procedure	PM	Musculoskeletal	39	Arthroscopy - Lower Extremity
P	Procedure	PM	Musculoskeletal	21	Arthroscopy - Upper Extremity
P	Procedure	PM	Musculoskeletal	36	Destruction by Neurolytic Agent - Back
P	Procedure	PM	Musculoskeletal	15	Joint Injection
P	Procedure	PM	Musculoskeletal	24	Laminotomy or Laminectomy - Lumbar
P	Procedure	PM	Musculoskeletal	7	Nerve Block Injection - Back
P	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
P	Procedure	PM	Musculoskeletal	0	No RBCS Family
P	Procedure	PM	Musculoskeletal	41	Percutaneous Vertebroplasty
P	Procedure	PM	Musculoskeletal	54	Shoulder Repair or Replacement - Open
P	Procedure	PO	Other Organ Systems	0	No RBCS Family
P	Procedure	PO	Other Organ Systems	10	Cystourethroscopy
P	Procedure	PO	Other Organ Systems	22	Calculus Removal - Urinary
P	Procedure	PO	Other Organ Systems	27	Nasal/Sinus Endoscopy
P	Procedure	PO	Other Organ Systems	40	Prostate Resection
P	Procedure	PO	Other Organ Systems	45	Lymph Node Biopsy
P	Procedure	PO	Other Organ Systems	50	Bronchoscopy
P	Procedure	PS	Skin	0	No RBCS Family
P	Procedure	PS	Skin	9	Destruction Skin Lesion
P	Procedure	PS	Skin	13	Debridement
P	Procedure	PS	Skin	16	Skin Grafting
P	Procedure	PS	Skin	17	Mohs Surgery
P	Procedure	PS	Skin	23	Nail Procedure
P	Procedure	PS	Skin	28	Wound Repair - All Levels
P	Procedure	PS	Skin	32	Skin Biopsy
P	Procedure	PS	Skin	38	Skin Lesion Excision
P	Procedure	PS	Skin	51	Removal or Shaving of Skin Growth
P	Procedure	PV	Vascular	0	No RBCS Family
P	Procedure	PV	Vascular	5	Transluminal Angioplasty - Arterial
P	Procedure	PV	Vascular	19	Venous Catheter Insertion
P	Procedure	PV	Vascular	29	A-V Fistula PCI
P	Procedure	PV	Vascular	30	Transluminal Angioplasty - Venous
P	Procedure	PV	Vascular	37	A-V Fistula Creation
P	Procedure	PV	Vascular	42	Varicose Vein Ablation
P	Procedure	PV	Vascular	48	Vascular Embolization
P	Procedure	PV	Vascular	49	Transvascular Stent
R	Treatment	RB	Spinal Manipulation	0	No RBCS Family
R	Treatment	RB	Spinal Manipulation	17	Chiropractic
R	Treatment	RD	Dialysis	0	No RBCS Family
R	Treatment	RD	Dialysis	1	ESRD Related Services (not dialysis)
R	Treatment	RD	Dialysis	28	Peritoneal Dialysis
R	Treatment	RD	Dialysis	32	Hemodialysis
R	Treatment	RH	Chemotherapy	0	No RBCS Family
R	Treatment	RH	Chemotherapy	2	Chemotherapeutic Agent
R	Treatment	RH	Chemotherapy	12	Chemotherapy Administration
R	Treatment	RI	Injections and Infusions (nononcologic)	0	No RBCS Family
R	Treatment	RI	Injections and Infusions (nononcologic)	4	Injection - Monoclonal Antibodies
R	Treatment	RI	Injections and Infusions (nononcologic)	5	Injection - Macular Degeneration
R	Treatment	RI	Injections and Infusions (nononcologic)	6	Injection - Colony Stimulating Factors
R	Treatment	RI	Injections and Infusions (nononcologic)	8	Injection - Immune Globulin
R	Treatment	RI	Injections and Infusions (nononcologic)	11	Vaccine - Toxoids
R	Treatment	RI	Injections and Infusions (nononcologic)	13	Injection - Growth/Hormone Factor
R	Treatment	RI	Injections and Infusions (nononcologic)	14	Injection Administration
R	Treatment	RI	Injections and Infusions (nononcologic)	15	Intravenous Infusion, Hydration
R	Treatment	RI	Injections and Infusions (nononcologic)	16	Erythropoiesis - Stimulating Agent
R	Treatment	RI	Injections and Infusions (nononcologic)	18	Injection - Clotting Factors
R	Treatment	RI	Injections and Infusions (nononcologic)	19	Injection - Immunomodulator
R	Treatment	RI	Injections and Infusions (nononcologic)	22	Injection - Somatostatin
R	Treatment	RI	Injections and Infusions (nononcologic)	23	Vaccine Admin - Flu, Pneum, and Hep B
R	Treatment	RI	Injections and Infusions (nononcologic)	24	Injection - Tumor Necrosis Factor Blocker
R	Treatment	RI	Injections and Infusions (nononcologic)	25	Injection - Hyaluronan or Derivative
R	Treatment	RI	Injections and Infusions (nononcologic)	26	Injection - Vasodilator
R	Treatment	RI	Injections and Infusions (nononcologic)	30	Injection - Anticoagulant
R	Treatment	RI	Injections and Infusions (nononcologic)	31	Injection - Enzymes
R	Treatment	RI	Injections and Infusions (nononcologic)	35	COVID-19 Vaccine Administration
R	Treatment	RI	Injections and Infusions (nononcologic)	36	Platelet Stimulating Agent
R	Treatment	RR	Radiation Oncology	0	No RBCS Family
R	Treatment	RR	Radiation Oncology	7	Intensity Modulated Radiation Therapy
R	Treatment	RR	Radiation Oncology	9	Conventional Radiation Treatment
R	Treatment	RR	Radiation Oncology	10	Radiation Treatment Planning
R	Treatment	RT	Physical, Occupational, and Speech Therapy	0	No RBCS Family
R	Treatment	RT	Physical, Occupational, and Speech Therapy	3	PT Treatment
R	Treatment	RT	Physical, Occupational, and Speech Therapy	20	Speech Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy	21	Occupational Therapy
R	Treatment	RT	Physical, Occupational, and Speech Therapy	33	PT/OT Evaluation
R	Treatment	RX	Treatment - Miscellaneous	0	No RBCS Family
R	Treatment	RX	Treatment - Miscellaneous	27	Cardiac Rehabilitation
R	Treatment	RX	Treatment - Miscellaneous	29	Immunosuppressive Drugs - Non-injectable
R	Treatment	RX	Treatment - Miscellaneous	34	Hyperbaric Oxygen
T	Test	TA	Anatomic Pathology	0	No RBCS Family
T	Test	TA	Anatomic Pathology	2	Surgical Pathology Examination
T	Test	TA	Anatomic Pathology	9	Immunohistochemistry
T	Test	TC	Cardiography	0	No RBCS Family
T	Test	TC	Cardiography	3	Electrocardiogram
T	Test	TC	Cardiography	10	External Electrocardiographic Monitoring

T	Test	TF	Pulmonary	0	No RBCS Family
T	Test	TF	Pulmonary	15	Pulmonary Function Testing
T	Test	TL	General Laboratory	0	No RBCS Family
T	Test	TL	General Laboratory	1	Clinical Chemistry
T	Test	TL	General Laboratory	4	Blood Count
T	Test	TL	General Laboratory	5	Drug Tests
T	Test	TL	General Laboratory	6	Immunoassay
T	Test	TL	General Laboratory	12	Venipuncture Blood Collection
T	Test	TL	General Laboratory	13	Bacterial Culture
T	Test	TM	Molecular Testing	0	No RBCS Family
T	Test	TM	Molecular Testing	11	Infectious Agent Detection by DNA/RNA
T	Test	TM	Molecular Testing	14	Genetic Analysis
T	Test	TM	Molecular Testing	16	COVID Specific
T	Test	TN	Neurologic	0	No RBCS Family
T	Test	TN	Neurologic	7	Sleep Study
T	Test	TN	Neurologic	8	Electrical Nerve Conductivity
T	Test	TP	Pulmonary Function	0	No RBCS Family
T	Test	TX	Test - Miscellaneous	0	No RBCS Family

CPT Source	Deleted	Source 2024 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2024)	Percent	Source RVU (2026)	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
0707T		195	2XXX1	150	0.769	0.00	7.10	04 Injection Bone Substitute-Subchondral Defect	1,065	0
0707T		195	2XXX2	45	0.231	0.00	1.46	04 Injection Bone Substitute-Subchondral Defect	66	0
31624		100,862	31624	100,862	1.000	2.56	2.04	05 Bronchoscopy with Navigational Assistance	205,758	258,207
31627		32,472	31627	32,472	1.000	1.95	1.95	05 Bronchoscopy with Navigational Assistance	63,320	63,320
31628		43,190	31628	43,190	1.000	3.46	3.40	05 Bronchoscopy with Navigational Assistance	146,846	149,437
31629		30,991	31629	30,991	1.000	3.66	3.40	05 Bronchoscopy with Navigational Assistance	105,369	113,427
31652		27,841	31652	27,841	1.000	4.35	3.98	05 Bronchoscopy with Navigational Assistance	110,807	121,108
31653		20,894	31653	20,894	1.000	4.84	4.22	05 Bronchoscopy with Navigational Assistance	88,173	101,127
31654		27,333	31654	27,333	1.000	1.37	1.29	05 Bronchoscopy with Navigational Assistance	35,260	37,446
55874		22,488	55874	5,679	0.253	2.95	2.21	06 Peri-prostatic Implantation Biodegradable Material	12,550	16,753
55876		24,325	55876	7,516	0.309	1.69	1.46	06 Peri-prostatic Implantation Biodegradable Material	10,974	12,703
55874		22,488	55XX0	16,809	0.747	2.95	3.21	06 Peri-prostatic Implantation Biodegradable Material	53,957	49,587
55876		24,325	55876 (Savings bundled into 55XX0)	16,809	0.691	0.85	0.00	06 Peri-prostatic Implantation Biodegradable Material	0	14,288
0523T	D	830	93XXX	830	1.000	0.00	0.83	07 Augmentative Algorithmic Analysis-Coronary FFR Angio	689	0
21076		184	21076	184	1.000	13.07	11.56	08 Maxillofacial Prosthetic Services	2,127	2,405
21077		11	21077	11	1.000	32.86	33.33	08 Maxillofacial Prosthetic Services	367	361
21079		494	21079	494	1.000	21.75	20.00	08 Maxillofacial Prosthetic Services	9,880	10,745
21080		523	21080	523	1.000	24.43	25.42	08 Maxillofacial Prosthetic Services	13,295	12,777
21081		338	21081	338	1.000	22.28	25.54	08 Maxillofacial Prosthetic Services	8,633	7,531
21082		206	21082	206	1.000	20.32	25.38	08 Maxillofacial Prosthetic Services	5,228	4,186
21083		30	21083	30	1.000	18.79	20.01	08 Maxillofacial Prosthetic Services	600	564
21084		31	21084	31	1.000	21.92	22.43	08 Maxillofacial Prosthetic Services	695	680
21085		2,013	21085	2,013	1.000	8.77	5.90	08 Maxillofacial Prosthetic Services	11,877	17,654
21086		24	21086	24	1.000	24.26	30.57	08 Maxillofacial Prosthetic Services	734	582
21087		64	21087	64	1.000	24.26	30.57	08 Maxillofacial Prosthetic Services	1,956	1,553
21088		23	21088	23	1.000	0.00	35.00	08 Maxillofacial Prosthetic Services	805	0
33267		247	33267	247	1.000	18.04	18.04	09 Exclusion of Left Atrial Appendage	4,456	4,456
33268		10,398	33268	10,398	1.000	2.44	1.17	09 Exclusion of Left Atrial Appendage	12,166	25,371
33269		368	33269	368	1.000	13.95	13.95	09 Exclusion of Left Atrial Appendage	5,134	5,134
43497		1,230	43497	1,230	1.000	12.96	12.96	10 Per-Oral Endoscopic Myotomy (POEM)	15,941	15,941
92547		22,985	92547	22,985	1.000	0.00	0.00	11 Vertical Electrodes (PE Only)	0	0
92520		8,021	92520	8,021	1.000	0.73	1.25	14A Laryngeal Function Studies	10,026	5,855
92565		1,367	92565	1,367	1.000	0.00	0.29	14B Stenger Tests	396	0
92577		146	92577	146	1.000	0.00	0.25	14B Stenger Tests	37	0
92571		6,220	92571	6,220	1.000	0.00	0.37	14C Complex Listening Tests	2,301	0
92572		835	92572	835	1.000	0.00	0.78	14C Complex Listening Tests	651	0
92576	D	1,193	92576	-	0.000	0.00	0.00	14C Complex Listening Tests	0	0
92596		98	92596	98	1.000	0.00	0.57	14D Ear Protector Attenuation Measurements	56	0
									942,195	1,053,196

Total Source RVUs	1,053,196
Total New/Revised RVUs	942,195
RVU Difference	111,001
CF (Non-APM)	33.4009
CF Redistribution	**3,707,536**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	April 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15X19		January 2026	Skin Cell Suspension Autograft	04	CPT 2027	April 2031		☐
15X20		January 2026	Skin Cell Suspension Autograft	04	CPT 2027	April 2031		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15X21		January 2026	Skin Cell Suspension Autograft	04	CPT 2027	April 2031		☐
15X22		January 2026	Skin Cell Suspension Autograft	04	CPT 2027	April 2031		☐
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
209XX		September 2	Ablation Therapy – Bone Tumors	04	CPT 2027	April 2031	In September 2025, the RUC placed this service on the New Technology/New Services list to be re-reviewed by the RUC after three years of data are available. The specialty societies expect this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized, and the technique involved with these supplies are not widely practiced and are unfamiliar to most orthopaedic surgeons at this time.	☐
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Sep 2024	Limb Lengthening/Shortening-Femur	04	CPT 2026	April 2030		☐
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Sep 2024	Limb Lengthening/Shortening-Tibia	05	CPT 2026	April 2030		☐
27X05		January 2026	Implantation Extra-articular Shock Absorber, Medial Knee	06	CPT 2027	April 2031		☐
27XX8		January 2026	Osteochondral Acellular Scaffold Implantation, Knee	07	CPT 2027	April 2031		☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	☑
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
2XXX1		September 2	Injection Bone Substitute-Subchondral Defect	04	CPT 2028	April 2032		☐
2XXX2		September 2	Injection Bone Substitute-Subchondral Defect	04	CPT 2028	April 2032		☐
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31624		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31628		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐
31629		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31653		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐
31654		September 2	Bronchoscopy with Navigational Assistance	05	CPT 2028	April 2032		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
32XX2		Jan 2025	Thoracic Branch Endograft Services	05	CPT 2026	April 2030		☐
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	September 2026	Surveyed September 2026.	☑
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	September 2026	Surveyed September 2026.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	September 2026	Surveyed September 2026.	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2027	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							be necessary to keep the highest performed service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary. In September 2025, the specialty societies request that these services be referred to CPT to delete or revise the codes to address changes in the	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							approaches utilized for the procedures prior to re-surveying them. As such, the specialty societies did not survey the TAVR codes for the September 2025 RUC meeting and plan to submit a code change application to CPT by the November 3, 2025, deadline for review at the February 2026 CPT meeting. The RUC agreed and recommended CPT codes 33361-33366 be referred to the CPT Editorial Panel for the February 2026 meeting. In February 2026, the specialty societies indicated that they are waiting on some data requested from the TVT Data registry to help provide information on the coding changes and vignettes. In addition, the TAVR NCD has been opened for re-consideration. The specialties plan to meet to discuss the implications and the timeline given the TAVR NCD is now under re-consideration.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2025	The whole family of services should be reviewed in 3 years when reviewing the utilization data. (CPT codes 33858, 33859, 33863 and 33864). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☑
33X01		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X02		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X03		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X04		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33X05		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X06		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X07		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X08		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X09		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33X10		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X11		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
33X12		January 2026	Insertion and Removal of Surgical Ventricular Assist Device	08	CPT 2027	April 2031		☐
33X13		January 2026	Insertion and Removal of Surgical Ventricular Assist Device	08	CPT 2027	April 2031		☐
33X15		January 2026	Insertion and Removal of Surgical Ventricular Assist Device	08	CPT 2027	April 2031		☐
33X50		January 2026	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	09	CPT 2027	April 2031		☐
33X51		January 2026	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	09	CPT 2027	April 2031		☐
33X52		January 2026	Transcatheter Tricuspid Valve Implant / Edge-to-Edge Repair	09	CPT 2027	April 2031		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☑
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
38X03		January 2026	Microvascular Bypass, Lymphatic Vessels	10	CPT 2027	April 2031		☐
38X04		January 2026	Microvascular Bypass, Lymphatic Vessels	10	CPT 2027	April 2031		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
395X2		September 2	Diaphragm Repair	09	CPT 2027	April 2031	In September 2025, the RUC placed this service on the New Technology list/New Services list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
42XX1		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
42XX2		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed CPT these services on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	September 2026	Surveyed September 2026.	☑
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	Jan 2025	Endoscopic Sleeve Gastroplasty	07	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
48XXX		September 2	Irreversible Electroporation of Tumor, Pancreas	12	CPT 2027	April 2031	In September 2025, the RUC placed this service on the New Technology/New Services list to be reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
4XX01		September 2	Endoscopic Submucosal Dissection	10	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology list/New Services list to be reviewed by the RUC in three years after data are available. The specialty societies expect these to be low-volume services.	☐
4XX02		September 2	Endoscopic Submucosal Dissection	10	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology list/New Services list to be reviewed by the RUC in three years after data are available. The specialty societies expect these to be low-volume services.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	Jan 2025	Cystourethroscopy	09	CPT 2026	April 2030		☐
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	Sep 2024	Transurethral Robotic-assisted Resection of Prostate	07	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	January 2026	Prostate Biopsy Services	12	CPT 2027	April 2031		☐
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	January 2026	Prostate Biopsy Services	12	CPT 2027	April 2031		☐
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	January 2026	Prostate Biopsy Services	12	CPT 2027	April 2031		☐
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	January 2026	Prostate Biopsy Services	12	CPT 2027	April 2031	Deleted for CPT 2027	☑
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	January 2026	Prostate Biopsy Services	12	CPT 2027	April 2031		☐
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	Jan 2025	Irreversible Electroporation of Tumors	08	CPT 2026	April 2030		☐
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
5XX14		Jan 2026	Prostate Biopsy Services	12	CPT 2027	April 2031		☐
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 61715 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	Jan 2025	Laminotomy – Repair of Disc Defect	11	CPT 2026	April 2030		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2028	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to review in 2 years (April 2028). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 64640 one-third of all claims submitted by only 33 providers and for 64450 40% of all claims were submitted by only 27 providers, including 7% of claims by a single cardiologist.	☐
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2028	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to review in 2 years (April 2028). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 64640 one-third of all claims submitted by only 33 providers and for 64450 40% of all claims were submitted by only 27 providers, including 7% of claims by a single cardiologist.	☐
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Jan 2025	Percutaneous Electrical Nerve Field Stimulation	13	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2028	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to review in 2 years (April 2028). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 64640 one-third of all claims submitted by only 33 providers and for 64450 40% of all claims were submitted by only 27 providers, including 7% of claims by a single cardiologist.	☐
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2028	Review in 2 years (April 2028)	☐
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2028	Review in 2 years (April 2028)	☐
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2028	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026). In April 2026, the Workgroup recommended to review in 2 years (April 2028). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 64640 one-third of all claims submitted by only 33 providers and for 64450 40% of all claims were submitted by only 27 providers, including 7% of claims by a single cardiologist.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	Jan 2025	Percutaneous Decompression of Median Nerve	14	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2029	Review in 3 years (April 2029). Noted that this service was identified on the Codes Reported Together 75% or more with 66984 and will be reviewed via this screen at the September 2026 meeting.	☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2025	Coronary Atherosclerotic Plaque Assessment	15	CPT 2026	April 2030		☐
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							and accompanying structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							and accompanying structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.CMS maintains 77061 and 77062 as “Invalid”, instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☑
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2029	Review in 3 years (April 2029)	☐

CPT Code	Long Descriptor	RUC Meeting		Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021		Trabecular Bone Score (TBS)	19	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013		Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005		Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006		Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77437	Surface radiation therapy; superficial, delivery, </=150 kV, per fraction (eg, electronic brachytherapy)	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22))	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81278)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long intergenic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked intellectual disability), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta]							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked intellectual disability 89), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA 2'-O-methyltransferase 1) (eg, X-linked intellectual disability 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine demethylase 5C) (eg, X-linked intellectual disability), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies), each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90480	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		☐
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2027	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							should also consider any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90869 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting. The specialty society intends to submit a CCA for the September 2026 CPT meeting. In September 2026, the issue was withdrawn and a revisied CCA to be sumbitted for February 2026 CPT meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2027	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							should also consider any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90869 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting. The specialty society intends to submit a CCA for the September 2026 CPT meeting. In September 2026, the issue was withdrawn and a revisied CCA to be sumbitted for February 2026 CPT meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2027	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							should also consider any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90869 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting. The specialty society intends to submit a CCA for the September 2026 CPT meeting. In September 2026, the issue was withdrawn and a revisied CCA to be sumbitted for February 2026 CPT meeting.	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2028	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense. In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030	This service was revised for CPT 2023 and reviewed at the April 2021 RUC meeting when it was first placed on the new technology list. It was reviewed at the RAW in September 2023 and was referred to CPT and CPT Assistant. The RUC reviewed the typical technology used to perform this service when it was re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This service was reviewed at the April 2024 meeting along with 922X1 and placed back on the new technology list for review after 3 years of data.	☐
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Apr 2024	Coronary Therapeutic Services and Procedures	06	CPT 2026	April 2030		☐
92X10		January 2026	Video Head Impulse-Vestibular Function	16	CPT 2027	April 2031		☐
92X11		January 2026	Video Head Impulse-Vestibular Function	16	CPT 2027	April 2031		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92XX5		September 2	Rotational Vestibular Assessment	14	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
92XX6		September 2	Rotational Vestibular Assessment	14	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
93X01		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
93X02		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
93X03		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93X04		September 2	Cardiac Contractility Modulation	08	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technology/New Services list to be reviewed by the RUC in three years.	☐
93XXX		September 2	Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data	07	CPT 2028	April 2032		☐
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2029	Review in 3 years (April 2029). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 94625, 85% of all services were reported by two providers and for CPT code 94626 85% of all services were reported by 10 providers.	☐
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2029	Review in 3 years (April 2029). Notify CMS of possible misreporting based on data from the 2023 Medicare Physician & Other Practitioners - by Provider and Service data. For CPT code 94625, 85% of all services were reported by two providers and for CPT code 94626 85% of all services were reported by 10 providers.	☐
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		☐
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95X18		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95X19		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X20		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X21		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
95X22		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95X23		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed these services on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are avaialable.	☐
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)	Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98970	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98971	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98972	Nonphysician qualified health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025 recommended contractor-price. Review again April 2030.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period	Jan 2025	Remote Monitoring	28 H	CPT 2023	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98986	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	Jan 2025	Remote Monitoring	28 H	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	Jan 2025	Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							meeting.	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☑
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Review in 3 years (April 2029)	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Review in 3 years (April 2029)	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Review in 3 years (April 2029)	☐
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review. In April 2026, the Workgroup recommended to review in 3 years (April 2029).	☐
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period		Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							meeting.	
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such has high volume growth, if that threshold arises.	☑
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such has high volume growth, if that threshold arises.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment		Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							resurveyed for the January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period		Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							resurveyed for the January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes		Remote Monitoring (RPM)	20	CPT 2019	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							resurveyed for the January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)		Remote Monitoring (RPM)	20	CPT 2020	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							resurveyed for the January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes		Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Jan 2025	Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient		Remote Monitoring (RPM)	20	CPT 2020	January 2028	In April 2024 Remove from list, no demonstrated technology diffusion that impacts work or practice expense. However, resurveyed in January 2025 with RPM family (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2029	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review. In April 2026, the Workgroup recommended to review in 3 years (April 2029).	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2029	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review. In April 2026, the Workgroup recommended to review in 3 years (April 2029).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2029	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review. In April 2026, the Workgroup recommended to review in 3 years (April 2029).	☐
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2029	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review. In April 2026, the Workgroup recommended to review in 3 years (April 2029).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							services screen and is scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							services screen and is scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9XX04		September 2	Intracoronary Drug Delivery Balloon Services	15	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
9XX07		September 2	Intracoronary Drug Delivery Balloon Services	15	CPT 2027	April 2031	In September 2025, the RUC placed these services on the New Technolog/New Services list and be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		☑

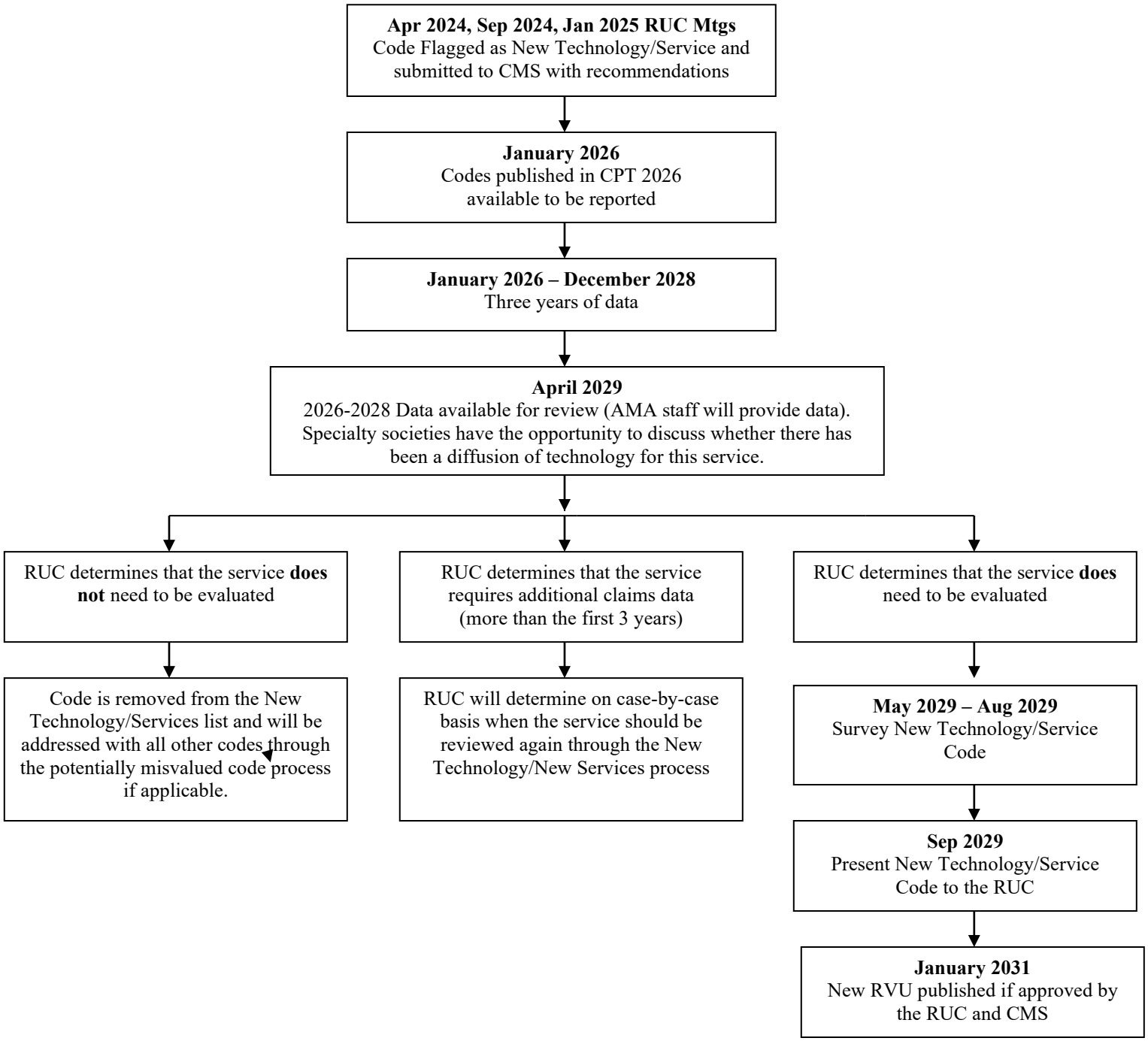
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							years (April 2027).	

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Specialty Society Acronym List – October 2026

Society	Acronym
Academy of Nutrition and Dietetics	AND
Aerospace Medical Association	AsMA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Cosmetic Surgery	AACS
American Academy of Dermatology Association	AADA
American Academy of Emergency Medicine	AAEM
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Physician Associates	AAPA
American Academy of Sleep Medicine	AASM
American Association for Marriage and Family Therapy	AAMFT
American Association for Thoracic Surgery	AATS
American Association of Clinical Endocrinology	AACE

Specialty Society Acronym List – October 2026

Society	Acronym
American Association of Clinical Urologists	AACU
American Association of Gynecologic Laparoscopists	AAGL
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Public Health Physicians	AAPHP
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Lifestyle Medicine	ACLM
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS

Specialty Society Acronym List – October 2026

Society	Acronym
American Dental Association	ADA
American Gastroenterological Association	AGA
American Medical Group Association	AMGA
American Medical Women's Association	AMWA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA(eye)
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA(psychiatry)
American Psychological Association	APA(psychology)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Metabolic and Bariatric Surgery	ASMBS
American Society for Radiation Oncology	ASTRO
American Society for Reconstructive Microsurgery	ASRM(surgery)
American Society for Reproductive Medicine	ASRM(medicine)

Specialty Society Acronym List – October 2026

Society	Acronym
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroradiology	ASNR
American Society of Nuclear Cardiology	ASNC
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA

Specialty Society Acronym List – October 2026

Society	Acronym
American Venous Forum	AVF
Association of Academic Radiology	AAR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
GLMA: Health Professionals Advancing LGBTQ+ Equality	GLMA
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Pain and Spine Intervention Society	IPSIS
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
National Association of Social Workers	NASW
North American Neuromodulation Society	NANS
North American Neuro-Ophthalmology Society	NANOS
North American Spine Society	NASS
Obesity Medicine Association	OMA
Outpatient Endovascular and Interventional Society	OEIS
Post-Acute and Long-Term Care Medical Association	PALTmed
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Cardiovascular Magnetic Resonance	SCMR
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS

Specialty Society Acronym List – October 2026

Society	Acronym
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Cardiovascular Computed Tomography	SCCT
Society of Critical Care Medicine	SCCM
Society of Hospital Medicine	SHM
Society of Interventional Radiology	SIR
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Society for Pediatric Dermatology	SPD
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Global	Total CY2028 Physician Time - before applying post-op visit increase	Total CY2028 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2028 RUC Recommended Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
33267	090	445	461	16	4%	18.04	19.55	1.51	8%	0		0	0	2	0	0	0	1	1	0	1	1	0
33269	090	318	318	0	0%	13.95	15.10	1.15	8%	0		0	0	1	0	0	0	1	1	1	0	0	0
43497	090	251	265	14	6%	12.96	13.73	0.77	6%	0		0	0	2	0	0	0	0	0	0.5	0	0	0
2XXX1	090	191	207	16	8%	7.10	8.09	0.99	14%	0		0	1	2	0	0	0	0	0	0.5	0	0	0

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2026

Injection Bone Substitute-Subchondral Defect – Tab 04

American Academy of Orthopaedic Surgeons

At the May 2026 meeting, the CPT Editorial Panel created two new codes to describe injections of bone-substitute material into subchondral bone defects in the knee using imaging guidance and each additional bone. The Panel also revised Category III code 0707T to report injections of bone-substitute material into subchondral bone defects, other than knee.

2XXX1 ***Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone***

The RUC reviewed the survey results from 61 orthopaedic surgeons and determined the survey 25th percentile work RVU of 7.10 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes pre-evaluation time, 10 minutes pre-positioning time, 10 minutes scrub/dress/wait time, 45 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 2-99213 and 1-99212 post-operative visits as supported by the survey, totaling 191 minutes. Seven minutes have been added to the standard package time of 3 minutes to account for procedure-specific positioning, including supine placement on a radiolucent table, padding and positioning of the nonoperative leg outside the lateral fluoroscopic beam path, tourniquet placement, and operative-leg support or elevation sufficient to obtain unobstructed anteroposterior and true lateral fluoroscopic views. This time is consistent with arthroscopic knee procedures (e.g., CPT codes 29880, 29881).

CPT code 2XXX1 describes injections of bone-substitute material into the first bone. If the physician performs multiple injections on the same bone, this code is still only reported once. CPT code 2XXX2 describes injections of bone-substitute material into another bone. The RUC questioned the frequency with which a physician would perform these injections on two bones. The specialty societies indicated that there are only a few published studies available; therefore, based on expert opinion, it is estimated that only about one-third would be performed in two bones.

The RUC compared the surveyed code to the top key reference service 25606 *Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation* (work RVU = 8.10, 43.88 minutes intra-service time and 258.88 minutes total time) and determined the surveyed code is more intense/complex to perform. CPT code 25606 describes percutaneous fixation of a distal radius fracture, and the surveyed code, which is for knee subchondroplasty, is significantly more intense/complex. It requires MRI-directed localization of a subchondral bone defect, continuous multi-plane fluoroscopic guidance, precise percutaneous cannula placement through cortical bone into cancellous bone, controlled injection of bone substitute material into the defect, and arthroscopic assessment for potential extravasation into the joint space. The procedure combines intraosseous intervention with arthroscopic visualization and ongoing imaging confirmation, creating substantially greater intensity, technical demand, and risk than CPT code 25606.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared the surveyed code to the second top key reference service 29881 *Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU = 6.85, 39 minutes intra-service time and 193 minutes total time) and determined the services are comparable because both are minimally invasive knee procedures performed with arthroscopic visualization, require specialized operative setup, and involve careful intraoperative decision-making to address the patient's pain-generating pathology. CPT code 29881 requires arthroscopic access, compartment-specific meniscal resection, and management of associated intra-articular pathology, while 2XXX1 requires arthroscopic assessment, fluoroscopic guidance, image-guided access to the subchondral bone, and controlled delivery of bone substitute material into a targeted defect. Although the anatomic target differs, both procedures demand precision, imaging support, and technical coordination in the same operative setting, making the overall intensity comparable. The slight difference in work RVUs between the recommended value for 2XXX1 and the current value for CPT code 29881 accounts for the slight difference in intra-service time.

For additional support, the RUC referenced codes 28120 *Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus* (work RVU = 7.13, 48.75 minutes intra-service time and 249.75 minutes total time) and code 23120 *Claviculectomy; partial* (work RVU = 7.21, 43.88 minutes intra-service time and 225.88 minutes total time) and noted these services require similar physician work and time and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 7.10 for CPT code 2XXX1.**

2XXX2 ***Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; each additional bone (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 58 orthopaedic surgeons and a work RVU of 1.46, a direct crosswalk to CPT code 49412 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)* (work RVU = 1.46, 19.5 minutes of intra-service and total time) appropriately accounts for the work required to perform this service. The RUC recommends 20.50 minutes intra-service and total time as supported by the survey.

The physician time required to perform CPT code 2XXX2 is much less than 2XXX1 because it is an add-on code. Therefore, the initial arthroscopy, incisions, inspecting the joint, and wound closure are all included in the physician work described by CPT code 2XXX1. CPT code 2XXX2 includes the incremental work of performing the injection and reviewing that area when the physician performs the "second look" arthroscopy.

The RUC compared the surveyed code to the second top key reference service 29826 *Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)* (work RVU = 2.93, 39 minutes intra-service time and total time) and determined the surveyed code requires half the physician time and work, thus a work RVU of 1.46 for the surveyed code is appropriate.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC referenced codes 16036 *Escharotomy; each additional incision (List separately in addition to code for primary procedure)* (work RVU = 1.46, 19.5 minutes intra-service time and total time) and code 20700 *Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)* (work RVU = 1.46, 19.5 minutes intra-service time and 26.5 minutes total time) and noted these services require similar physician work and time and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 1.46 for CPT code 2XXX2.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT code 2XXX1 and 2XXX2 will be placed on the New Technology/New Services list and be re-reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Musculoskeletal System Femur (Thigh Region) and Knee Joint Introduction or Removal				
●2XXX1	D1	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone (Do not report 2XXX1 in conjunction with 27509, 27511, 27513, 27514, 27519, 27524, 27535, 27536, 27540, 29850, 29851, 29855, 29856, 29870, 29885, 29886, 29887, 77002)	090	7.10

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●✚2XXX2	D2	each additional bone (List separately in addition to code for primary procedure) (Use 2XXX2 in conjunction with 2XXX1) (For aspiration and injection of bone cysts, use 20615) (For injection[s] of bone-substitute material into defect of bone using imaging guidance, other than knee, use 0707T) (For injection[s] of bone-substitute material for bone and/or soft tissue hardware fixation augmentation, use 0869T)	ZZZ	1.46
▲0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), other than knee (eg, foot, ankle, hip, or shoulder), including imaging guidance and arthroscopic assistance for joint visualization, each bone Sunset January 2032 (Do not report 0707T in conjunction with 29805, 29860, ~~29870,~~ 77002) (For injection[s] of bone-substitute material into defect of bone using imaging guidance, knee, use 2XXX1) (For injection[s] of bone-substitute material for bone and/or soft tissue hardware fixation augmentation, use 0869T)			

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:2XXX1 Tracking Number D1 Original Specialty Recommended RVU: **7.10**
Presented Recommended RVU: **7.10**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **7.10**

CPT Descriptor: Descriptor: Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates a bone marrow defect in the distal femur.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 25% , In the ASC 75%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior to the procedure, the surgeon reviews the patient's MRI (T1 and T2 sequences) and radiographs to confirm the subchondral bone defect / bone marrow lesion, determine the treated compartment and lesion quadrant, correlate MRI coronal and sagittal planes with anticipated anatomic AP and true lateral fluoroscopic views, and plan the skin entry point, cannula trajectory, and target depth relative to the tibial plateau joint line. The surgeon interviews and examines the patient, updates and signs the H&P, confirms patient identity, operative site and side, reviews the consent and procedure-specific risks, and verifies availability of the bone-substitute delivery system, arthroscopy equipment, fluoroscopy, and radiolucent table setup. The surgeon assists with procedure-specific positioning, including supine placement on a radiolucent table, padding and positioning of the nonoperative leg outside the lateral fluoroscopic beam path, tourniquet placement if used, and operative-leg support or elevation sufficient to obtain unobstructed AP and true lateral fluoroscopic views. Before prep and draping, the surgeon confirms or adjusts fluoroscopic access as needed to assure accurate subchondral targeting with unobstructed orthogonal imaging and MRI-to-fluoroscopy correlation. The surgeon marks planned portal sites, prepares and drapes the leg, scrubs and gowns, and performs a comprehensive timeout and checklist review with the surgical team.

Description of Intra-Service Work: Incisions are made at the marked entry sites over the knee. Arthroscopy is performed to identify the target defect and assess the extent of the bone injury, then the arthroscope is removed. Using orthogonal fluoroscopic views, the defect is localized and the planned trajectory is confirmed relative to the preoperative MRI findings. A cannula is then drilled through the cortex into the cancellous bone under fluoroscopic guidance, with repeated AP and lateral imaging used to confirm entry point, trajectory, and depth. Fluoroscopy is used throughout cannula advancement to ensure accurate placement into the subchondral defect and to avoid malposition. Once the cannula is positioned appropriately, it is rotated to direct the delivery fenestrations toward the defect. Bone substitute material is mixed and injected through the cannula using steady manual pressure, with fluoroscopic visualization used to monitor distribution of the material within the defect. Additional syringes are used as needed to achieve the desired volume, with cannula depth adjusted to expand the area of injection under continued imaging guidance. The cannula is removed using reverse torque while withdrawing it. Arthroscopy is then repeated to evaluate for any leakage of bone substitute material into the joint space; any extravasated material is removed with suction and lavage. Final fluoroscopic images are obtained to confirm appropriate fill and absence of extravasation, and the portals are closed with sutures.

Description of Post-Service Work: Facility work includes the following activities: Apply sterile dressings and compression wrap; assist in transfer of the patient from the OR table to a stretcher or bed; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff; discuss procedure and outcome with family and answer questions; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the referring physician. When the patient is ready to be discharged, finalize and confirm discharge plans; assess pain control; check neurovascular status; finalize and confirm discharge plans with patient and/or family; counsel patient and/or family regarding therapy protocol and activity limitations after discharge; review postoperative instructions (eg, wound care, pain medications); complete discharge summary and associated forms and documents; write prescriptions for medications and orders for devices (eg, crutches); check narcotic prescription registries; complete medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; and enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP and/or local registry).

Office visit work includes the following activities: review PT notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT; remove/change dressing; examine surgical site; remove sutures; apply wound closure strips; assess standing limb alignment, and limb swelling, strength, and ROM; check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, nonsteroidal anti-inflammatory drugs [NSAIDs]); check narcotic prescription registries; complete PT forms, referrals, or prescriptions; complete disability, out of work, and/or other related forms; communicate and coordinate care with other physicians and providers (eg, PCP, PT); and enter postoperative data into longitudinal outcome registries (eg, NSQIP and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD					
Specialty Society(ies):	AAOS					
CPT Code:	2XXX1					
Sample Size:	3000	**Resp N:**	61			
Description of Sample:	Random AAOS members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	8.00	65.00	
Survey RVW:	3.90	7.10	**8.05**	8.62	19.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	17.00	30.00	**45.00**	49.00	120.00	

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	2XXX1	**Recommended Physician Work RVU: 7.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
25606	090	8.10	**RUC Time**

CPT Descriptor Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29881	090	6.85	**RUC Time**

CPT Descriptor Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67917	090	5.78	**RUC Time**	19,922

CPT Descriptor 1 Repair of ectropion; extensive (eg, tarsal strip operations)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.53	**RUC Time**	34,795

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 42.6 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 24.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 2XXX1	Top Key Reference CPT Code: 25606	2nd Key Reference CPT Code: **29881**
Median Pre-Service Time	50.00	65.00	58.00
Median Intra-Service Time	45.00	43.88	39.00
Median Immediate Post-service Time	15.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	62.0	101.00	62.00
Median Total Time	**191.00**	**258.88**	**193.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	4%	46%	42%	8%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	46%	54%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	50%	50%
Physical effort required	8%	54%	38%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	65%	23%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	67%	6%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	47%	53%
Physical effort required	7%	60%	33%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

A company sponsored code change application to convert Category III code 0707T to Category I codes 2XXX1 and 2XXX2 was approved at the May 2026 CPT Editorial Panel meeting. This required a survey of physician work.

Survey Process

A survey was sent to a random selection of 3,000 members of the AAOS.

Work RVU Recommendation

We recommend the survey 25th percentile work RVU of 7.10.

Pre-service time

Pre-time package 3 is selected: Straightforward Patient/Difficult Procedure with the following adjustments.

Evaluation time: Three minutes subtracted from the standard package time to be consistent with the survey median.

Positioning: Seven minutes have been added to the standard package time of 3 minutes to account for procedure-specific positioning, including supine placement on a radiolucent table, padding and positioning of the nonoperative leg outside the lateral fluoroscopic beam path, tourniquet placement if used, and operative-leg support or elevation sufficient to obtain unobstructed AP and true lateral fluoroscopic views. This time is consistent with arthroscopic knee procedures (eg 29880, 29881).

Scrub, dress and wait: Five minutes subtracted from the standard package time to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected: general anesthesia or complex regional block / complex procedure with the following adjustment: Subtract 18 minutes to be consistent with the survey median.

Postoperative Office Visits

Office visit 1 (99213): Review PT notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT; remove/change dressing; examine surgical site; remove sutures; apply wound closure strips; assess limb swelling, strength, and ROM; check neurovascular status; review imaging with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications; check narcotic prescription registries; complete PT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, PT); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office Visit #1:		
Number and complexity of problems addressed • 1 or more chronic illnesses with exacerbation, progression or side effect of treatment		**Moderate**
Amount and complexity of data • Review external notes		**Low**
Risk of complications from testing and/or treatment • Prescription drug management (pain)		**Moderate**
99213 selected to be consistent with survey data	Overall MDM	**Moderate**
	CPT code by MDM	**99214**

Office visit 2 (99213): Review PT notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility, and progress with PT; assess limb swelling, strength, and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol, and activity limitations; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications; check narcotic prescription registries; complete PT forms, referrals, or prescriptions; complete disability, out of work, and other related forms; communicate and coordinate care with other physicians (eg, PCP, PT); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry)

Office Visit #2:		
Number and complexity of problems addressed • 1 or more chronic illnesses with exacerbation, progression or side effect of treatment		**Moderate**
Amount and complexity of data • Review external notes		**Low**
Risk of complications from testing and/or treatment • OTC pain medication management		**Low**
99213 selected to be consistent with survey data	Overall MDM	**Low**
	CPT code by MDM	**99213**

Office visit 3 (99212): Review PT notes; interview patient and obtain interval history; assess pain control; assess function, mobility, and progress with PT; examine surgical site; assess strength and ROM; check neurovascular status; counsel patient and/or family regarding therapy protocol, and activity limitations; write or dictate and sign progress note;

complete PT forms; complete disability, back to work, and other related forms; and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office Visit #3:		
Number and complexity of problems addressed • 1 stable chronic illness		**Low**
Amount and complexity of data • Review external notes		**Low**
Risk of complications from testing and/or treatment • Minimal risk of morbidity from additional diagnostic testing or treatment		**Straightforward**
99212 selected to be consistent with survey data	Overall MDM	**Low**
	CPT code by MDM	**99213**

Key Reference Code Comparison

Compared with 25606, which describes percutaneous fixation of a distal radius fracture, 2XXX1 for knee subchondroplasty is significantly more complex because it requires MRI-directed localization of a subchondral bone defect, continuous multi-plane fluoroscopic guidance, precise percutaneous cannula placement through cortical bone into cancellous bone, controlled injection of bone substitute material into the defect, and arthroscopic assessment for potential extravasation into the joint space. The procedure combines intraosseous intervention with arthroscopic visualization and ongoing imaging confirmation, creating substantially greater intraoperative intensity, technical demand, and operative risk than 25606. For these reasons, the work involved in 0707T is materially greater and a more complex service.

Code 29881 and 2XXX1 are comparable because both are minimally invasive knee procedures performed with arthroscopic visualization, require specialized operative setup, and involve careful intraoperative decision-making to address the patient's pain-generating pathology. Code 29881 requires arthroscopic access, compartment-specific meniscal resection, and management of associated intra-articular pathology, while 2XXX1 requires arthroscopic assessment, fluoroscopic guidance, image-guided access to the subchondral bone, and controlled delivery of bone substitute material into a targeted defect. Although the anatomic target differs, both procedures demand precision, imaging support, and technical coordination in the same operative setting, making the overall procedural intensity reasonably comparable. The slight difference in work RVUs between the proposed value for 2XXX1 and the current value for 29881 accounts for the slight difference in intraoperative time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0707T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 13,500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated based on manufacturer internal 2024 sales data

Specialty orthopaedic surgery Frequency 13,500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data for 0707T extrapolated in the same fashion as national data

Specialty orthopaedic surgery Frequency 150 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 29883

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:2XXX2 Tracking Number D2 Original Specialty Recommended RVU: **1.46**
Presented Recommended RVU: **1.46**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **1.46**

CPT Descriptor: Descriptor: Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; each additional bone (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates bone marrow defects in the femur and the tibia. After treatment of the femur (reported separately), treatment of the tibia is performed. [Note: This is an add-on code. Only consider the additional work related to treatment of the additional bone.]

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After treatment of the femur bone marrow lesion (reported separately), the defect in the tibia is localized using orthogonal fluoroscopic views and the planned trajectory is confirmed relative to the preoperative MRI findings. A cannula is then drilled through the cortex into the cancellous bone under fluoroscopic guidance, with repeated AP and lateral imaging used to confirm entry point, trajectory, and depth. Fluoroscopy is used throughout cannula advancement to ensure accurate placement into the subchondral defect and to avoid malposition. Once the cannula is positioned appropriately, it is rotated to direct the delivery fenestrations toward the defect. Bone substitute material is mixed and injected through the cannula using steady manual pressure, with fluoroscopic visualization used to monitor distribution of the material within the defect. Additional syringes are used as needed to achieve the desired volume, with cannula depth adjusted to expand the area of injection under continued imaging guidance. The cannula is removed using reverse torque while withdrawing it. Arthroscopy is then repeated to evaluate for any leakage of bone substitute material into the joint space; any extravasated material is removed with suction and lavage. Final fluoroscopic images are obtained to confirm appropriate fill and absence of extravasation.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD					
Specialty Society(ies):	AAOS					
CPT Code:	2XXX2					
Sample Size:	3000	**Resp N:**	58			
Description of Sample:	Random AAOS members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	5.00	25.00	
Survey RVW:	2.00	3.86	**4.05**	6.32	10.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	8.00	15.00	**20.50**	30.00	75.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	2XXX2	**Recommended Physician Work RVU: 1.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.50**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22515	ZZZ	3.90	**RUC Time**

CPT Descriptor Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29826	ZZZ	2.93	**RUC Time**

CPT Descriptor Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.40	**RUC Time**	98,818

CPT Descriptor 1 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.04	**RUC Time**	20,715

CPT Descriptor 2 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 17.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 2XXX2	Top Key Reference CPT Code: 22515	2nd Key Reference CPT Code: **29826**
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	20.50	29.25	39.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.50**	**31.25**	**39.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	10%	66%	21%	3%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	59%	28%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	14%	69%	17%
Physical effort required	3%	72%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	28%	62%	10%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	30%	10%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	10%	30%	60%
Physical effort required	10%	50%	40%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	60%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

A company sponsored code change application to convert Category III code 0707T to Category I codes 2XXX1 and 2XXX2 was approved at the May 2026 CPT Editorial Panel meeting. This required a survey of physician work.

Survey Process

A survey was sent to a random selection of 3,000 members of the AAOS.

Work RVU Recommendation

We are unable to fully explain the significant and unexpected difference in intraoperative time for 2XXX2 relative to 2XXX1, other than the possibility of differences in procedural familiarity or in the interpretation of the work associated with each new code compared with current Category III code 0707T that may be reported.

Nonetheless, based on the survey median time and in consideration of the intraoperative time reported for 2XXX2, **we recommend a work RVU of 1.46 using crosswalk code 49412**, *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)*. We recognize that 2XXX2 will be designated as new technology and subject to re-review in three years.

Codes 16036, *Escharotomy; each additional incision (List separately in addition to code for primary procedure)* and code 20700, *Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)* provide additional support for the recommended work RVU of 1.46.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0707T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4,500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated based on manufacturer internal 2024 sales data

Specialty orthopaedic surgery Frequency 4,500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 45 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data for 0707T extrapolated in the same fashion as national data

Specialty orthopaedic surgery Frequency 45 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 29883

ISSUE: Injection Bone Substitute-Subchondral Defect
TAB: 4

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	25606	Percutaneous skeletal fixation of distal radial fracture or	090	2006	26	0.038	0.031			8.10			258.88	40	10	15			43.88			30		0.5				3	2						
REF2	29881	Arthroscopy, knee, surgical; with meniscectomy (media	090	2011	15	0.061	0.035			6.85			193.00	33	10	15			39.00			15		0.5				2	1						
current	0707T	Injection(s), bone-substitute material (eg, calcium phos	YYY	N/A		N/A	N/A			0.00			N/A																					
SVY	2XXX1	Injection(s), bone-substitute material (eg, calcium phos	090		61	0.067	0.038	3.90	7.10	8.05	8.62	19.00	210.00	30	10	10	17	30	45.00	49	120	15		1				2	1						
REC	2XXX1	**Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone**	090			0.061	0.037			7.10			191.00	30	10	10			45.00			15		0.5				2	1						
REF1	22515	Percutaneous vertebral augmentation, including cavity c	ZZZ	2014	29	0.132	0.125			3.90			31.25		1				29.25			1												
REF2	29826	Arthroscopy, shoulder, surgical; decompression of subac	ZZZ	2011	10	0.075	0.075			2.93			39.00						39.00															
current	0707T	Injection(s), bone-substitute material (eg, calcium phos	YYY	N/A		N/A	N/A			0.00			N/A																					
SVY	2XXX2	Injection(s)…; **each additional bone** (List separately in	ZZZ		58	0.198	0.198	2.00	3.86	4.05	6.32	10.00	20.50				8	15	20.50	30	75											0	0	1	5	25
REC	2XXX2	**Injection(s)…; each additional bone (List separately in addition to code for primary procedure)**	ZZZ			0.071	0.188			1.46			20.50						20.50																
XWALK	49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-	ZZZ	2010		0.075	0.188			1.46			19.50						19.50																

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):2XXX1, 2XXX2**
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy, MD; Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2026

CPT Code	Long Descriptor	Global Period
2XXX1	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone	090
2XXX2	Descriptor: Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; each additional bone (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
2XXX1	A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates a bone marrow defect in the distal femur.
2XXX2	A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates bone marrow defects in the femur and the tibia. After treatment of the femur (reported separately), treatment of the tibia is performed. [Note: This is an add-on code. Only consider the additional work related to treatment of the additional bone.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Orthopaedic surgeons familiar with the procedure reviewed the PE resources for similar procedures. **Nonfacility inputs are NOT recommended.**

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   See the *Billed Together* tab in the RUC Database.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

b. Service period (includes pre, intra and post):

c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS

CPT CODE(S):2XXX1, 2XXX2
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy, MD; Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2026

CPT Code	Long Descriptor	Global Period
2XXX1	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; first bone	090
2XXX2	Descriptor: Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (eg, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), knee (ie, distal femur, proximal tibia, and/or patella), including imaging guidance and diagnostic arthroscopy; each additional bone (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
2XXX1	A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates a bone marrow defect in the distal femur.
2XXX2	A 54-year-old male presents with chronic knee pain associated with bone changes or joint degeneration. Magnetic resonance imaging demonstrates bone marrow defects in the femur and the tibia. After treatment of the femur (reported separately), treatment of the tibia is performed. [Note: This is an add-on code. Only consider the additional work related to treatment of the additional bone.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Orthopaedic surgeons familiar with the procedure reviewed the PE resources for similar procedures to develop a recommendation.
   NOTE: No facility inputs are recommended for add-on code 2XXX2.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Similar arthroscopic KRS 29881 and KRS 29826 were used as references to develop recommendations for the two new codes that include arthroscopy.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   no

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

This procedure will be performed on an elective basis and all aspects of pre-service clinical staff work that is typical of 90-day global procedures will apply: complete pre-service diagnostic & referral forms, coordinate pre-surgery services, schedule space and equipment in facility, provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

   b. Service period (includes pre, intra and post):

Clinical staff will assist the surgeon with discharge management, including arrangements for therapy, home care, and responding to patient and family questions.

   c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring the appropriate supplies are available in the room, ensuring notes from other providers caring for the patient are available, rooming and gowning the patient, updating medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care (eg, suture removal, etc), coordination of care, cleaning of the room, and home instructions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? Yes
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

established package of supplies as defined by CMS

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

	EQ168	light, exam	Office Visits	
	EF031	table, power	Office Visits	

ADDITIONAL INFORMATION

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

n/a

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

n/a

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**				**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2					**29881**		**2XXX1**		**29826**		**2XXX2**	
3	**Clinical Activity Code**	**Meeting Date: 09/2026 Revision Date (if applicable): Tab: 4 Specialty: AAOS**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any		Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone		Arthroscopy, shoulder, surgical; decompression of subacromial space with partial		Injection(s)…; each additional bone (List separately in addition to code for primary procedure)	
4		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ -**	**$ 109.54**	**$ -**	**$ 109.54**	**$ -**	**$ -**	**$ -**	**$ -**
7		**TOTAL CLINICAL STAFF TIME**	RN/LPN/MTA	0.54	**0.0**	**165.0**	**0.0**	**165.0**	**0.0**	**0.0**	**0.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	0.54	**0.0**	**99.0**	**0.0**	**99.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ 89.10**	**$ -**	**$ 89.10**	**$ -**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**										
13		**Start: Following visit when decision for surgery/procedure made**										
14	CA001	Complete pre-service diagnostic and referral forms	RN/LPN/MTA	0.54		5		5				
15	CA002	Coordinate pre-surgery services (including test results)	RN/LPN/MTA	0.54		20		20				
16	CA003	Schedule space and equipment in facility	RN/LPN/MTA	0.54		8		8				
17	CA004	Provide pre-service education/obtain consent	RN/LPN/MTA	0.54		20		20				
18	CA005	Complete pre-procedure phone calls and prescription	RN/LPN/MTA	0.54		7		7				
22		**End: When patient enters office/facility for surgery/procedure**										
23		**SERVICE PERIOD**										
24		**Start: When patient enters office/facility for surgery/procedure:**										
55	CA036	Discharge day management	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**	
56		**End: Patient leaves office/facility**										
57		**POST-SERVICE PERIOD**										
58		**Start: Patient leaves office/facility**										
61		***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
62		99211 16 minutes										
63		99212 27 minutes				1		1				
64		99213 36 minutes				2		2				
65		99214 53 minutes										
66		99215 63 minutes										
67	CA039	Post-operative visits (total time)	RN/LPN/MTA	0.54	**0.0**	**99.0**	**0.0**	**99.0**	**0.0**	**0.0**	**0.0**	**0.0**
71		**End: with last office visit before end of global period**										
72	**Supply Code**	**MEDICAL SUPPLIES**	**UNIT**									
73		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ -**	**$ 18.56**	**$ -**	**$ 18.56**	**$ -**	**$ -**	**$ -**	**$ -**
74	SA048	pack, minimum multi-specialty visit	pack			3		3				
75	SA054	pack, post-op incision care (suture)	pack			1		1				
81												
82	**Equipment Code**	**EQUIPMENT**	**Equipment Formula**	**Cost Per Minute**								
83		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ -**	**$ 1.88**	**$ -**	**$ 1.88**	**$ -**	**$ -**	**$ -**	**$ -**
84	EQ168	light, exam	Office Visits	0.003271745		99		99				
85	EF031	table, power	Office Visits	0.015674926		99		99				
86												

AMA/Specialty Society RVS Update Committee Summary of Recommendations
***** High Volume Growth Screen*****

September 2026

Bronchoscopy with Navigational Assistance – Tab 05

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT code 31627 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])* via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100 percent from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting.

In September 2025, the RUC recommended referral to the CPT Editorial Panel in May 2026 to create a new code that represents the use of robotic assistance, which may be the cause of the increase in reporting for CPT code 31627. The specialty societies submitted a CPT Code Change Application (CCA) to revise CPT code 31627 to include robotic assistance as part of the procedure. The CPT Editorial Panel accepted with modification the request to: revise CPT code 31627 to include robotic assistance for this procedure; revise the inclusionary parenthetical note following CPT code 31627 to include CPT codes 31652-31654; and add an instructional parenthetical note that directs reporting the supply of the device separately from the CPT code 31627 procedure.

The CPT Editorial Panel also modified this procedure by removing the comma between "computer-assisted" and "image-guided" navigation to confirm the complete phrase as a single term/one complete procedure. The Panel approved all these revisions, and they will be effective in the CPT 2028 code set. This entire code family was surveyed for the September 2026 RUC meeting.

Code Family
The specialty societies explained that in the past, many peripheral nodules were unreachable via a bronchoscope. However, today, advancements in computer-assisted, image-guided navigation, and robotic-assistance technology allow physicians to access these previously unreachable areas of the lung. In current practice, the physician now performs critical, highly intensive pre-procedure work that involves the following: (1) importing the patient's thin-sliced CT data into the robotic-assistance software; (2) reconstructing 3D multiplanar images to pinpoint the target peripheral nodule; and (3) generating and mapping a customized virtual airway navigation pathway. Importantly, the workflow that occurs during the intra-service time for these services is entirely different from traditional bronchoscopy. After standard airway inspection, the performing physician introduces the robotic catheter via the endotracheal tube and physically docks it to the robotic system. The physician then performs a complex registration process to align the real-time anatomic position with the pre-operative CT roadmap. Since the lungs change shape when ventilated, the physician must also correct for CT-to-body divergence by acquiring intra-procedural, cross-sectional imaging to re-localize the lesion and confirm tool-in-lesion position before biopsy. Using shape-sensing technology and continuous 3D fluoroscopic or cone beam CT guidance, the physician actively navigates the robotic catheter deep into previously unreachable subsegmental airways to access and biopsy these small peripheral lesions.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●=New code ▲=Revised code ✚=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine ◀=Audio-only ↗=FDA approval pending #=Resequenced code

31624 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage***
The RUC reviewed survey results from 152 pulmonologists and recommends a work RVU of 2.04 based on a direct crosswalk to CPT code 43235 *Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU = 2.04, 14.63 minutes of intra-service time, 48.63 minutes of total time), which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 10 minutes of pre-service evaluation time, 10 minutes of pre-service positioning time, 10 minutes of pre-service scrub/dress/wait time, 15 minutes of intra-service time and 15 minutes of immediate post-service time, which equals 60 minutes of total time.

This procedure describes bronchoscopy with bronchial alveolar lavage (BAL) to obtain fluid and cellular samples for a specific area of the lung and is used to evaluate infections, inflammatory diseases, malignancy, and other pulmonary problems. The physician work typically involves instilling sterile fluid through the bronchoscope into a targeted area in the lung and then suctioning it back for lab analysis and pathology analysis. The specialty societies explained that advancements in the technology used to perform BALs have shifted and expanded the typical patient population associated with this service. Previously, this procedure was more commonly performed in a lower-risk, outpatient environment, but now is commonly performed in a higher-risk, inpatient environment on more medically complex patients where a more technically difficult BAL is required.

The specialty societies selected the pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Strghtforw Proc*, both of which were adjusted to reflect the survey results. The pre-service evaluation time was reduced by 23 minutes, the pre-service positioning time was increased by 7 minutes, the pre-service scrub/dress/wait time was reduced by 5 minutes, and the immediate post-service time was reduced by 15 minutes. In their supporting rationale, the specialty societies explained that the pre-service positioning required for this service is more complex because multiple pieces of equipment must be aligned to ensure sufficient clearance around the patient. Moreover, additional pre-service positioning time is supported by the survey median and is consistent with RUC-approved colonoscopy positioning times to account for positioning of the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. Given the critical need for advanced positioning of both the patient and the equipment, the RUC determined that additional time is necessary to ensure patient safety.

To support the recommended work RVU of 2.04, the RUC compared the surveyed code to CPT code 69801 *Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal* (work RVU = 2.01, 14.63 minutes of intra-service time, 42.63 minutes of total time) and CPT code 31577 *Laryngoscopy, flexible; with removal of foreign body(s)* (work RVU = 2.14, 14.63 minutes of intra-service time, 47.63 minutes of total time). The surveyed code requires nearly identical intra-service time as the two reference codes. While the surveyed code requires significantly more total time than the two reference codes, the RUC acknowledges that the surveyed code is typically a less intense/complex procedure for the physician to perform. Labyrinthotomy is a precise therapeutic intervention performed within a small, sensitive anatomical space; likewise, laryngoscopy involves removing a foreign body as opposed to obtaining a lavage specimen. Together, the work RVUs of the two reference codes bracket the RUC recommended work RVU of 2.04.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the Medicare Physician Payment Schedule (MFS). **The RUC recommends a work RVU of 2.04 for CPT code 31624.**

31627 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation, with robotic-assistance when performed (List separately in addition to code for primary procedure[s])***
The RUC reviewed survey results from 148 pulmonologists and recommends maintaining the current work RVU of 1.95, which is below the survey 25th percentile work RVU and appropriately accounts for the physician work typically required to perform this ZZZ add-on service. The RUC recommends 45 minutes of intra-service and total time.

This add-on service can be reported in conjunction with several other endoscopy procedures, including the other primary bronchoscopy codes in this family. In order to help reach a targeted area in the lung, robotic assistance provides real-time guidance to navigate the bronchoscope and related instruments through the airways to a specific lesion or site. This advancement in technology has transformed physicians' ability to reach small peripheral lung lesions that were previously inaccessible bronchoscopically, improving diagnostic yield while requiring substantially different physician skills and procedural workflow. The specialty societies explained that despite the reduction in intra-service time from the current value to the survey median results, the physician work has not fundamentally gotten easier to perform given the introduction of this advanced technology and, subsequently, the more difficult patient population now likely to undergo this procedure.

To support the recommended work RVU of 1.95, the RUC compared the surveyed code to top key reference service 32667 *Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)* (work RVU = 2.93, 24.38 minutes of intra-service and total time) and second key reference service 31651 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])* (work RVU = 1.54, 29.25 minutes of intra-service and total time). The surveyed code requires more intra-service time to perform than the top two key reference services. Moreover, the RUC recognizes that there is substantially more procedural risk involved with performing the kind of thoracoscopy described in CPT code 32667 than in bronchoscopic work described by the surveyed code or CPT code 31651. Despite the differences in time and based on magnitude estimation, the work RVUs of the two key reference services selected by survey respondents bracket the current work RVU of 1.95 being recommended by the RUC.

For additional support, the RUC referenced CPT code 77293 *Respiratory motion management simulation (List separately in addition to code for primary procedure)* (work RVU = 1.95, intra-service and total time of 43.88), which requires nearly identical physician work, time, and intensity/complexity to perform as the surveyed code. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar add-on services across the MFS. **The RUC recommends a work RVU of 1.95 for CPT code 31627.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

31628 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe***
The RUC reviewed survey results from 150 pulmonologists and recommends the survey 25th percentile work RVU of 3.40, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 15 minutes of pre-service evaluation time, 10 minutes of pre-service positioning time, 10 minutes of pre-service scrub/dress/wait time, 30 minutes of intra-service time and 20 minutes of immediate post-service time, which equals 85 minutes of total time.

This procedure describes bronchoscopy with transbronchial lung biopsy in which tissue samples are obtained from the lung through the bronchoscope. The typical physician work described involves passing biopsy forceps through a bronchoscope in order to penetrate the airway wall to collect lung tissue for diagnostic evaluation. This service is reported for a single lobe.

The specialty societies selected the pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Strghtforw Proc*, both of which were adjusted to reflect the survey results. The pre-service evaluation time was reduced by 18 minutes, the pre-service positioning time was increased by 7 minutes, the pre-service scrub/dress/wait time was reduced by 5 minutes, and the immediate post-service time was reduced by 15 minutes. In their supporting rationale, the specialty societies explained that the pre-service positioning required for this service is more complex because multiple pieces of equipment must be aligned to ensure sufficient clearance around the patient. Moreover, additional pre-service positioning time is supported by the survey median and is consistent with RUC-approved colonoscopy positioning times to account for positioning of the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. Given the critical need for advanced positioning of both the patient and the equipment, the RUC determined that additional time is necessary to ensure patient safety.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU = 3.03, 34.13 minutes of intra-service time, 67.13 minutes of total time) and second key reference service 31626 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple* (work RVU = 3.81, 43.88 minutes of intra-service time, 81.88 minutes of total time). The surveyed code requires less intra-service time but more total time than the top key reference service, and it requires less intra-service time but slightly more total time than the second key reference service. Despite the differences in time, the surveyed code is a more intense/complex bronchoscopic procedure to perform than either of the two key reference services selected by survey respondents. Compared to the physician work described by CPT code 31625, the surveyed code requires that the physician reach farther and deeper into the lung in order to retrieve tissue from inside the lung, not just the airway. Compared to CPT code 31626, the surveyed code involves diagnostic lung tissue removal for biopsy, which involves more physician work and incurs a greater risk of procedural complications.

For additional support, the RUC referenced MPC codes 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 2.75, 24.38 minutes of intra-service time, 55.38 minutes of total time) and 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU = 3.90, 39 minutes of intra-service time, 94 minutes of total time). The RUC recognizes that the surveyed code is bracketed by this pair of reference MPC codes in terms of work RVU, intra-service time, and total time. Overall, the RUC work RVU recommendation

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 3.40 for CPT code 31628.**

31629 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)***
The RUC reviewed survey results from 142 pulmonologists and recommends the survey 25th percentile work RVU of 3.40, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 15 minutes of pre-service evaluation time, 10 minutes of pre-service positioning time, 10 minutes of pre-service scrub/dress/wait time, 30 minutes of intra-service time and 20 minutes of immediate post-service time, which equals 85 minutes of total time.

This procedure describes bronchoscopy with transbronchial needle aspiration of the trachea, main stem, or lobar bronchus. The typical physician work described involves passing a needle through the bronchoscope and through the airway wall to obtain cells or tissue from a targeted lesion or structure for diagnostic evaluation. The procedure aspiration allows sample areas adjacent to the central airways without requiring a surgical biopsy. The specialty societies noted that even though the description of work differs slightly from that of CPT code 31628, the physician work and time involved with these services is nearly identical.

The specialty societies selected the pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Strghtforw Proc*, both of which were adjusted to reflect the survey results. The pre-service evaluation time was reduced by 18 minutes, the pre-service positioning time was increased by 7 minutes, the pre-service scrub/dress/wait time was reduced by 5 minutes, and the immediate post-service time was reduced by 15 minutes. In their supporting rationale, the specialty societies explained that the pre-service positioning required for this service is more complex because multiple pieces of equipment must be aligned to ensure sufficient clearance around the patient. Moreover, additional pre-service positioning time is supported by the survey median and is consistent with RUC-approved colonoscopy positioning times to account for positioning of the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. Given the critical need for advanced positioning of both the patient and the equipment, the RUC determined that additional time is necessary to ensure patient safety.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU = 3.03, 34.13 minutes of intra-service time, 67.13 minutes of total time) and second key reference service 31626 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple* (work RVU = 3.81, 43.88 minutes of intra-service time, 81.88 minutes of total time). The surveyed code requires less intra-service time but more total time than the top key reference service, and it requires less intra-service time but slightly more total time than the second key reference service. Despite the differences in time, the surveyed code is a more intense/complex bronchoscopic procedure to perform than either of the two key reference services selected by survey respondents. Compared to the physician work described by CPT code 31625, the surveyed code requires that the physician reach farther and deeper into the lung in order to retrieve tissue from inside the lung, not just the airway. Compared to CPT code 31626, the surveyed code involves diagnostic lung tissue removal for biopsy, which involves more physician work and incurs a greater risk of procedural complications.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC referenced MPC codes 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 2.75, 24.38 minutes of intra-service time, 55.38 minutes of total time) and 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU = 3.90, 39 minutes of intra-service time, 94 minutes of total time). The RUC recognizes that the surveyed code is bracketed by this pair of reference MPC codes in terms of work RVU, intra-service time, and total time. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 3.40 for CPT code 31629.**

31652 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures***

The RUC reviewed survey results from 147 pulmonologists and recommends the survey 25th percentile work RVU of 3.98, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 15 minutes of pre-service evaluation time, 10 minutes of pre-service positioning time, 10 minutes of scrub/dress/wait time, 37 minutes of intra-service time and 20 minutes of immediate post-service time, which equals 92 minutes of total time.

This procedure describes bronchoscopy with endobronchial ultrasound (EBUS) used to evaluate and sample one or two mediastinal and/or hilar lymph node stations or structures. The physician uses real-time ultrasound guidance to identify the targeted lymph nodes or lesions and performs the transbronchial needle aspiration or biopsy to obtain the tissue. This procedure is commonly used to diagnose and stage lung cancer, as well as to evaluate other conditions involving mediastinal or hilar lymph nodes.

The specialty societies selected the pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Strghtforw Proc*, both of which were adjusted to reflect the survey results. The pre-service evaluation time was reduced by 18 minutes, the pre-service positioning time was increased by 7 minutes, the pre-service scrub/dress/wait time was reduced by 5 minutes, and the immediate post-service time was reduced by 15 minutes. In their supporting rationale, the specialty societies explained that the pre-service positioning required for this service is more complex because multiple pieces of equipment must be aligned to ensure sufficient clearance around the patient. Moreover, additional pre-service positioning time is supported by the survey median and is consistent with RUC-approved colonoscopy positioning times to account for positioning of the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. Given the critical need for advanced positioning of both the patient and the equipment, the RUC determined that additional time is necessary to ensure patient safety.

To support the recommended work RVU, the RUC compared the surveyed code to the top key reference service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU = 3.03, 34.13 minutes of intra-service time, 67.13 minutes of total time) and second key reference service 31647 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

valve(s), initial lobe (work RVU = 4.05, 58.5 minutes of intra-service time, 108.5 minutes of total time). The surveyed code requires slightly more intra-service time, significantly more total time, and is more intense/complex to perform than reference service 31625, which is appropriate given it has a greater work RVU. Moreover, the surveyed code requires less intra-service and total time than reference service 31647 but is considerably more intense/complex to perform. The RUC recognizes that, together, the top two key reference bronchoscopic services selected by survey respondents bracket the surveyed code in terms of work RVU, intra-service time, and total time.

For additional support, the RUC referenced MPC codes 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU = 3.90, 39 minutes of intra-service time, 94 minutes of total time) and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.35, 29.25 minutes of intra-service time, 72.25 minutes of total time). The surveyed code requires similar physician work and time compared to MPC code 49405, and together, the two MPC codes bracket the surveyed code in terms of intra-service time and work RVU. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 3.98 for CPT code 31652.**

31653 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures***

The RUC reviewed survey results from 146 pulmonologists and recommends the survey 25th percentile work RVU of 4.22, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 15 minutes of pre-service evaluation time, 10 minutes of pre-service positioning time, 10 minutes of scrub/dress/wait time, 46 minutes of intra-service time and 20 minutes of immediate post-service time, which equals 101 minutes of total time.

This procedure describes bronchoscopy with EBUS used to evaluate and sample three or more mediastinal and/or hilar lymph node stations or structures. The physician uses real-time ultrasound guidance to identify the targeted lymph nodes or lesions and performs the transbronchial needle aspiration or biopsy to obtain the tissue. This procedure is commonly used to diagnose and stage lung cancer, as well as to evaluate other conditions involving mediastinal or hilar lymph nodes.

The specialty societies selected the pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Strghtforw Proc*, both of which were adjusted to reflect the survey results. The pre-service evaluation time was reduced by 18 minutes, the pre-service positioning time was increased by 7 minutes, the pre-service scrub/dress/wait time was reduced by 5 minutes, and the immediate post-service time was reduced by 15 minutes. In their supporting rationale, the specialty societies explained that the pre-service positioning required for this service is more complex because multiple pieces of equipment must be aligned to ensure sufficient clearance around the patient. Moreover, additional pre-service positioning time is supported by the survey median and is consistent with RUC-approved colonoscopy positioning times to account for positioning of the patient, anesthesia lines, and video/scope equipment to allow access for

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

the procedure and sedation monitoring. Given the critical need for advanced positioning of both the patient and the equipment, the RUC determined that additional time is necessary to ensure patient safety.

To support the recommended work RVU, the RUC compared the surveyed code to the top key reference service 31600 *Tracheostomy, planned (separate procedure);* (work RVU = 5.42, 29.25 minutes of intra-service time, 119.25 minutes of total time) and second key reference service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU = 3.03, 34.13 minutes of intra-service time, 67.13 minutes of total time). The surveyed code requires significantly more intra-service and total time than reference service 31625, which makes it appropriate that it has a greater work RVU even though the measured intensity/complexity for both services is comparable. Compared to the surveyed code, reference service 31600 requires less intra-service time, much more total time, and is far more intense/complex to perform, given the physician work involved with a tracheostomy is more physically and technically demanding. CPT code 31653 requires more physician work than any other code in this family, which makes these comparisons appropriate. The RUC recognizes that, together, the top two key reference services selected by survey respondents bracket the surveyed code in terms of work RVU and total time.

For additional support, the RUC referenced MPC codes 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU = 3.90, 39 minutes of intra-service time, 94 minutes of total time) and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.35, 29.25 minutes of intra-service time, 72.25 minutes of total time). The surveyed code requires more intra-service and total time than MPC code 49405, which makes it appropriate that it has a greater work RVU even though the measured intensity/complexity for both services is comparable. Compared to the surveyed code, MPC code 37191 requires less intra-service and total time than the surveyed code, which makes it appropriate that it has a significantly greater work RVU due to it being much more intense/complex to perform. Together, the pair of MPC codes bracket the surveyed code in terms of work RVU. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 4.22 for CPT code 31653.**

31654 ***Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])***

The RUC reviewed survey results from 144 pulmonologists and recommends a work RVU of 1.29 based on a direct crosswalk to CPT code 31633 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)* (work RVU = 1.29, 19.5 minutes of intra-service and total time), which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 20 minutes of intra-service and total time.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

This add-on service can be reported in conjunction with several other endoscopy procedures, including some of the other primary bronchoscopy codes in this family. In order to help reach a targeted area in the lung, robotic assistance provides real-time guidance to navigate the bronchoscope and related instruments through the airways to a specific lesion or site. This advancement in technology has transformed physicians' ability to reach small peripheral lung lesions that were previously inaccessible bronchoscopically, improving diagnostic yield while requiring substantially different physician skills and procedural workflow. The specialty societies explained that despite the reduction in intra-service time from the current value to the survey median results, the physician work has not fundamentally gotten easier to perform given the introduction of this advanced technology and, subsequently, the more difficult patient population now likely to undergo this procedure.

Importantly, the RUC recognizes that the chosen crosswalk code, CPT code 31633 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)*, was the second key reference service selected by survey respondents, which has nearly identical intra-service and total time and requires similar intensity/complexity to perform.

For additional support, the RUC referenced CPT code 64634 *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)* (work RVU = 1.29, 19.5 minutes of intra-service and total time). The surveyed code requires nearly identical physician work, time, and intensity/complexity to perform as the reference code. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar add-on services across the MFS. **The RUC recommends a work RVU of 1.29 for CPT code 31654.**

Practice Expense
Acknowledging the specialties' request that these codes be Facility-only, the Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654 will be placed on the New Technology/New Services list and will be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Respiratory System** **Trachea and Bronchi** **Endoscopy**				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●=New code ▲=Revised code ✚=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine ◀=Audio-only ↗=FDA approval pending #=Resequenced code

For endoscopy procedures, code appropriate endoscopy of each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31651, 31660, 31661 include fluoroscopic guidance, when performed. *Codes 31652 and 31653 are complete services used for sampling (eg, aspiration/biopsy) lymph node(s) or adjacent structure(s) utilizing endobronchial ultrasound (EBUS) and are reported separately. Code 31654 is an add-on code and should be reported for identifying one or more peripheral lesion(s) with transendoscopic ultrasound.*				
(f)31624	E1	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	000	2.04
▲31627	E2	with computer-assisted~~,~~ image-guided navigation, with robotic-assistance when performed (List separately in addition to code for primary procedure[s]) (Use 31627 in conjunction with 31615, 31622-31626, 31628-31631, 31635, 31636, 31638-31643, 31652, 31653, 31654) (Report supply of device separately) (31627 includes 3D reconstruction. Do not report 31627 in conjunction with 76376, 76377, X421T, X422T, X423T, X424T, X425T, X426T)	ZZZ	1.95 (No Change) (2026 Work RVU = 1.95)
(f)31628	E3	with transbronchial lung biopsy(s), single lobe (31628 should be reported only once regardless of how many transbronchial lung biopsies are performed in a lobe) (To report transbronchial lung biopsies performed on additional lobe, use 31632)	000	3.40
(f)31629	E4	with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) (31629 should be reported only once for upper airway biopsies regardless of how many transbronchial needle aspiration biopsies are performed in the upper airway or in a lobe) (To report transbronchial needle aspiration biopsies performed on additional lobe[s], use 31633)	000	3.40

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(f)31652	E5	with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	000	3.98
(f)31653	E6	with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	000	4.22
(f)31654	E7	with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) (Use 31654 in conjunction with 31622, 31623, 31624, 31625, 31626, 31628, 31629, 31640, 31643, 31645, 31646) (For EBUS to access mediastinal or hilar lymph node station[s] or adjacent structure[s], see 31652, 31653) (Report 31652, 31653, 31654 only once per session)	ZZZ	1.29

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31624 Tracking Number E1 Original Specialty Recommended RVU: **2.52**
Presented Recommended RVU: **2.37**
Global Period: 000 Current Work RVU: **2.56** RUC Recommended RVU: **2.04**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with fever and an abnormal chest X-ray showing infiltrates undergoes bronchoscopy. A bronchoalveolar lavage is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 90% , In the ASC 10%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 97% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 2.1%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review the patient's preprocedural work-up and medical records. Complete communication with other professionals, the patient, and the patient's family. Examine the patient to verify that he can undergo the procedure. Verify the identity of the patient and the procedure to be performed. Communicate with the patient (and/or family) to explain the procedural risks and benefits and to obtain informed consent. Assess need for airborne isolation procedures and enact where appropriate. Obtain and review relevant imaging in the bronchoscopy suite. The patient is brought into the bronchoscopy suite and positioned for bronchoscopy for procedural planning. Topical anesthesia is administered to the upper airway when appropriate. Preoperative services include supervising the positioning and preparation of patient; ensuring the necessary instruments and supplies are present and available in the bronchoscopy suite; dressing and waiting to begin the operation; and performing a procedural time-out with the team.

Description of Intra-Service Work: Oxygen is used to maintain normal oxygen saturations. Once the patient has achieved topical anesthesia and appropriate amount of sedation. A videobronchoscope is inserted through the airway. The bronchoscope is introduced and the upper airway and vocal cords are inspected, then advanced into the trachea and bronchi. All of the airways are inspected. Then advance the bronchoscope into the trachea. Inspect the central airway. Advance the video bronchoscope into the tracheobronchial tree. Spray additional lidocaine after the video bronchoscope has entered the trachea and at the carina into the lobar/segmental airways. Visualize/inspect all 18 segments along with their subsegments. Capture images of abnormalities seen in the tracheobronchial tree. Wedge the bronchoscope into the subsegment under study and instill saline through the bronchoscope into the area and aspirate into a sterile syringe or trap. Instill the saline in 20- to 50-ml aliquots. After each aliquot is infused, aspirate it into one or more containers. The total volume usually infused by site is 100 ml to 150 ml. Keep each aliquot separate and document. After obtaining specimens control any bleeding that occurs with the disruption of the endothelium. Once hemostasis achieved, remove the bronchoscope. The physician examines the patient immediately post endoscopy to ascertain that no complications such as desaturation or respiratory failure has occurred.

Description of Post-Service Work: Coordinate care with the post anesthesia care team as appropriate. Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as significant hemoptysis, mucous plugging, or shortness of breath have occurred. Ensure any images taken during the procedure are reviewed, labeled, and stored within the medical record. Generate the bronchoscopy report and forward to the referring physician and

other appropriate parties. Verify the specimen(s) and complete various requisition form(s) including general lab, microbiology, and cytology. Explain the results of the procedure, how the patient did during the procedure, and the patient's current condition to the patient's family. After adequate recovery from sedation/anesthesia, discuss the bronchoscopy findings with the patient. Complete post-procedural instructions on resumption of oral intake for the patient and the patient's family. Provide necessary prescriptions, follow-up test orders, and future appointment dates to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31624					
Sample Size:	5152	**Resp N:**	152			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	1.00	50.00	**100.00**	227.00	800.00	
Survey RVW:	0.92	2.52	**2.75**	2.99	10.00	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	2.00	10.00	**15.00**	21.00	108.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31624	**Recommended Physician Work RVU: 2.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**33.00**	**-23.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.47	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31645	000	2.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.47	**RUC Time**	30,153

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	2.93	**RUC Time**	188,986

CPT Descriptor 2 Intubation, endotracheal, emergency procedure

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 52 **% of respondents:** 34.2 **%**

Number of respondents who choose 2nd Key Reference Code: 51 **% of respondents:** 33.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 31624	Top Key Reference CPT Code: 31622	2nd Key Reference CPT Code: **31645**
Median Pre-Service Time	30.00	16.00	25.00
Median Intra-Service Time	15.00	29.25	34.13
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**60.25**	**74.13**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	2%	0%	58%	37%	3%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	48%	50%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	48%	52%
Physical effort required	0%	60%	40%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	73%	23%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	2%	4%	57%	29%	8%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	49%	43%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	63%	33%
Physical effort required	14%	70%	16%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	75%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted

with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast"*.

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

Survey Results & ATS/CHEST Recommendations:
CPT 31624

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 152 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, the American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 100 studies per year among the 152 respondents is a substantial rate given the RUC database volume for 2024 is 100,862 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 95% of respondents found the vignette to be typical.
- 90% of respondents said that this service was typically performed in the Hospital, 10% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 97% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by 23 minutes consistent with the survey median and added 7 minutes to the standard positioning time; we reduced by 5 minutes the pre service scrub, dress and wait time from the package. The addition of the minutes is supported by the survey median and consistent with the RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure adjusting by 15 minutes consistent with our survey median time of 15 minutes.

Positioning is more complex because there are multiple pieces of equipment that must be aligned to allow clearance around the patient. Thus, patient and equipment position are critical to the procedure and patient safety and require additional time.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 15 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 15 minutes with (10, 10, 10 total 30) pre and 15 post time for CPT 31624.

Work:

Survey respondents estimated a median work RVU of 2.75, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT *31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) (*RVW 2.47) to have all higher measures including overall time intensity complexity and CPT 31645 bronchos*copy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial* (RVW 2.81) to have a lower time work intensity and complexity, skill and psychological stress than 31624.

The expert panel compared 31624 to two MPC codes CPT 31622 Global 000 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) (*RVW 2.47, times 16-29.25-15, total 60.25 min) and CPT 31500 Global 000 (*Intubation, endotracheal, emergency procedure),* (RVW 2.93, times 12-9.75-10, total 31.75 min). After comments from the reviewers we are recommending a x-walk to CPT 31574.

In summary, we recommend a x-walk to CPT 31574 RVW of 2.37 for 31624 with our median times per the survey adjusted per the preservice packages as noted earlier for a preservice total time 30 minutes, intra service time 15 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31624

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 302,586
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Medicine Frequency 193,655 Percentage 63.99 %

Specialty Critical Care Frequency 45,388 Percentage 15.00 %

Specialty Internal Medicine Frequency 30,259 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100,862 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization

Specialty Pulmonary Medicine Frequency 64,552 Percentage 64.00 %

Specialty Critical Care Frequency 15,129 Percentage 14.99 %

Specialty Internal Medicine Frequency 10,086 Percentage 9.99 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31624

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31627 Tracking Number E2 Original Specialty Recommended RVU: **1.95**
Presented Recommended RVU: **1.95**
Global Period: ZZZ Current Work RVU: **1.95** RUC Recommended RVU: **1.95**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation, with robotic-assistance when performed (list separately in addition to code for primary procedure[s])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female who smokes has a single 9.0 mm lung nodule on CT of the chest. The peripheral nodule is not amenable to biopsy by routine bronchoscopy, so the patient is scheduled for bronchoscopy using robotically-assisted or computer-assisted image-guided navigation.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 91% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 96% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Planning Phase: Pre-service part of intra-service physician work for the add-on code Patient’s thin-slice chest CT DICOM data is imported into the robotic planning software for navigation; a 3-dimensional image of the patient's lungs is generated by the planning software; the physician marks the anatomical points and target lesion(s) on the virtual and CT images; additional anatomic landmarks (pleura, fissure, vasculature) are marked as appropriate; the virtual and CT images are used to plan the path that the steerable guide catheter (extended working channel) will follow in the bronchial tree; and the patient's customized virtual airway navigation plan is reviewed, saved and exported to a flash drive. The physician then participates in careful positioning of the patient and equipment as there are multiple interacting pieces of equipment including the procedural table, the robotic dock at the mouth of the patient, the robotic control module, and the real-time imaging equipment. Once the patient has been intubated and anesthetized, the physician must test the movement of imaging equipment to ensure it will not collide with the patient, procedure table, wires, tubing, or robotic equipment during the procedure. Simulated docking of the robot to the endotracheal tube may be required as well. Patient positioning may then require additional optimization as best position may not be supine depending on the location of the lesion and the position of equipment to avoid collision; best positioning may be angled or lateral decubitus in which case additional stabilization of patient on the table is then required. (NOTE: intubation and anesthesia work are NOT included as part of physician work for 31627 as these are typically captured separately in work of anesthesia.)
Navigation Phase - intra-service physician work: The patient's virtual plan is downloaded from the flash drive into the integrated computer.The camera and steerable guide catheter are inserted together (one inside the other) into the endotracheal tube, or the robot is docked and the vision probe/robotic catheter is inserted; CT images and steering directions on the monitor are used by the physician to navigate a registration to match the patient's real-life airway anatomy to the pre-procedural 3D virtual map derived from their CT scan. For example, the carina is “marked” using bronchoscopic view which then can be matched in real time to the computer images for that location that was marked by the physician in the pre-service period. Registration continues using up to 8 locations (carina, right and left mainstem bronchi, and subcarinas at takeoffs to right upper, right middle, right lower, left upper, and left lower lobe bronchi). Although the

procedure may be sampling a single lesion in an isolated lobe, full registration is important as one component of correction for "CT-to-body divergence," meaning that the shape of the lungs and location of lesions change position with breathing, and thus the static computer images may diverge from the real-time bronchoscopic views. Thus, the registration process is very important to match computer and real-time bronchoscopic images for accurate navigation. Once registration is completed/confirmed or adjusted, the physician navigates the guide catheter in real-time to target area(s); the catheter is locked in place and the camera catheter/vision probe is removed; and endobronchial tools are inserted through the catheter with tools used to collect tissue samples that are separately billed (eg. transbronchial biopsy, transbronchial needle aspiration). Shape-sensing technology and continuous 3D fluoroscopic or cone-beam CT guidance is used as the physician actively navigates the robotic catheter into deep subsegmental airways. When at the lesion, it is typical to then acquire additional intraprocedural cross-sectional or 3D fluoroscopic imaging to confirm tool-in-lesion position prior to biopsy or aspiration. Radial probe ultrasound may also be inserted to confirm lesion position. Additional adjustments to the catheter approach to the lesion are made in real time using fluoroscopy, CT, and/or ultrasound guidance. The physician must also coordinate proper ventilation and breath holds with the anesthesiologist to optimize lesion localization and sampling.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31627					
Sample Size:	5152	**Resp N:**	148			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	59.00	**119.00**	200.00	600.00	
Survey RVW:	1.29	2.45	**3.55**	4.69	50.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	7.00	30.00	**45.00**	82.00	180.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31627	**Recommended Physician Work RVU:**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**33.00**	**-33.00**
Pre-Service Positioning Time:		**0.00**	**3.00**	**-3.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**15.00**	**-15.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**30.00**	**-30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32667	ZZZ	2.93	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31651	ZZZ	1.54	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.40	**RUC Time**	98,818

CPT Descriptor 1 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.04	**RUC Time**	20,715

CPT Descriptor 2 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 65 **% of respondents:** 43.9 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 15.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 31627	Top Key Reference CPT Code: 32667	2nd Key Reference CPT Code: **31651**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	24.38	29.25
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**24.38**	**29.25**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	20%	37%	14%	29%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	40%	43%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	20%	40%	40%
Physical effort required	23%	32%	45%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	31%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	4%	22%	39%	35%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	39%	57%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	30%	66%
Physical effort required	17%	43%	40%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	48%	39%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create

a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast".*

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31627

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 148 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of

survey so any potential participant only received one survey request. The survey performance rate median of 119 studies per year among the 148 respondents is a substantial rate given the RUC database volume for 2024 is 32,472 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 96% of respondents found the vignette to be typical.
- 91% of respondents said that this service was typically performed in the Hospital, 7% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 96% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service and post service packages to 0 time, as this is an add on code. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure however this is an add on code with 0 time.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 45 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 45 minutes for CPT 31627.

Work:

Survey respondents estimated a median work RVU of 3.55 and 25th percentile 2.45, based on a comparison to the top two key reference services. As noted in the background, we had brought our RSLs to Research subcommittee for advice as we were challenged and discussed the limited ZZZ choices to add to our survey list. Our experts were not surprised with the survey results that do not compare well with the top two reference service codes chosen by the survey respondents, CPT *32667 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) (*RVW 2.93) and CPT *31651 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])(*RVW 1.54)

The expert panel compared 31627 to two MPC codes CPT 37253 Global ZZZ *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)) (*RVW 1.40, times 0-19.5-1, total 20.5 min) and CPT 36227 *Global Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure),* (RVW 2.04, times 0-14.63-0, total 14.63 min). We believe these procedures along with our survey time results support accepting to maintain the current as opposed to accepting the 25th percentile or the median.

In summary, we recommend maintaining the current RVW of 1.95 for 31627 with our median time, intra service time 45 minutes, 0 pre and 0 post as consistent with an add on service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31627

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 97,416
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Frequency 70,140 Percentage 72.00 %

Specialty Critical Care Frequency 11,690 Percentage 12.00 %

Specialty Internal Medicine Frequency 7,793 Percentage 7.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 32,472 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC databbases utilization

Specialty Pulmonary Frequency 23,380 Percentage 72.00 %

Specialty Critical Care Frequency 3,897 Percentage 12.00 %

Specialty Internal Medicine Frequency 2,598 Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31627

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31628 Tracking Number E3 Original Specialty Recommended RVU: **3.75**
Presented Recommended RVU: **3.62**
Global Period: 000 Current Work RVU: **3.46** RUC Recommended RVU: **3.40**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with peripheral alveolar infiltrates in the right lower lobes that have been unchanged for six weeks. Bronchoscopy is performed and no bronchial mucosal lesions are visualized. Under fluoroscopic guidance, a biopsy forceps is inserted into the area of infiltrate in the peripheral right lower lobe. Three to six lung biopsies are obtained, each with the biopsy forceps under fluoroscopic guidance. Specimens are submitted in a container. A postprocedure chest X ray is obtained to evaluate for possible pneumothorax.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 87% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient's preprocedural work-up and medical records. Complete communication with other professionals, the patient, and the patient's family. Examine the patient to verify that he can undergo the procedure. Verify the identity of the patient and the procedure to be performed. Communicate with the patient (and/or family) to explain the procedural risks and benefits and to obtain informed consent. Assess need for airborne isolation procedures and enact where appropriate. Obtain and review relevant imaging in the bronchoscopy suite. The patient is brought into the bronchoscopy suite and positioned for bronchoscopy for procedural planning. Topical anesthesia is administered to the upper airway when appropriate. Preoperative services include supervising the positioning and preparation of patient including preliminary positioning of C-arm for intraprocedural fluoroscopy; ensuring the necessary instruments and supplies are present and available in the bronchoscopy suite; donning lead apron and thyroid shield in anticipation of fluoroscopy, dressing and waiting to begin the operation; and performing a procedural time-out with the team.

Description of Intra-Service Work: Oxygen is used to maintain normal oxygen saturations. Once the patient has achieved topical anesthesia and appropriate amount of sedation, a videobronchoscope is inserted through the airway. The bronchoscope is advanced into the trachea and bronchi. All of the airways are inspected. The site(s) for the transbronchial biopsies are determined. If cryobiopsy is performed, a bronchial blocker (balloon) is placed for isolation of the airway and control of bleeding. The biopsy tool (forceps or cryoprobe) is advanced through the working channel of the bronchoscope into the lobar bronchus leading to the infiltrate. Under fluoroscopic guidance, biopsy forceps /cryoprobe are advanced into the radiographic area of interest. The forceps are opened and advanced, a transbronchial biopsy is obtained on expiration, and the forceps are removed, or the cryoprobe is activated for 2-8 seconds and the cryoprobe is removed via the channel or en bloc with the bronchoscope. Three to six biopsies are obtained in one lobe with fluoroscopic guidance. While the bronchoscope is gradually withdrawn from the airways, the tracheobronchial tree is carefully inspected. Post-biopsy bleeding is addressed as needed. The bronchoscope is then withdrawn from the patient, and the chest is inspected for pneumothorax with the fluoroscope. The biopsy specimens are placed in formalin +/- saline and sent for testing and sent for tissue culture if needed.

Description of Post-Service Work: Coordinate care with the post anesthesia care team as appropriate. Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as significant hemoptysis, mucous plugging, or shortness of breath have occurred. Ensure any images taken during the procedure are reviewed, labeled, and stored within the medical record. A post-procedure chest X-ray is ordered and then reviewed for possible complications including pneumothorax. Generate the bronchoscopy report and forward to the referring physician and other appropriate parties. Verify the specimen(s) and complete various requisition form(s) including general lab, microbiology, and surgical pathology. Explain the results of the procedure, how the patient did during the procedure, and the patient's current condition to the patient's family. After adequate recovery from sedation/anesthesia, discuss the bronchoscopy findings with the patient. Complete post-procedural instructions on resumption of oral intake for the patient and the patient's family. Provide necessary prescriptions, follow-up test orders, and future appointment dates to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31628					
Sample Size:	5152	**Resp N:**	150			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	50.00	**120.00**	225.00	600.00	
Survey RVW:	1.43	3.40	**3.75**	4.09	10.00	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	5.00	20.00	**30.00**	45.00	120.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31628	**Recommended Physician Work RVU: 3.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**33.00**	**-18.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.03	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31626	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.75	**RUC Time**	136,154

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	3.90	**RUC Time**	4,741

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 57 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 36 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31628	Top Key Reference CPT Code: 31625	2nd Key Reference CPT Code: **31626**
Median Pre-Service Time	35.00	18.00	18.00
Median Intra-Service Time	30.00	34.13	43.88
Median Immediate Post-service Time	20.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**85.00**	**67.13**	**81.88**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	19%	42%	35%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	21%	75%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	4%	18%	78%
Physical effort required	4%	33%	63%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	26%	70%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	3%	30%	56%	11%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	44%	53%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	14%	42%	44%
Physical effort required	3%	44%	53%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	22%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted

with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast"*.

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31628

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 150 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, the American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 120 studies per year among the 150 respondents is a substantial rate given the RUC database volume for 2024 is 43,190 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 87% of respondents found the vignette to be typical.

- 87% of respondents said that this service was typically performed in the Hospital, 7% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 100% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by 18 minutes consistent with the survey median and added 7 minutes to the standard positioning time; we reduced by 5 minutes the pre service scrub, dress and wait time from the package. The addition of the minutes is supported by the survey median and consistent with the RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. Additionally, typically a C-arm is used for localization. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure adjusting by 10 minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (15, 10, 10 total 35) pre and 20 post time for CPT 31628.

Work:

Survey respondents estimated a median work RVU of 3.75, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT *31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites (*RVW 3.03) to have mostly higher measures including overall time intensity complexity and CPT 31626 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple* (RVW 3.81) to have mostly higher measures including overall time intensity complexity than 31628. More than 50 percent of sites use cryobiopsy for peripheral sampling which adds complexity to the service.

The expert panel compared 31628 to two MPC codes CPT 52332 Global 000 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (separate procedure) (*RVW 2.75, times 35-25-20, total 80 min) and CPT 49405 Global 000 (*Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous),* (RVW 3.90, times 60-40-20, total 120 min). We believe these procedures along with our survey result, the relativity and the reduced time support accepting the median. After receiving the reviewers comments we are recommending a crosswalk to CPT 52443.

In summary, we recommend a X-walk to CPT 52443 RVW of 3.62 for 31628 with our median times per the survey adjusted per the preservice packages as noted earlier for a preservice total time 35 minutes, intra service time 30 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31628

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 129,570
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Frequency 97,178 Percentage 75.00 %

Specialty Critical Care Frequency 15,548 Percentage 11.99 %

Specialty Internal Medicine Frequency 10,336 Percentage 7.97 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 43,190 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization

Specialty Pulmonary Frequency 32,393 Percentage 75.00 %

Specialty Critical Care Frequency 5,183 Percentage 12.00 %

Specialty Internal Medicine Frequency 3,455 Percentage 7.99 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31628

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31629 Tracking Number E4 Original Specialty Recommended RVU: **3.80**
Presented Recommended RVU: **3.62**
Global Period: 000 Current Work RVU: **3.66** RUC Recommended RVU: **3.40**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male presents with a 3.5-cm subcarinal lymph node visible on chest computed tomography (CT) scan. One year previously he underwent surgery for a renal cell carcinoma. Bronchoscopy is performed. A transbronchial biopsy needle (eg, Wang needle) is passed through the carina, and aspiration biopsies are obtained from the subcarinal lymph node. Biopsy specimens are submitted in a container.

Percentage of Survey Respondents who found Vignette to be Typical: 53%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 99% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient's preprocedural work-up and medical records. Complete communication with other professionals, the patient, and the patient's family. Examine the patient to verify that he can undergo the procedure. Verify the identity of the patient and the procedure to be performed. Communicate with the patient (and/or family) to explain the procedural risks and benefits and to obtain informed consent. Assess need for airborne isolation procedures and enact where appropriate. Obtain and review relevant imaging in the bronchoscopy suite. The patient is brought into the bronchoscopy suite and positioned for bronchoscopy for procedural planning. Topical anesthesia is administered to the upper airway when appropriate. Preoperative services include supervising the positioning and preparation of patient including preliminary positioning of C-arm for intraprocedural fluoroscopy; ensuring the necessary instruments and supplies are present and available in the bronchoscopy suite; donning lead apron and thyroid shield in anticipation of fluoroscopy, dressing and waiting to begin the operation; and performing a procedural time-out with the team.

Description of Intra-Service Work: Oxygen is used to maintain normal oxygen saturations. Once the patient has achieved topical anesthesia and appropriate amount of sedation, a videobronchoscope is inserted through the airway. The bronchoscope is advanced into the trachea and bronchi. All of the airways are inspected. The site(s) for transbronchial aspiration biopsies are determined. A transbronchial aspiration biopsy needle is passed through the bronchoscope into the trachea above the carina, where the bronchoscope has been positioned. The needle is positioned, and the bronchoscope and needle are then pushed through the mucosa into the subcarinal area. Manual suction is applied through a syringe to aspirate the specimen into the needle. as the needle is agitated in the node. The transbronchial biopsy needle is removed, and the specimen is delivered into a preservative solution or culture medium. Several biopsies are obtained at the one site. While the bronchoscope is gradually withdrawn from the airways, they are carefully inspected, and post-biopsy bleeding is cleared. The bronchoscope is then removed from the patient, and the biopsy specimens are sent for testing.

Description of Post-Service Work: Coordinate care with the post anesthesia care team as appropriate. Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as significant hemoptysis, mucous plugging, or shortness of breath have occurred. Ensure any images taken during the procedure are reviewed,

labeled, and stored within the medical record. A post-procedure chest X-ray is ordered and then reviewed for possible complications including pneumothorax. Generate the bronchoscopy report and forward to the referring physician and other appropriate parties. Verify the specimen(s) and complete various requisition form(s) including general lab, microbiology, cytology, and surgical pathology. Explain the results of the procedure, how the patient did during the procedure, and the patient's current condition to the patient's family. After adequate recovery from sedation/anesthesia, discuss the bronchoscopy findings with the patient. Complete post-procedural instructions on resumption of oral intake for the patient and the patient's family. Provide necessary prescriptions, follow-up test orders, and future appointment dates to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31629					
Sample Size:	5152	**Resp N:**	142			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	36.00	**100.00**	170.00	600.00	
Survey RVW:	2.50	3.40	**3.80**	4.10	10.00	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	5.00	20.00	**30.00**	45.00	120.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31629	**Recommended Physician Work RVU: 3.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**33.00**	**-18.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.03	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31626	000	3.81	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.75	**RUC Time**	136,154

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	3.90	**RUC Time**	4,741

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 31.6 **%**

Number of respondents who choose 2nd Key Reference Code: 41 **% of respondents:** 28.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 31629	Top Key Reference CPT Code: 31625	2nd Key Reference CPT Code: **31626**
Median Pre-Service Time	35.00	18.00	18.00
Median Intra-Service Time	30.00	34.13	43.88
Median Immediate Post-service Time	20.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**85.00**	**67.13**	**81.88**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	31%	38%	31%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	36%	62%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	2%	22%	76%
Physical effort required	2%	38%	60%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	36%	57%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	5%	24%	54%	17%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	51%	49%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	7%	41%	52%
Physical effort required	7%	39%	54%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	29%	66%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted

with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast"*.

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31629

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 142 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, the American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 100 studies per year among the 142 respondents is a substantial rate given the RUC database volume for 2024 is 30,991 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 53% of respondents found the vignette to be typical. This now depends on if the physician is an interventional vs general pulmonologist. Nodes are typically sampled with EBUS and rarely performed as an isolated subcarinal blind biopsy.

- 92% of respondents said that this service was typically performed in the Hospital, 7% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 99% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by 18 minutes consistent with the survey median and added 7 minutes to the standard positioning time; we reduced by 5 minutes the pre service scrub, dress and wait time from the package. The addition of the minutes is supported by the survey median and consistent with the RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure adjusting by 10 minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 30 minutes accurately reflects the time required to perform this service today. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (15, 10, 10 total 35) pre and 20 post time for CPT 31629.

Work:

Survey respondents estimated a median work RVU of 3.80, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT *31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites (*RVW 3.03) to have mostly higher measures including overall time intensity complexity and CPT 31626 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple* (RVW 3.81to have mostly higher measures including overall time intensity complexity than 31629. Previously inaccessible nodules and patients with more advanced underlying lung disease and comorbidities.

The expert panel compared 31629 to two MPC codes CPT 52332 Global 000 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (separate procedure) (*RVW 2.75, times 35-25-20, total 80 min) and CPT 49405 Global 000 (*Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous),* (RVW 3.90, times 60-40-20, total 120 min). We believe these procedures along with our survey result, the relativity and the reduced time support accepting the median. After receiving the reviewers comments we are recommending a crosswalk to CPT 52443.

In summary, we recommend a X-walk to CPT 52443 RVW of 3.62 for 31629 with our median times per the survey adjusted per the preservice packages as noted earlier for a preservice total time 35 minutes, intra service time 30 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31629

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 92,973
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Frequency 66,941 Percentage 72.00 %

Specialty Critical Care Frequency 12,086 Percentage 12.99 %

Specialty Internal Medicine Frequency 8,368 Percentage 9.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,991 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization

Specialty Pulmonary Frequency 22,314 Percentage 72.00 %

Specialty Critical Care Frequency 4,029 Percentage 13.00 %

Specialty Internal Medicine Frequency 2,789 Percentage 8.99 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31629

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31652 Tracking Number E5 Original Specialty Recommended RVU: **3.98**
Presented Recommended RVU: **3.98**
Global Period: 000 Current Work RVU: **4.35** RUC Recommended RVU: **3.98**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: In a patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy one mediastinal and one hilar lymph node station.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 92% , In the ASC 7%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 99% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient's preprocedural work-up and medical records. Complete communication with other professionals, the patient, and the patient's family. Examine the patient to verify that he can undergo the procedure. Verify the identity of the patient and the procedure to be performed. Communicate with the patient (and/or family) to explain the procedural risks and benefits and to obtain informed consent. Assess need for airborne isolation procedures and enact where appropriate. Obtain and review relevant imaging in the bronchoscopy suite. The patient is brought into the bronchoscopy suite and positioned for bronchoscopy for procedural planning. Topical anesthesia is administered to the upper airway when appropriate. Preoperative services include supervising the positioning and preparation of patient; ensuring the necessary instruments and supplies are present and available in the bronchoscopy suite; dressing and waiting to begin the operation; and performing a procedural time-out with the team.

Description of Intra-Service Work: Oxygen is used to maintain normal oxygen saturations. Once the patient has achieved topical anesthesia and appropriate amount of sedation, a videobronchoscope is inserted through the airway. The bronchoscope is advanced into the trachea and bronchi. All of the airways are inspected. After removal of the standard video bronchoscope, the dedicated endobronchial ultrasound bronchoscope is introduced into the airway. The angled view of the guiding image requires increased attention to airway structures. The trachea is entered and a systematic evaluation under ultrasound guidance is done in the bilateral paratracheal, subcarinal, and bilateral hilar locations. The balloon may be inflated to assist in imaging as needed. Vascular structures, masses, and lymph nodes are identified and measured to determine targets for sampling. Doppler flow determinations are made as required. Careful determination of the initial and subsequent locations for sampling or access is made to ensure adequate sampling is achieved. Once the target is identified, the scope position is relaxed and a needle in a catheter is passed via the working channel of the bronchoscope. The catheter is adjusted into position, and the scope is positioned to best access the target lesion and avoid vascular structures. Ultrasound imaging is then used to reacquire the target, the needle is passed under observation into the target, and a specimen is obtained via agitation of the needle +/- suction. The process is repeated multiple times to obtain adequate specimen for analysis and samples are placed onto slides, into formalin, or saline as appropriate. Once completed, the process is repeated if a second target location is identified for access.

Description of Post-Service Work: Coordinate care with the post anesthesia care team as appropriate. Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as significant hemoptysis, mucous plugging, or shortness of breath have occurred. Ensure any images taken during the procedure are reviewed, labeled, and stored within the medical record. Generate the bronchoscopy report and forward to the referring physician and other appropriate parties. Verify the specimen(s) and complete various requisition form(s) including general lab, microbiology, cytology, and surgical pathology. Explain the results of the procedure, how the patient did during the procedure, and the patient's current condition to the patient's family. After adequate recovery from sedation/anesthesia, discuss the bronchoscopy findings with the patient. Complete post-procedural instructions on resumption of oral intake for the patient and the patient's family. Provide necessary prescriptions, follow-up test orders, and future appointment dates to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31652					
Sample Size:	5152	**Resp N:**	147			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	1.00	40.00	**100.00**	150.00	612.00	
Survey RVW:	1.75	3.98	**4.46**	5.00	11.50	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	10.00	25.00	**37.00**	50.00	120.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31652	**Recommended Physician Work RVU: 3.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**33.00**	**-18.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**37.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.03	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31647	000	4.05	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	3.90	**RUC Time**	4,741

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.35	**RUC Time**	18,327

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 19.0 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 31652	Top Key Reference CPT Code: 31625	2nd Key Reference CPT Code: **31647**
Median Pre-Service Time	35.00	18.00	20.00
Median Intra-Service Time	37.00	34.13	58.50
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**92.00**	**67.13**	**108.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	43%	50%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	21%	79%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	11%	85%
Physical effort required	4%	21%	79%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	7%	18%	75%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	39%	44%	17%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	52%	39%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	44%	66%
Physical effort required	4%	52%	44%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	43%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast*

creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast".

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31652

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 147 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, the American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 100 studies per year among the 147 respondents is a substantial rate given the RUC database volume for 2024 is 27,841 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 94% of respondents found the vignette to be typical.
- 92% of respondents said that this service was typically performed in the Hospital, 7% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 99% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by 18 minutes consistent with the survey median and added 7 minutes to the standard positioning time; we reduced by 5 minutes the pre service scrub, dress and wait time from the package. The addition of the minutes is supported by the survey median and consistent with the RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure adjusting by 10 minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 37 minutes accurately reflects the time required to perform this service today. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 37 minutes with (15, 10, 10 total 35) pre and 20 post time for CPT 31652.

Work:

Survey respondents estimated a median work RVU of 4.46, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT *31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites (*RVW 3.03) to have mostly same or higher measures including overall time intensity complexity and CPT 31647 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe* (RVW 4.05) to have mostly same or higher measures including overall time intensity complexity than 31652. Patient staging is more complex given the increased number of passes needed for genetic testing.

The expert panel compared 31652 to two MPC codes CPT 49405 Global 000 (*Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous),* (RVW 3.90, times 60-40-20, total 120 min) and CPT 37191 Global 000 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed),* (RVW 4.35, times 28-29.25-15, total 72.25 min). We believe these procedures along with our survey result, the relativity and the reduced time support accepting the 25th percentile.

In summary, we recommend accepting the survey 25th percentile RVW of 3.98 for 31652 with our median times per the survey adjusted per the preservice packages as noted earlier for a preservice total time 35 minutes, intra service time 37 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31652

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 83,523
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Frequency 60,137 Percentage 72.00 %

Specialty Critical Care Frequency 9,188 Percentage 11.00 %

Specialty Internal Medicine Frequency 7,517 Percentage 8.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 27,841 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization

Specialty Pulmonary Frequency 20,046 Percentage 72.00 %

Specialty Critical Care Frequency 3,063 Percentage 11.00 %

Specialty Internal Medicine Frequency 2,506 Percentage 9.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31652

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31653 Tracking Number E6 Original Specialty Recommended RVU: **4.22**
Presented Recommended RVU: **4.22**
Global Period: 000 Current Work RVU: **4.84** RUC Recommended RVU: **4.22**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: In a patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy two mediastinal and one hilar lymph node stations.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 99% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient's preprocedural work-up and medical records. Complete communication with other professionals, the patient, and the patient's family. Examine the patient to verify that he can undergo the procedure. Verify the identity of the patient and the procedure to be performed. Communicate with the patient (and/or family) to explain the procedural risks and benefits and to obtain informed consent. Assess need for airborne isolation procedures and enact where appropriate. Obtain and review relevant imaging in the bronchoscopy suite. The patient is brought into the bronchoscopy suite and positioned for bronchoscopy for procedural planning. Topical anesthesia is administered to the upper airway when appropriate. Preoperative services include supervising the positioning and preparation of patient; ensuring the necessary instruments and supplies are present and available in the bronchoscopy suite; dressing and waiting to begin the operation; and performing a procedural time-out with the team.

Description of Intra-Service Work: Oxygen is used to maintain normal oxygen saturations. Once the patient has achieved topical anesthesia and appropriate amount of sedation, a videobronchoscope is inserted through the airway. The bronchoscope is advanced into the trachea and bronchi. All of the airways are inspected. After removal of the standard video bronchoscope, the dedicated endobronchial ultrasound bronchoscope is introduced into the airway. The angled view of the guiding image requires increased attention to airway structures. The trachea is entered and a systematic evaluation under ultrasound guidance is done in the bilateral paratracheal, subcarinal, and bilateral hilar locations. The balloon may be inflated to assist imaging as needed. Vascular structures, masses, and lymph nodes are identified and measured to determine targets for sampling. Doppler flow determinations are made as required. Careful determination of the initial and subsequent locations for sampling is made so that proper staging is achieved as this is crucial to both treatment and prognosis determinations. A sequential approach is taken to target both enlarged and non-enlarged nodes based on ultrasound and PET findings. Once the initial target is identified, the scope position is relaxed, and a needle in a catheter is passed via the working channel of the bronchoscope. The catheter is adjusted into position, and the scope is positioned to best access the target lesion and avoid vascular structures. Ultrasound imaging is used to reacquire the target, and the needle is passed under observation into the target, and a specimen is obtained via agitation of the needle in the target. The process is repeated multiple times to obtain adequate specimen for analysis and samples are placed onto slides, into formalin, or saline as appropriate. Once completed, the process is repeated for a total of three or more target locations identified for access.

Description of Post-Service Work: Coordinate care with the post anesthesia care team as appropriate. Examine the patient after the procedure and before discharge from the facility to ascertain that no complications such as significant hemoptysis, mucous plugging, or shortness of breath have occurred. Ensure any images taken during the procedure are reviewed, labeled, and stored within the medical record. Generate the bronchoscopy report and forward to the referring physician and other appropriate parties. Verify the specimen(s) and complete various requisition form(s) including general lab, microbiology, cytology, and surgical pathology. Explain the results of the procedure, how the patient did during the procedure, and the patient's current condition to the patient's family. After adequate recovery from sedation/anesthesia, discuss the bronchoscopy findings with the patient. Complete post-procedural instructions on resumption of oral intake for the patient and the patient's family. Provide necessary prescriptions, follow-up test orders, and future appointment dates to the patient. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31653					
Sample Size:	5152	**Resp N:**	146			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	47.00	**90.00**	150.00	500.00	
Survey RVW:	1.85	4.22	**4.98**	5.50	20.00	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	10.00	35.00	**46.00**	63.00	121.00	

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31653	**Recommended Physician Work RVU: 4.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**33.00**	**-18.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**46.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31600	000	5.42	**RUC Time**

CPT Descriptor Tracheostomy, planned (separate procedure);

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.03	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	3.90	**RUC Time**	4,741

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.35	**RUC Time**	18,327

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 16.4 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31653	Top Key Reference CPT Code: 31600	2nd Key Reference CPT Code: **31625**
Median Pre-Service Time	35.00	60.00	18.00
Median Intra-Service Time	46.00	29.25	34.13
Median Immediate Post-service Time	20.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**101.00**	**119.25**	**67.13**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	4%	17%	50%	29%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	38%	49%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	33%	63%
Physical effort required	0%	29%	71%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	38%	42%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	9%	18%	73%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	5%	9%	86%
Physical effort required	5%	18%	77%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	18%	73%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the

procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast"*.

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31653

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 146 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, the American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 90 studies per year among the 146 respondents is a substantial rate given the RUC database volume for 2024 is 20,894 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 94% of respondents found the vignette to be typical.

- 100% of respondents said that this service was typically performed in the Hospital, 0% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 99% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by 18 minutes consistent with the survey median and added 7 minutes to the standard positioning time; we reduced by 5 minutes the pre service scrub, dress and wait time from the package. The addition of the minutes is supported by the survey median and consistent with the RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and sedation monitoring. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure adjusting by 10 minutes consistent with our survey median time of 20 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 46 minutes accurately reflects the time required to perform this service today. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 46 minutes with (15, 10, 10 total 35) pre and 20 post time for CPT 31653.

Work:

Survey respondents estimated a median work RVU of 4.46, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 31600 *Tracheostomy, planned (separate procedure);* (RVW 5.42) to have mostly same or more intense measures including overall time intensity complexity than 31653 and CPT *31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites (*RVW 3.03) to have mostly same or more intensity, mental effort and judgement measures including overall time intensity complexity. Patient staging is more complex given the increased number of passes needed for genetic testing. Additionally, there is a need for strategic sampling of N2 and N3 nodes.

The expert panel compared 31652 to two MPC codes CPT 49405 Global 000 (*Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous),* (RVW 3.90, times 60-40-20, total 120 min) and CPT 37191 Global 000 (*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed),* (RVW 4.35, times 28-29.25-15, total 72.25 min). We believe these procedures along with our survey result, the relativity and the reduced time support accepting the 25th percentile.

In summary, we recommend accepting the survey 25th percentile RVW of 4.22 for 31653 with our median times per the survey adjusted per the preservice packages as noted earlier for a preservice total time 35 minutes, intra service time 46 minutes and post time 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31653

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 62,682
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization times 3

Specialty Pulmonary Frequency 45,758 Percentage 73.00 %

Specialty Critical Care Frequency 6,895 Percentage 10.99 %

Specialty Internal Medicine Frequency 5,015 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,894 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database utilization

Specialty Pulmonary Frequency 15,253 Percentage 73.00 %

Specialty Critical Care Frequency 2,298 Percentage 10.99 %

Specialty Internal Medicine Frequency 672 Percentage 3.21 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31653

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31654 Tracking Number E7 Original Specialty Recommended RVU: **1.29**
Presented Recommended RVU: **1.29**
Global Period: ZZZ Current Work RVU: **1.37** RUC Recommended RVU: **1.29**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with a 1.5-cm peripheral lung lesion. The lesion is identified with transendoscopic ultrasound probe guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 91% , In the ASC 9%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 95%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: An imaging catheter is introduced via the working channel of the bronchoscope. The catheter is directed via airway segments until the desired subsegment is identified, to reach and image the lesion to confirm its characteristics, presence of nearby vascular structures, and location (relative to the airway). The lesion, which is out of the visible field of the bronchoscope, is located and described. Imaging may be used as a reference for the location of the probe and target lesion. The imaging catheter is removed and the target accessed. The catheter is reintroduced to reconfirm position and access to the target as needed. The process is repeated for each additional target lesion.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Omar Hussain, Robert DeMarco, Katina Nicolacakis, Amy Ahasic, Kevin Kovitz					
Specialty Society(ies):	American Thoracic Society ATS, The American College of CHEST Physicians (CHEST)					
CPT Code:	31654					
Sample Size:	5152	**Resp N:**	144			
Description of Sample:	Random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	50.00	**100.00**	187.00	600.00	
Survey RVW:	0.40	1.55	**2.00**	3.66	30.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	15.00	**20.00**	58.00	180.00	

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	31654	**Recommended Physician Work RVU: 1.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**33.00**	**-33.00**
Pre-Service Positioning Time:		**0.00**	**3.00**	**-3.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**15.00**	**-15.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**30.00**	**-30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31651	ZZZ	1.54	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31633	ZZZ	1.29	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.17	**RUC Time**	12,465

CPT Descriptor 1 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.40	**RUC Time**	98,818

CPT Descriptor 2 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31654	Top Key Reference CPT Code: 31651	2nd Key Reference CPT Code: **31633**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	29.25	19.50
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.00**	**29.25**	**19.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	17%	43%	31%	9%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	51%	29%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	26%	40%	34%
Physical effort required	20%	57%	23%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	20%	49%	31%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	15%	26%	15%	44%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	41%	48%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	30%	66%
Physical effort required	7%	44%	49%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	37%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

In April 2025, the Relativity Assessment Workgroup identified CPT code [31627] via the high volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2018 through 2023. The specialty societies submitted an action plan for review at the September 2025 RAW meeting. In September 2025, the RUC recommended to refer to CPT Editorial Panel May 2026 to create a new code that represents the use of robotics which may be the cause of the increase in reporting of CPT code [31627].

Refer to CPT May 2026

The specialty societies brought forward a code change application presented at the May 2026 CPT meeting. The application requested to revise code [31627] to include robotic assistance as part of the procedure. This action was approved and will be effective in the CPT 2028 code set. The Panel accepted with modification the request to: (1) revise code 31627 to include robotic assistance for this procedure; (2) revise the inclusionary parenthetical note following 31627 to include codes 31652-31654; and (3) add an instructional parenthetical note that directs reporting supply of the device separately from the 31627 procedure. The Panel modified this procedure by removing the comma between "computer-assisted" and "image-guided navigation" to confirm the complete phrase as a single term/one complete procedure.

Research Committee Review
Bronchoscopy with Navigation Assistance (31624, 31627, 31628, 31629, 31652, 31653, 31654): Review Request for Code Family, Two RSLs and Custom Survey Question
American College of Chest Physicians
American Thoracic Society

The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) had three requests for the Research subcommittee; The societies requested and the subcommittee approved keeping the code family to the 7 codes included on the CMS/RAW level of interest form, CPT codes 31624, 31627, 31628, 31629, 31652, 31653 and 31654. The societies noted that the proposed code family was identified through review of the RUC database, analysis of services commonly billed together with navigation code 31627 and consultation with subject matter experts. "Bronchoscopy" is a broad nomenclature term encompassing a wide variety of procedures and code families, as has been done in prior RUC surveys.

The second request the societies received input from the committee for suggested changes to the ZZZ and 000 RSL. Specifics can be found in the minutes for that meeting.

Third, the societies requested Research Subcommittee approval of the addition of two custom survey questions related to practice expense.

"Is your computer-assisted navigation typically performed with robotic bronchoscopy?" Response options Yes or No
"Would you be willing to provide equipment invoices for future Practice Expense review purposes?" Response options: Yes / No / Maybe
If yes, please provide a contact name and email address for future follow-up.

The presenters noted that these questions are intended to help identify whether the typical service is performed with or without robotic navigation to inform the typical work and direct PE equipment associated with revised code 31627. The Subcommittee approved the questions as proposed, though also said the societies could remove the word "future" from the second question if they thought necessary to improve clarity which we did.

Notice to the Research Subcommittee

Email: "*The American College of Chest Physicians (CHEST) and the American Thoracic Society (ATS) alerted AMA staff that there was a podcast discussing the RUC process concerning the Bronchoscopy with Navigational Assistance tab which was released during their survey process. As soon as CHEST and ATS became aware of the podcast, they contacted AMA staff and also reached out to the podcast*

creators and were successful in getting the podcast taken offline. The podcast is presented by the Society of Advanced Bronchoscopy and named "This is the Way Podcast".

The podcast was online from 6-5-2026 11 PM CT to 6-7-2026 8:30 AM CT or 33.5 hours and was previously at this link: https://thisistheway2023.podbean.com/e/cpt-31627-what-is-the-ruckus-about/

49 survey respondents completed varying codes in the code family prior to the release of the podcast, though one of the codes needs at least a minimum of 50 responses due to its volume. We have instructed the societies to present their summary survey data both separately and together (before and after the release of the podcast) and to provide a detailed account of what occurred with their RUC submission. This follows how the RUC has handled similar situations in the past.

The joint societies have provided the breakout data in the RUC summary excel for those who took the survey ***prior*** to the pod cast airing and those who took it after ***post***. The experts reviewed the split-out data and it is our expert's opinion that this podcast was most likely not seen by survey takers or did not influence the survey results in any meaningful way. We did not see a spike up in time or RVW rather we see lower times and RVWs from per pod cast to post pod cast. RUC members can draw their own conclusions however our expert panel is basing our recommendations on the total surveys and not a subset of the surveys.

Compelling Evidence for Family

The specialty societies believe that compelling evidence has been met as there is a change in technology which changes the physician's work and PE as will be discussed during the PE presentation.

The physician work has changed in the following ways:

1) As evidenced by the overwhelming majority of survey takers (96%) stated they use robotics for navigation as the typical technique. This is a change from the prior typical which used ultrasound and fluoroscopy.
2) The technique for using robotics requires the acquisition of new skills to operate the robot. Such as planning the approach to the lesion in creating virtual pathways, registering the driving the catheter to the desired location. Maintaining adequate lung inflation while sampling using various modalities such as needle aspiration, forceps biopsy and cryobiopsy. Real time adjustment of your target location based on interoperative CT and or cloud biopsy This is a change from the prior technique which was with two dimensional fluoroscopy and limited preprocedural planning and minimal adjustment during the procedure.

CPT 31654

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for multiple calls and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 144 responses to this 7-code family survey request. The survey pool was a standard random sample from both societies including a sister society, American Association for Bronchology and Interventional Pulmonology (AABIP), of note, as this often occurs where members are also members or one, two or all three societies, de-duplicating was necessary prior to distribution of survey so any potential participant only received one survey request. The survey performance rate median of 100 studies per year among the 144 respondents is a substantial rate given the RUC database volume for 2024 is 27,333 for this procedure. The expert panel discussed this rate as it may indicate the highest level of experience and may have affected the time which will be discussed later.

- 95% of respondents found the vignette to be typical.
- 91% of respondents said that this service was typically performed in the Hospital, 9% in an ASC and 0% in the office setting.
- Of the patients that typically were inpatient 95% stated the patient is discharged same day.

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Time:

The ATS/CHEST panel chose pre-service package 3-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service and post service packages to 0 time, as this is an add on code. The ATS/CHEST panel chose post service package 9A General Anes or Complex Reg Blk/straightforward procedure however this is an add on code with 0 time.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 20 minutes accurately reflects the time required to perform this service today and is consistent with the current median time. After reviewing the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 20 minutes for CPT 31654.

Work:

Survey respondents estimated a median work RVU of 2.00 and 25th percentile 1.55, based on a comparison to the top two key reference services. As noted in the background, we had brought our RSLs to Research subcommittee for advice as we were challenged and discussed the limited ZZZ choices to add to our survey list. Our experts were not surprised with the survey results by the survey respondents, CPT *31651 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])(*RVW 1.54) and CPT *31633 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) (*RVW 1.29). More knowledge of anatomy is required with sampling of smaller lesions, closer to fissure, close to periphery and important vascular structures. Higher risk sampling hence increased intensity and possibly complications.

The expert panel compared 31654 to two MPC codes CPT 64480 Global ZZZ *Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)) (*RVW 1.17, times 0-14.63-0, total 14.63 min) and CPT 37253 Global ZZZ *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)) (*RVW 1.40, times 0-19.5-1, total 20.5 min). We believe these procedures along with our survey time results support crosswalking to the CPT 31633 which was our second KRC chosen by the survey respondents.

In summary, we recommend a x-walk to KRS number 2, CPT 31633 with a RVW of 1.29 for 31654 with our median time, intra service time 20 minutes, 0 pre and 0 post as consistent with an add on service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31654

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Critical Care How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 81,999
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database utiliation time 3

Specialty Pulmonary Frequency 60,679 Percentage 73.99 %

Specialty Critical Care Frequency 9,840 Percentage 12.00 %

Specialty Internal Medicine Frequency 6,560 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 27,333 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database utilization

Specialty Pulmonary Frequency 20,226 Percentage 73.99 %

Specialty Critical Care Frequency 3,289 Percentage 12.03 %

Specialty Internal Medicine Frequency 2,187 Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Bronchoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31654

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Bronchoscopy with Navigational Assistance

TAB: 5

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	000	15-Jan	52	0.063	0.041			2.47			60.25	8	3	5			29.25			15					
2nd REF	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	16-Oct	51	0.060	0.038			2.81			74.13	10	5	10			34.13			15					
CURRENT	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	2017-10		0.0632	0.040			2.56			64.25	10	5	5			29.25			15					
SVY TOTAL	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	26-Sep	152	0.126	0.046	0.92	2.52	2.75	2.99	10.00	60	10	10	10	2	10	15	21	108	15	1	50	100	227	800
REC	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	000		152	0.078	0.034			2.04			60	10	10	10			15			15					
XWALK	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when	000	2021-Apr	54	0.092	0.042			2.04			48.63	14	3	5			14.63			12					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each	ZZZ	11-Apr	65	0.120	0.120			2.93			24.38						24.38								
2nd REF	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	12-Apr	23	0.053	0.053			1.54			29.25						29.25								
CURRENT	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	2009-02		0.0333	0.033			1.95			58.5						58.50								
SVY TOTAL	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	26-Sep	148	0.079	0.079	1.29	2.45	3.55	4.69	50.00	45				7	30	45	82	180		0	59	119	200	600
REC	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation, with robotic-assistance when performed (List separately in addition to code for primary procedure[s])	ZZZ		148	0.043	0.043			1.95			45						45								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	57	0.069	0.045			3.03			67.13	10	3	5			34.13			15					
2nd REF	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	36	0.069	0.047			3.81			81.88	10	3	5			43.88			20					
CURRENT	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	2015-01		0.0687	0.045			3.46			77	10	3	5			39.0			20					
SVY TOTAL	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	26-Sep	150	0.089	0.044	1.43	3.40	3.75	4.09	10.00	85	15	10	10	5	20	30	45	120	20	0	50	120	225	600
REC	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	000		150	0.077	0.040			3.40			85	15	10	10			30			20					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	45	0.069	0.045			3.03			67.13	10	3	5			34.13			15					
2nd REF	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	41	0.069	0.047			3.81			81.88	10	3	5			43.88			20					
CURRENT	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	2015-01		0.0844	0.051			3.66			72.13	10	3	5			34.13			20					
SVY TOTAL	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	26-Sep	142	0.090	0.045	2.50	3.40	3.80	4.10	10.00	85	15	10	10	5	20	30	45	120	20	0	36	100	170	600
REC	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	000		142	0.077	0.040			3.40			85	15	10	10			30			20					
1st REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	28	0.069	0.045			3.03			67.13	10	3	5			34.13			15					
2nd REF	31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	12-Jan	23	0.051	0.037			4.05			108.5	14	1	5			58.50			30					
CURRENT	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	2015-01		0.0576	0.041			4.35			105.5	14	3	5			58.50			25					
SVY TOTAL	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	26-Sep	147	0.092	0.049	1.75	3.98	4.46	5.00	11.50	91.5	15	10	10	10	25	37	50	120	20	1	40	100	150	612
REC	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	000		147	0.078	0.043			3.98			92	15	10	10			37			20					
1st REF	31600	Tracheostomy, planned (separate procedure);	000	16-Apr	24	0.121	0.045			5.42			119.25	40	10	10			29.25			30					
2nd REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	15-Jan	22	0.069	0.045			3.03			67.13	10	3	5			34.13			15					
CURRENT	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	2015-01		0.0528	0.040			4.84			120.13	14	3	5			73.13			25					
SVY TOTAL	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	000	26-Sep	146	0.084	0.049	1.85	4.22	4.98	5.50	20.00	101	15	10	10	10	35	46	63	121	20	0	47	90	150	500
REC	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	000		146	0.068	0.042			4.22			101	15	10	10			46			20					
1st REF	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	12-Apr	35	0.053	0.053			1.54			29.25						29.25								
2nd REF	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	15-Jan	27	0.066	0.066			1.29			19.5						19.50								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
CURRENT	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	2015-01		0.0468	0.047			1.37			29.25						29.25								
SVY TOTAL	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	ZZZ	26-Sep	144	0.100	0.100	0.40	1.55	2.00	3.66	30.00	20				3	15	20	58	180		0	50	100	187	600
REC	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])			144	0.065	0.065	1.29					20						20								
XWALK	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		15-Jan	144	0.066	0.066	1.29					19.5						19.5								

To: AMA RUC September 15, 2026

FROM: ATS and CHEST RUC advisors

RE: PE Inputs for Tab 5 September 2026 RUC Meeting (Bronchoscopy with Navigational Assistance

On September 9, 2026, AMA Staff Rebecca and David shared the following with our team,

"The claims data in the RUC database show that essentially none of these procedures are performed in the non-facility physician office setting. For example, CPT code 31624 shows 0.3% Medicare claims in 2024 in the physician office. Subsequently, we obtained the table below:

CPT code	Medicare Place of Service SITE % PHYSICIAN OFFICE	2024 Medicare Claims Data	Number of Claims
31624	0.3%	100,862	303
31627	0.2%	32,472	65
31628	0.2%	43,190	86
31629	0.2%	30,991	62
31652	0.3%	27,841	84
31653	0.3%	20,894	63
31654	0.2%	27,333	55

Additionally, the Medicare data indicate that only 9 physician practices in the US are reporting these as office based services.

Our RUC team with experts met and discussed this data, the experts confirmed that performing these services in the physician office setting is rare. They also confirmed that this is one of the reasons we are having difficulty obtaining invoices for supplies and equipment for these services in the Non-Facility setting.

Given the issues with obtaining paid invoices from physician offices, our specialties will update our PE materials and request that these codes be Facility-only.

Specialty Societies: The American Thoracic Society (ATS) and The American College of Chest Physicians (CHEST)
PRESENTER(S): Amy Ahasic, Katina Niccolacakis, Robert DeMarco, Omar Hussain

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026
(version 9-15-2026)

CPT Code	Long Descriptor	Global Period
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	000
▲31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation, with robotic-assistance when performed (List separately in addition to code for primary procedure[s])	ZZZ
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	000
31629	A 70-year-old male presents with a 3.5-cm subcarinal lymph node visible on chest computed tomography (CT) scan. One year previously he underwent surgery for a renal cell carcinoma. Bronchoscopy is performed. A transbronchial biopsy needle (eg, Wang needle) is passed through the carina, and aspiration biopsies are obtained from the subcarinal lymph node. Biopsy specimens are submitted in a container.	000
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	000
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	000
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
31624	A 66-year-old male with fever and an abnormal chest X-ray showing infiltrates undergoes bronchoscopy. A bronchoalveolar lavage is performed.
31627	A 65-year-old female who smokes has a single 9.0 mm lung nodule on CT of the chest. The peripheral nodule is not amenable to biopsy by routine bronchoscopy, so the patient is scheduled for bronchoscopy using robotically-assisted or computer-assisted image-guided navigation.
31628	A 68-year-old female presents with peripheral alveolar infiltrates in the right lower lobes that have been unchanged for six weeks. Bronchoscopy is performed and no bronchial mucosal lesions are visualized. Under fluoroscopic guidance, a biopsy forceps is inserted into the area of infiltrate in the peripheral right lower lobe. Three to six lung biopsies are obtained, each with the biopsy forceps under fluoroscopic guidance. Specimens are submitted in a container. A post procedure chest X-ray is obtained to evaluate for possible pneumothorax.

Specialty Societies: The American Thoracic Society (ATS) and The American College of Chest Physicians (CHEST)
PRESENTER(S): Amy Ahasic, Katina Niccolacakis, Robert DeMarco, Omar Hussain

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31652	In a patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy one mediastinal and one hilar lymph node station.
31653	In a patient with known or suspected lung cancer, endobronchial ultrasound is used to identify and aspirate/biopsy two mediastinal and one hilar lymph node stations.
31654	A patient presents with a 1.5-cm peripheral lung lesion. The lesion is identified with transendoscopic ultrasound probe guidance.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ATS and CHEST convened a consensus panel via telephone, Zoom, and email to develop the inputs for these codes. See letter included with this submission requesting facility-only inputs for these codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The surveying societies supplied the existing codes and values as references.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No, per the AMA RUC database, reviewing both Facility and Non-Facility billed together data for all the codes surveyed none of them are typically reported with an E/M service on the same day.

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If

the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global periods for bronchoscopy with navigational assistance are not transitioning.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre-service Period
Standard for 000-day global periods 0 minutes
The societies are requesting 16 minutes of pre time for their facility clinical staff as these are all standard of care for bronchoscopy studies including 31622 which is the base bronchoscopy code. We are requesting the same as approved by the PE Subcommittee on for 31622 and 31624 in 2017. Below are the descriptions provided by a clinically trained individual (RN/LPN/MA)
(Line 15) CA001 Complete pre-service diagnostic and referral forms: 5 minutes
Review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure.
(Line 16) CA002 Coordinate pre-surgery services (including test results: 5 minutes
Clinical staff members ensure that all appropriate pre-procedure tests and labs are drawn and results are within acceptable standards.
(Line 17) CA003 Schedule space and equipment in the facility (3 minutes) Clinical staff members contact the facility and patient to coordinate.
(Line 19) CA005 Complete pre-procedure phone calls and prescriptions: 3 minutes
Clinical staff will contact the patient prior to the procedure to ensure that they will be NPO, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Pre-Service Clinical Labor Activities (CPT 31624, 31628, 31629, 31652, 31653) (further details described above in #7)

- Complete pre-service diagnostic and referral forms – CA001- 5 minutes
- Coordinate pre-surgery services (including test results) – CA002-5 minutes
- Schedule room and equipment – CA003-3 minutes
- Complete pre-procedure phone calls and prescription – CA005-3 minutes

b. Service period (includes pre, intra and post):

N/A

c. Post-service period:

N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Specialty Societies: The American Thoracic Society (ATS) and The American College of Chest Physicians (CHEST)
PRESENTER(S): Amy Ahasic, Katina Niccolacakis, Robert DeMarco, Omar Hussain

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

ADDITIONAL INFORMATION

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The research committee approved adding a question on our survey as follows with the response. *"Is your computer-assisted navigation typically performed with robotic bronchoscopy?"*

RSP	%YES
148	**96%**

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

Specialty Societies: The American Thoracic Society (ATS) and The American College of Chest Physicians (CHEST)
PRESENTER(S): Amy Ahasic, Katina Niccolacakis, Robert DeMarco, Omar Hussain

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**31624**		**31624**		**31627**		**31627**		**31628**		**31628**		**31629**		**31629**	
3		***RUC Collaboration Website***				Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted,		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted,		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 5 Specialty: American Thoracic Society & The American College of**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 154.04**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 1,076.41**	**$ -**	**$ -**	**$ -**	**$ 243.75**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 318.62**	**$ 8.64**	**$ -**	**$ 8.64**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**99.0**	**16.0**	**0.0**	**16.0**	**41.0**	**0.0**	**0.0**	**0.0**	**113.0**	**16.0**	**0.0**	**16.0**	**108.0**	**16.0**	**0.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**16.0**	**16.0**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**16.0**	**16.0**	**16.0**	**0.0**	**16.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L047C	RN/Respiratory Therapist	0.7	**83.0**	**0.0**	**0.0**	**0.0**	**41.0**	**0.0**	**0.0**	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**92.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 66.74**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 28.04**	**$ -**	**$ -**	**$ -**	**$ 76.54**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 73.04**	**$ 8.64**	**$ -**	**$ 8.64**
13		**PRE-SERVICE PERIOD**																			
14		**Start: Following visit when decision for surgery/procedure made**																			
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	5	5	0	5					5	5	0	5	5	5	0	5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	3	5	0	5					3	5	0	5	3	5	0	5
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54	0	3	0	3					0	3	0	3	0	3	0	3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54	5	0	0	0					5	0	0	0	5	0	0	0
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3	3	0	3					3	3	0	3	3	3	0	3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54																
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54																
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54																
23			L037D	RN/LPN/MTA	0.54																
29		**End: When patient enters office/facility for surgery/procedure**																			
30		**SERVICE PERIOD**																			
31		**Start: When patient enters office/facility for surgery/procedure:**																			
32		**Pre-Service (of service period)**																			
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L047C	RN/Respiratory Therapist	0.7	3	0	0	0					3	0	0	0	3	0	0	0
34	CA010	Obtain vital signs	L047C	RN/Respiratory Therapist	0.7	5	0	0	0					5	0	0	0	5	0	0	0
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54																
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54																
37	CA013	Prepare room, equipment and supplies	L047C	RN/Respiratory Therapist	0.7	2	0	0	0			0	0	2	0	0	0	2	0	0	0
38	CA013	Prepare room, equipment and supplies	L042B	Respiratory Therapist	0.64					11	0	0	0								
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54																
40	CA015	Setup scope (nonfacility setting only)	L047C	RN/Respiratory Therapist	0.7	5	0	0	0			0	0	5	0	0	0	5	0	0	0
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047C	RN/Respiratory Therapist	0.7	2	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54																
43			L037D	RN/LPN/MTA	0.54																
48		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																
49		**Intra-service (of service period)**																			
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician time (100%)	L047C	RN/Respiratory Therapist	0.7	30	0	0	0	30	0	0	0	40	0	0	0	35	0	0	0
51	CA019	Assist physician or other qualified healthcare professional---directly related to physician time (67%)	L037D	RN/LPN/MTA	0.54																
52	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.54																
53	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54																
54			L037D	RN/LPN/MTA	0.54																
59		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																
60		**Post-Service (of service period)**																			
61	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54																
62	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54																
63	CA024	Clean room/equipment by clinical staff	L047C	RN/Respiratory Therapist	0.7	3	0	0	0			0		3	0	0	0	3	0	0	0
64	CA025	Clean scope	L047C	RN/Respiratory Therapist	0.7	30	0	0	0			0		30	0	0	0	30	0	0	0
65	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54																
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L047C	RN/Respiratory Therapist	0.7	2	0	0	0					4	0	0	0	4	0	0	0
67	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54																
68	CA029	Check dressings, catheters, wounds	L047C	RN/Respiratory Therapist	0.7	1	0	0	0					3	0	0	0	3	0	0	0
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.54																
70	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54																
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to move/to images into work queue	L037D	RN/LPN/MTA	0.54																
72	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54																
73	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.54																
74	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54			0	0							0	0			0	0
75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
82		**End: Patient leaves office/facility**																			
83		**POST-SERVICE PERIOD**																			
84		**Start: Patient leaves office/facility**																			
85	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54																
86	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54																
99		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54																
100		**End: with last office visit before end of global period**																			

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**31624**		**31624**		**31627**		**31627**		**31628**		**31628**		**31629**		**31629**	
3		***RUC Collaboration Website***				Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted,		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted,		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 5 Specialty: American Thoracic Society & The American College of**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 154.04**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 1,076.41**	**$ -**	**$ -**	**$ -**	**$ 243.75**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 318.62**	**$ 8.64**	**$ -**	**$ 8.64**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**99.0**	**16.0**	**0.0**	**16.0**	**41.0**	**0.0**	**0.0**	**0.0**	**113.0**	**16.0**	**0.0**	**16.0**	**108.0**	**16.0**	**0.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**16.0**	**16.0**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**16.0**	**16.0**	**16.0**	**0.0**	**16.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L047C	RN/Respiratory Therapist	0.7	**83.0**	**0.0**	**0.0**	**0.0**	**41.0**	**0.0**	**0.0**	**0.0**	**97.0**	**0.0**	**0.0**	**0.0**	**92.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
101	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																	
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 67.19**	**$ -**	**$ -**	**$ -**	**$ 983.10**	**$ -**	**$ -**	**$ -**	**$ 122.87**	**$ -**	**$ -**	**$ -**	**$ 205.30**	**$ -**	**$ -**	**$ -**
103	SA042	pack, cleaning and disinfecting, endoscope	25.36	pack		1	0	0	0					1	0	0	0	1	0	0	0
104	SA048	pack, minimum multi-specialty visit	4.01	pack		1	0	0	0					1	0	0	0	1	0	0	0
105	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	976.68	kit						1	0	0	0								
106	SC043	needle, transbronchial, cytology (Wang)	74.1	item														2	0	0	0
107	SC051	syringe 10-12ml	0.21	item		2	0	0	0			0	0	2	0	0	0	2	0	0	0
108	SC056	syringe 50-60ml	1.13	item		1	0	0	0									2	0	0	0
109	SC102	EBUS, single use aspiration needle, 21g	420.92	item																	
110	SD009	canister, suction	4.31	item				0	0							0	0			0	0
111	SD066	endoscopic biopsy forceps	68.03	item										1	0	0	0				
112	SD070	endosheath	15.28	item																	
113	SD121	suction specimen trap, sterile	2.47	item		3	0	0	0					1	0	0	0	1	0	0	0
114	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.67	item				0	0							0	0			0	0
115	SD235	sensor, patch, bronchosopy (for kit, locatable guide) (patient)	2.14	item						3	0	0	0								
116	SD294	Balloon for Bronchoscopy Fiberscope	25.5	item																	
117	SD141	brush, protected airway specimen	20	item																	
118	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		2	0	0	0					2	0	0	0	2	0	0	0
119	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		40	0	0	0					40	0	0	0	40	0	0	0
120	SH048	lidocaine 2% jelly, topical (Xylocaine)	1.04	ml		5	0	0	0					5	0	0	0	5	0	0	0
121	SH050	lidocaine 4% soln, topical (Xylocaine)	0.18	ml		20	0	0	0					20	0	0	0	20	0	0	0
122	SH066	sodium chloride 0.9% inj (10ml uou)	0.47	item		15	0	0	0					1	0	0	0	1	0	0	0
123	SJ010	basin, emesis	0.25	item		1	0	0	0					1	0	0	0	1	0	0	0
124	SJ016	denture cup	0.3	item										1	0	0	0	1	0	0	0
125	SK057	paper, laser printing (each sheet)	0.02	item				0	0							0	0			0	0
126	SL036	cup, biopsy-specimen sterile 4oz	0.8	item		2	0	0	0			0	0	2	0	0	0	2	0	0	0
127	SM014	endoscope anti-fog solution	0.76	ml				0	0							0	0			0	0
128	SM016	eye shield, splash protection	3.18	item		2	0	0	0					2	0	0	0	2	0	0	0
129	SD083	gas, nitrous oxide	0.04	liter												0					
130	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
131		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 20.11**	**$ -**	**$ -**	**$ -**	**$ 65.27**	**$ -**	**$ -**	**$ -**	**$ 44.34**	**$ -**	**$ -**	**$ -**	**$ 40.28**	**$ -**	**$ -**	**$ -**
132	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	70673.3811	Scope	0.267782794	42	0	0	0	45	0	0	0	51	0	0	0	46	0	0	0
133	ES017	fiberscope, flexible, bronchoscopy	17406.437	Scope	0.100850025	69	0	0	0	45	0	0	0	81	0	0	0	76	0	0	0
134	ES014	endoscope, ultrasound probe, balloon sheath	5680.4	Scope	0.02250686																
135	ER094	endoscopic ultrasound processor	72021.717	Scope Systems	0.272891665																
136	ER031	fluoroscopic system, mobile C-Arm	144384.374	Scope Accessories	0.406270566					45	0	0	0	51	0	0	0	46	0	0	0
137	ER099	Video system, Ultrasound (processor, digital capture, monitor, printer, cart)	13379.57	Scope Systems	0.053012482																
138	EQ235	suction machine (Gomco)	3195.85	Default	0.008480912	51	0	0	0	45	0	0	0	46	0	0	0	41	0	0	0
139	EQ326	system, navigational bronchoscopy (superDimension)	171885.713	Scope Systems	0.651278258					45	0	0	0								
140	EQ361	Flexible dual-channeled EBUS bronchoscope, with radial probe	160260	Scope Systems	0.607228209																
141	EQ004	CO2 respiratory profile monitor	4083.409	Default	0.013179742	51	0	0	0					46	0	0	0	41	0	0	0
142	EF031	table, power	5906.76	Default	0.015674926	51	0	0	0	45	0	0	0	51	0	0	0	46	0	0	0
143		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																			

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2			31652		31652		31653		31653		31654		31654	
3		*RUC Collaboration Website*	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	
4	Clinical Activity Code	Meeting Date: September 2026 Revision Date (if applicable): Tab: 5 Specialty: American Thoracic Society & The American College of												
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 1,161.09	$ 8.64	$ -	$ 8.64	$ 1,187.59	$ 8.64	$ -	$ 8.64	$ 63.86	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	168.0	16.0	0.0	16.0	183.0	16.0	0.0	16.0	35.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	16.0	16.0	0.0	16.0	16.0	16.0	0.0	16.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	152.0	0.0	0.0	0.0	167.0	0.0	0.0	0.0	35.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 115.04	$ 8.64	$ -	$ 8.64	$ 125.54	$ 8.64	$ -	$ 8.64	$ 24.50	$ -	$ -	$ -
13		PRE-SERVICE PERIOD												
14		Start: Following visit when decision for surgery/procedure made												
15	CA001	Complete pre-service diagnostic and referral forms	5	5	0	5	5	5	0	5				
16	CA002	Coordinate pre-surgery services (including test results)	3	5	0	5	3	5	0	5				
17	CA003	Schedule space and equipment in facility	0	3	0	3	0	3	0	3				
18	CA004	Provide pre-service education/obtain consent	5	0	0	0	5	0	0	0				
19	CA005	Complete pre-procedure phone calls and prescription	3	3	0	3	3	3	0	3				
20	CA006	Confirm availability of prior images/studies												
21	CA007	Review patient clinical extant information and questionnaire												
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)												
23														
29		End: When patient enters office/facility for surgery/procedure												
30		SERVICE PERIOD												
31		Start: When patient enters office/facility for surgery/procedure:												
32		Pre-Service (of service period)												
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	0	0	0	3	0	0	0				
34	CA010	Obtain vital signs	5	0	0	0	5	0	0	0				
35	CA011	Provide education/obtain consent												
36	CA012	Review requisition, assess for special needs												
37	CA013	Prepare room, equipment and supplies	2	0	0	0	2	0	0	0	2	0	0	0
38	CA013	Prepare room, equipment and supplies												
39	CA014	Confirm order, protocol exam												
40	CA015	Setup scope (nonfacility setting only)	10	0	0	0	10	0	0	0				
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	0	0	0	2	0	0	0				
42	CA017	Sedate/apply anesthesia												
43														
48		*Other activity: please include short clinical description here and type new*												
49		Intra-service (of service period)												
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60	0	0	0	75	0	0	0	30	0	0	0
51	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)												
52	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)												
53	CA021	Perform procedure/service---NOT directly related to physician work time												
54														
59		*Other activity: please include short clinical description here and type new*												
60		Post-Service (of service period)												
61	CA022	Monitor patient following procedure/service, multitasking 1:4												
62	CA023	Monitor patient following procedure/service, no multitasking												
63	CA024	Clean room/equipment by clinical staff	3	0	0	0	3	0	0	0	3	0	0	0
64	CA025	Clean scope	60	0	0	0	60	0	0	0				
65	CA026	Clean surgical instrument package												
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	4	0	0	0	4	0	0	0				
67	CA028	Review/read post-procedure x-ray, lab and pathology reports												
68	CA029	Check dressings, catheters, wounds	3	0	0	0	3	0	0	0				
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page												
70	CA031	Review examination with interpreting MD/DO												
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue												
72	CA033	Perform regulatory mandated quality assurance activity (service period)												
73	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)												
74	CA035	Review home care instructions, coordinate visits/prescriptions			0	0			0	0				
75	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a		n/a	
82		End: Patient leaves office/facility												
83		POST-SERVICE PERIOD												
84		Start: Patient leaves office/facility												
85	CA037	Conduct patient communications												
86	CA038	Coordinate post-procedure services												
99		*Other activity: please include short clinical description here and type new*												
100		End: with last office visit before end of global period												

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2			31652		31652		31653		31653		31654		31654	
3		***RUC Collaboration Website***	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with	
4	Clinical Activity Code	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 5 Specialty: American Thoracic Society & The American College of**												
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 1,161.09**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 1,187.59**	**$ 8.64**	**$ -**	**$ 8.64**	**$ 63.86**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**168.0**	**16.0**	**0.0**	**16.0**	**183.0**	**16.0**	**0.0**	**16.0**	**35.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**16.0**	**16.0**	**0.0**	**16.0**	**16.0**	**16.0**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**152.0**	**0.0**	**0.0**	**0.0**	**167.0**	**0.0**	**0.0**	**0.0**	**35.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
101	**Supply Code**	**MEDICAL SUPPLIES**												
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 925.78**	**$ -**	**$ -**	**$ -**	**$ 925.78**	**$ -**	**$ -**	**$ -**	**$ 15.28**	**$ -**	**$ -**	**$ -**
103	SA042	pack, cleaning and disinfecting, endoscope	1	0	0	0	1	0	0	0				
104	SA048	pack, minimum multi-specialty visit	1	0	0	0	1	0	0	0				
105	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter												
106	SC043	needle, transbronchial, cytology (Wang)												
107	SC051	syringe 10-12ml	2	0	0	0	2	0	0	0				
108	SC056	syringe 50-60ml	1	0	0	0	1	0	0	0				
109	SC102	EBUS, single use aspiration needle, 21g	2	0	0	0	2	0	0	0				
110	SD009	canister, suction			0	0			0	0				
111	SD066	endoscopic biopsy forceps												
112	SD070	endosheath									1	0	0	0
113	SD121	suction specimen trap, sterile	2	0	0	0	2	0	0	0				
114	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)			0	0			0	0				
115	SD235	sensor, patch, bronchosopy (for kit, locatable guide) (patient)												
116	SD294	Balloon for Bronchoscopy Fiberscope	1	0	0	0	1	0	0	0				
117	SD141	brush, protected airway specimen												
118	SG056	gauze, sterile 4in x 4in (10 pack uou)	2	0	0	0	2	0	0	0				
119	SH047	lidocaine 1%-2% inj (Xylocaine)	40	0	0	0	40	0	0	0				
120	SH048	lidocaine 2% jelly, topical (Xylocaine)	5	0	0	0	5	0	0	0				
121	SH050	lidocaine 4% soln, topical (Xylocaine)	20	0	0	0	20	0	0	0				
122	SH066	sodium chloride 0.9% inj (10ml uou)	1	0	0	0	1	0	0	0				
123	SJ010	basin, emesis	1	0	0	0	1	0	0	0				
124	SJ016	denture cup	1	0	0	0	1	0	0	0				
125	SK057	paper, laser printing (each sheet)			0	0			0	0				
126	SL036	cup, biopsy-specimen sterile 4oz	2	0	0	0	2	0	0	0				
127	SM014	endoscope anti-fog solution			0	0			0	0				
128	SM016	eye shield, splash protection	2	0	0	0	2	0	0	0				
129	SD083	gas, nitrous oxide												
130	**Equipment Code**	**EQUIPMENT**												
131		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 120.27**	**$ -**	**$ -**	**$ -**	**$ 136.27**	**$ -**	**$ -**	**$ -**	**$ 24.08**	**$ -**	**$ -**	**$ -**
132	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	76	0	0	0	91	0	0	0	32	0	0	0
133	ES017	fiberscope, flexible, bronchoscopy	106	0	0	0	121	0	0	0	32	0	0	0
134	ES014	endoscope, ultrasound probe, balloon sheath									32	0	0	0
135	ER094	endoscopic ultrasound processor									38	0	0	0
136	ER031	fluoroscopic system, mobile C-Arm												
137	ER099	Video system, Ultrasound (processor, digital capture, monitor, printer, cart)	76	0	0	0	91	0	0	0				
138	EQ235	suction machine (Gomco)	66	0	0	0	81	0	0	0	32	0	0	0
139	EQ326	system, navigational bronchoscopy (superDimension)												
140	EQ361	Flexible dual-channeled EBUS bronchoscope, with radial probe	136	0	0	0	151	0	0	0				
141	EQ004	CO2 respiratory profile monitor	66	0	0	0	81	0	0	0	32	0	0	0
142	EF031	table, power	76	0	0	0	91	0	0	0	32	0	0	0
143		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*												

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

September 2026

Peri-prostatic Implantation Biodegradable Material – Tab 06

In April 2025, the Relativity Assessment Workgroup (RAW) identified CPT codes 55874 and 55876 as a code pair that was performed by the same physician on the same date of service 75 percent of the time or more. The RAW recommended referral of these codes to the CPT Editorial Panel to create a bundling solution. At the May 2026 CPT Editorial Panel meeting, a new combination Category I CPT code 55XX0 was created to report transperineal placement of biodegradable material with placement of interstitial devices for radiation therapy. CPT codes 55874 and 55876 remain active CPT codes as well, and all three codes were surveyed for the September 2026 RUC meeting.

55874 ***Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed***
The RUC reviewed survey results from 99 radiation oncologists and urologists and recommends a work RVU of 2.21 based on a direct crosswalk to CPT code 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance* (work RVU = 2.21, 19.5 minutes intra-service time, 56.5 minutes total time), which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 13 minutes of pre-service evaluation time, 6 minutes of pre-service positioning time, 6 minutes of pre-service scrub/dress/wait time, 20 minutes of intra-service time and 12 minutes of immediate post-service time, which equals 57 minutes of total time. The work RVU recommendation is below the survey 25th percentile.

This service involves hydrodissection of the potential space between the prostate and the rectum, with subsequent injection of a biodegradable implant into this space to help protect the rectum from radiation damage during subsequent radiation therapy for prostate cancer treatment. Careful needle placement is imperative, as needle puncture of the rectal wall during placement risks contamination of the implantable material. The specialty societies selected the pre-service time package *1-FAC Straightforw Pat/Procedure(no sedate/anesth)* and post-service time package *7A Local/Simple Procedure*, both of which were adjusted to reflect the survey results. The pre-service positioning time was increased by 5 minutes to position the patient in the dorsal lithotomy position per RUC standard practice.

To support the recommended work RVU, the RUC compared the surveyed code to MPC codes 62323 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* (work RVU = 1.76, 14.63 minutes of intra-service time, 44.63 minutes of total time) and 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.47, 29.25 minutes of intra-service time, 60.25 minutes of total time). The RUC recognizes that, together, the two reference MPC codes bracket the surveyed code in terms of work RVU, intra-service time, total time, and relative measured intensity/complexity.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the Medicare Physician Payment Schedule (MFS). **The RUC recommends a work RVU of 2.21 for CPT code 55874.**

55876 ***Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple***

The RUC reviewed survey results from 105 radiation oncologists and urologists and recommends a work RVU of 1.46 based on a direct crosswalk to CPT code 44386 *Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple* (work RVU = 1.46, 16.58 minutes intra-service time, 48.58 minutes total time), which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 13 minutes of pre-service evaluation time, 6 minutes of pre-service positioning time, 6 minutes of pre-service scrub/dress/wait time, 16 minutes of intra-service time and 10 minutes of immediate post-service time, which equals 51 minutes of total time.

This service involves the placement of bilateral fiducial markers at the base and apex of the prostate to facilitate radiation therapy for prostate cancer treatment. Careful and precise placement of these fiducial markers is imperative to improve the precision of the forthcoming radiation therapy. The specialty societies selected the pre-service time package *1-FAC Straightforw Pat/Procedure(no sedate/anesth)* and post-service time package *7A Local/Simple Procedure*, both of which were adjusted to reflect the survey results. The pre-service positioning time was increased by 5 minutes to position the patient in the dorsal lithotomy position.

To support the recommended work RVU, the RUC compared the surveyed code to MPC codes 43450 *Dilation of esophagus, by unguided sound or bougie, single or multiple passes* (work RVU = 1.25, 14.63 minutes of intra-service time, 50.63 minutes of total time) and 62323 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* (work RVU = 1.76, 14.63 minutes of intra-service time, 44.63 minutes of total time). The RUC recognizes that the surveyed code requires nearly identical total time as reference MPC code 43450 but requires slightly more intra-service time and is more intense/complex, which makes it appropriate that it has a greater work RVU. Compared to reference MPC code 62323, the surveyed code requires slightly more intra-service and total time but a lesser work RVU, which is appropriate given it is a less intense/complex procedure to perform. Together, this pair of reference MPC codes bracket the surveyed code in terms of work RVU and relative measured intensity/complexity.

For additional support, the RUC referenced CPT code 51703 *Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)* (work RVU = 1.43, 14.63 minutes of intra-service time, 44.63 minutes of total time), which requires similar physician work and time as the surveyed code. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 1.46 for CPT code 55876.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

55XX0 ***Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate***
The RUC reviewed survey results from 98 radiation oncologists and urologists and recommends a work RVU of 3.21 based on a direct crosswalk to CPT code 19081 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance* (work RVU = 3.21, 29.25 minutes intra-service time, 66.25 minutes total time), which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 15 minutes of pre-service evaluation time, 6 minutes of pre-service positioning time, 6 minutes of pre-service scrub/dress/wait time, 30 minutes of intra-service time and 15 minutes of immediate post-service time, which equals 72 minutes of total time.

This is a bundled code when both CPT codes 55874 and 55876 are performed together, where the physician places both fiducials and peri-prostatic biodegradable implants in the same operative setting. The specialty societies selected the pre-service time package *1-FAC Straightforw Pat/Procedure(no sedate/anesth)* and post-service time package *7A Local/Simple Procedure*, both of which were adjusted to reflect the survey results. The pre-service positioning time was increased by 5 minutes to position the patient in the dorsal lithotomy position. Due to this being a bundled service, the pre-service evaluation time was increased by 2 minutes to determine an appropriate operative plan to allow for placement of both the fiducials and the biodegradable implant at the same time in both a safe and accurate way.

To support the recommended work RVU, the RUC compared the surveyed code to MPC codes 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.47, 29.25 minutes of intra-service time, 60.25 minutes of total time) and 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 3.90, 24.38 minutes of intra-service time, 80.38 minutes of total time). The RUC recognizes that the surveyed code requires nearly identical intra-service time as reference MPC code 31622 but requires more total time and is more intense/complex, which makes it appropriate that it has a greater work RVU. Compared to reference MPC code 52441, the surveyed code requires more intra-service time but less total time and is significantly less intense/complex to perform, which makes it appropriate that it requires less physician work and a smaller work RVU. Together, this pair of reference MPC codes bracket the surveyed code in terms of work RVU and relative measured intensity/complexity.

For additional support, the RUC referenced CPT code 52334 *Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde* (work RVU = 3.29, 29.25 minutes of intra-service time, 74.25 minutes of total time), which involves nearly identical physician work and requires similar intra-service time, total time, and relative measured intensity/complexity. Overall, the RUC work RVU recommendation appropriately reflects the physician work and time required to perform this service and maintains relativity within this code family and between similar services across the MFS. **The RUC recommends a work RVU of 3.21 for CPT code 55XX0.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. Use of existing high-cost supply item SA126 *Biodegradable Material Kit – PeriProstatic* ($4036.22) was noted in CPT codes 55874 and 55XX0. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies priced at more than $500 using appropriate HCPCS codes. The pricing of

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

these supplies should be based on a transparent process whereby items are reviewed and updated on an annual basis. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Male Genital System** **Prostate** **Other Procedures**				
(f)55874	F1	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 55XX0, 55876, 76942)	000	2.21
(f)55876	F2	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple (Do not report 55876 in conjunction with 55XX0, 55874) (Report supply of device separately) (For imaging guidance, see 76942, 77002, 77012, 77021)	000	1.46
●55XX0	F3	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate (Report supply of interstitial device separately) (Do not report 55XX0 in conjunction with 55874, 55875, 55876, 76942)	000	3.21

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55874 Tracking Number F1 Original Specialty Recommended RVU: **2.21**
Presented Recommended RVU: **2.21**
Global Period: 000 Current Work RVU: **2.95** RUC Recommended RVU: **2.21**

CPT Descriptor: Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is discovered on digital rectal examination to have a prostate nodule that occupies more than one half of the right lobe; there is no involvement of the left side. Diagnostic workup confirms the presence of prostate cancer. To reduce rectal toxicity that results from radiation therapy, an ultrasound-guided transperineal implantation of a biodegradable material is performed to create a space between the prostate and the rectum.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 39% , In the ASC 25%, In the office 35%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's chart is reviewed, and the plan for treatment is confirmed. The physician ensure that bowel preparation was performed and prophylactic antibiotics were taken. The physician confirms that the patient is not taking anticoagulants. The patient is brought to the procedure suite and positioned in the dorsal lithotomy position. The perineal skin is prepared with alcohol/povidone-iodine per standard practice. Patient is draped. The skin is numbed with lidocaine.

Description of Intra-Service Work: The physician advances the needle to the mid-perineum region, and an adequate dose of anesthetic (eg, lidocaine) is injected. Once the area is anesthetized, the needle is advanced until it is proximal to the pudendal nerve, and an additional dose of anesthetic is injected. Once anesthesia is achieved, the physician turns his or her attention to the hydrogel implant. The physician confirms materials and supplies are adequately prepared and ready for use. Lidocaine jelly is instilled and a rectal exam is performed. The ultrasound probe is positioned in the rectum, and the space between the prostate (mid gland) and rectum is identified and measured. The ultrasound probe will be repositioned to find the minimal probe pressure to maximize the visualization of the prostate without collapsing the periprostatic fat. The probe will be angled to prevent the rectum from being displaced superiorly, which would prevent the needle from being introduced without fecal contamination. Appropriate positioning is confirmed. Additional local anesthetic is injected into the periprostatic tissues/perineum. The saline syringe needle (15-cm 18-G needle) is inserted through the perineal skin under direct ultrasound guidance, through the rectourethralis muscle, and past the prostate apex to the perirectal fat between Denonvilliers fascia at prostate mid-gland and the rectal wall. Care must be taken during needle advancement not to penetrate the rectal lumen with the needle tip to avoid potential introduction of infectious material or injury to the rectal wall. Care must also be taken not to transect the prostate. The needle position is confirmed in both the sagittal and axial ultrasound planes, and saline is injected to dissect the space between the Denonvilliers fascia and anterior rectal wall (hydrodissection). Hydrodissection confirms proper needle location and creates space for the injection of the hydrogel material. Additional axial and sagittal imaging is required to optimize needle position and bilateral saline distribution. While maintaining the desired position, aspiration is performed to ensure that the needle is not in an intravascular space. The saline syringe is removed. The hydrogel syringe assembly is attached to an 18-G needle. The needle location is confirmed. Under ultrasound guidance (sagittal plane), the hydrogel material is injected to expand the periprostatic space

between the prostate and rectum. Optimal visualization of the needle during hydrogel administration is maintained at all times. Following injection, the needle is removed, and the spent applicator and needle are discarded. An axial measurement of the space between the prostate (mid gland) and rectum is performed. The TRUS probe is removed from the patient.

Description of Post-Service Work: The patient is observed to ensure that there is no onset of any complications. Review recovery area care and medications with staff. A procedure note is dictated. Meet with patient and/or family. Discuss procedure, expected outcome, and planned postoperative care. Dictate operative report. Call and/or dictate note to ordering physician regarding procedure outcome.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Varun Chowdhry, MD, MBA, Seth Cohen, MD, Alec Harris, MD, Christopher Jahraus, MD, Jonathan Kiechle, MD and Sabin Motwani, MD					
Specialty Society(ies):	ACRO, ASTRO, AUA					
CPT Code:	55874					
Sample Size:	2518	**Resp N:**	99			
Description of Sample:	ACRO/ASTRO - 518 randomly selected US/practicing MD/DOs AUA - 5,000 randomly selected US/practicing MD/DOs					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**14.00**	30.00	200.00
Survey RVW:	2.00	3.24	**4.00**	5.85	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	4.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	55874	**Recommended Physician Work RVU: 2.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**12.00**	**18.00**	**-6.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49411	000	3.48	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20555	000	5.85	**RUC Time**

CPT Descriptor Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62323	000	1.76	**RUC Time**	522,741

CPT Descriptor 1 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.47	**RUC Time**	30,153

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 28.2 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 25.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 55874	Top Key Reference CPT Code: 49411	2nd Key Reference CPT Code: **20555**
Median Pre-Service Time	25.00	15.00	50.00
Median Intra-Service Time	20.00	39.00	68.25
Median Immediate Post-service Time	12.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**57.00**	**74.00**	**148.25**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	14%	50%	29%	7%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	64%	25%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	11%	46%	43%
Physical effort required	11%	61%	29%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	11%	54%	36%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	4%	40%	44%	12%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	48%	40%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	4%	28%	68%
Physical effort required	8%	76%	16%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	36%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Relativity Assessment Workgroup (RAW) identified CPT codes 55874 and 55876 as services performed by the same physician on the same date of service 75% of the time or more. At the May 2026 CPT Editorial Panel meeting, a new combination code was created (55XX0) to report transperineal placement of biodegradable material with placement of interstitial devices for radiation therapy. CPT codes 55874 and 55876 remain active CPT codes as well.

Survey Methodology

A multi-specialty society survey was conducted by ACRO, ASTRO and AUA. The 000-day survey without visits template was used.

Pre-Service Time

Pre-time package 1 "*Straightforward Patient/Straightforward Procedure (No anesthesia care)"* was selected, with the following modifications.

Positioning: Addition of 5 minutes for dorsal lithotomy

Immediate Post-Service Time

Immediate post-time package 7A "Local Anesthesia/ Straightforward Procedure" was selected, with the following modifications.

Subtraction of 6 minutes to be consistent with the post time survey median

Relativity

	CPT Code		wRVU	IWPUT	Total Time	Pre Time	Intra Time	Post Time
MPC	43450		1.25	0.035	51	22	14.63	14
Surveyed	55876		1.46	0.048	51	25	16	10
MPC	62323		1.76	0.079	45	25	14.63	10
Surveyed	55874		2.21	0.073	57	25	20	12
MPC	31622		2.47	0.063	60	16	29.25	15
Surveyed	55XX0		3.21	0.079	72	27	30	15
Reference	49411		3.48	0.071	74	15	39	20
MPC	52441		3.90	0.114	80	41	24.38	15
Reference	20555		5.85	0.063	148	50	68.25	30

Comparison with Key Reference Services

The recommendations for CPT Code 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* align appropriately with reference codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* and 20555 *Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure).* Reference code 49411 is a very similar service to 55874 in that it includes placing of an interstitial device for RT in a non-prostate area. The intensities are comparable. The variation in wRVU relates directly to time. Reference code 20555 is also a very similar service to 55874. Code 55874 carries the slightly higher IWPUT, reflecting the added intensity of hydrodissection and molding/contouring the hydrogel at the prostate rectum interface to promote optimal beam dosimetry. The substantially higher wRVU of 20555 can be attributed to its greater intra-service and total time.

Comparison to MPC codes

The recommendations for CPT Code 55874 align nicely with MPC 62323 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* and MPC 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure).* MPC code 62323 is a similarly intense service to 55874. "MPC code 62323 is noted to be a similarly intense service to 55874; it is injecting into the interlaminar epidural space. Its lower wRVU relative to 55874 reflects its shorter service time. Therefore, 62323 and 31622 follow appropriate rank order 55874 from below and above.

Recommendation

The specialty societies recommend CPT Code 55874 be crosswalked to CPT Code 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance.* CPT Code 32555 was selected as it is a similarly intense service with comparable times. CPT Code 32555 is RUC reviewed and has robust Medicare utilization. The specialties recommend the crosswalk work RVU of 2.21, the survey time medians of 13 pre eval, 6 pre-positioning, 6 pre scrub, dress, wait, 20 intra and 12 immediate post. The resulting IWPUT is 0.073. These recommendations maintain relativity in the surveyed family, with the specialties and within overall 000-day RUC valued services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55874

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty Urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,679
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Most recent Medicare utilization from the current RUC database. Total Medicare utilization 22,488 - 16,809 (74.7%) = 5,679 (25.3%)

Specialty Urology Frequency 3,509 Percentage 60.01 %

Specialty Radiation Oncology Frequency 1,988 Percentage 34.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55874

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55876 Tracking Number F2 Original Specialty Recommended RVU: **1.46**
Presented Recommended RVU: **1.46**
Global Period: 000 Current Work RVU: **1.69** RUC Recommended RVU: **1.46**

CPT Descriptor: Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male was referred to his urologist for a PSA of 6.8. He underwent transrectal ultrasound and biopsy of his prostate, which revealed one core of Gleason score 6 adenocarcinoma of the prostate. His urologist discussed all the alternatives of definitive treatment and the patient elected to receive intensity modulated radiation therapy (IMRT). After a consultation with the radiation oncologist, the patient elects to have fiducial seeds placed to facilitate localization of the prostate during treatment and avoid contiguous organ injury.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 36% , In the ASC 25%, In the office 39%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's chart is reviewed, and the plan for treatment is confirmed. The physician ensure that bowel preparation was performed and prophylactic antibiotics were taken. The physician confirms that the patient is not taking anticoagulants. The patient is brought to the procedure suite and positioned in the dorsal lithotomy position. The perineal skin is prepared with alcohol/povidone-iodine per standard practice. Patient is draped. The skin is numbed with lidocaine.

Description of Intra-Service Work: The physician advances the needle to the mid-perineum region, and an adequate dose of anesthetic (eg, lidocaine) is injected. Once the area is anesthetized, the needle is advanced until it is proximal to the pudendal nerve, and an additional dose of anesthetic is injected. Once anesthesia is achieved, the physician turns his or her attention to the interstitial device(s) placement. The physician confirms materials and supplies are adequately prepared and ready for use. Lidocaine jelly is instilled and a rectal exam is performed. Additional local anesthetic is injected into the periprostatic tissues/perineum. The physician introduces preloaded fiducial markers and implants them bilaterally at the base and apex of the prostate. The physician confirm the position of the base seeds to be within 3 mm of the base and the position of the apex seeds within 2 mm of the apex.

Description of Post-Service Work: The patient is observed to ensure that there is no onset of any complications. Review recovery area care and medications with staff. A procedure note is dictated. Meet with patient and/or family. Discuss procedure, expected outcome, and planned postoperative care. Dictate operative report. Call and/or dictate note to ordering physician regarding procedure outcome.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Varun Chowdhry, MD, MBA, Seth Cohen, MD, Alec Harris, MD, Christopher Jahraus, MD, Jonathan Kiechle, MD and Sabin Motwani, MD					
Specialty Society(ies):	ACRO, ASTRO, AUA					
CPT Code:	55876					
Sample Size:	2518	**Resp N:**	105			
Description of Sample:	ACRO/ASTRO - 518 randomly selected US/practicing MD/DOs AUA - 5,000 randomly selected US/practicing MD/DOs					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**12.00**	30.00	300.00
Survey RVW:		1.61	3.00	**3.48**	4.35	7.52
Pre-Service Evaluation Time:				**25.00**		
Pre-Service Positioning Time:				**7.00**		
Pre-Service Scrub, Dress, Wait Time:				**6.00**		
Intra-Service Time:		3.00	10.00	**16.00**	20.00	60.00
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	55876	**Recommended Physician Work RVU: 1.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49411	000	3.48	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20555	000	5.85	**RUC Time**

CPT Descriptor Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
43450	000	1.25	**RUC Time**	50,784

CPT Descriptor 1 Dilation of esophagus, by unguided sound or bougie, single or multiple passes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62323	000	1.76	**RUC Time**	522,741

CPT Descriptor 2 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 61 **% of respondents:** 58.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 9.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 55876	Top Key Reference CPT Code: 49411	2nd Key Reference CPT Code: **20555**
Median Pre-Service Time	25.00	15.00	50.00
Median Intra-Service Time	16.00	39.00	68.25
Median Immediate Post-service Time	10.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**51.00**	**74.00**	**148.25**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	3%	18%	66%	13%	2%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	64%	13%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	18%	66%	16%
Physical effort required	15%	79%	7%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	64%	13%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	10%	60%	30%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	70%	30%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	10%	70%	20%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	30%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Relativity Assessment Workgroup (RAW) identified CPT codes 55874 and 55876 as services performed by the same physician on the same date of service 75% of the time or more. At the May 2026 CPT Editorial Panel meeting, a new combination code was created (55XX0) to report transperineal placement of biodegradable material with placement of interstitial devices for radiation therapy. CPT codes 55874 and 55876 remain active CPT codes as well.

Survey Methodology

A multi-specialty society survey was conducted by ACRO, ASTRO and AUA. The 000-day survey without visits template was used.

Pre-Service Time

Pre-time package 1 "*Straightforward Patient/Straightforward Procedure (No anesthesia care)"* was selected, with the following modifications.

Positioning: Addition of 5 minutes for dorsal lithotomy

Immediate Post-Service Time

Immediate post-time package 7A "Local Anesthesia/ Straightforward Procedure" was selected, with the following modifications.

Subtraction of 8 minutes to be consistent with the post time survey median

Relativity

	CPT Code	wRVU	IWPUT	Total Time	Pre Time	Intra Time	Post Time
MPC	43450	1.25	0.035	51	22	14.63	14
Surveyed	55876	1.46	0.048	51	25	16	10
MPC	62323	1.76	0.079	45	25	14.63	10
Surveyed	55874	2.21	0.073	57	25	20	12
MPC	31622	2.47	0.063	60	16	29.25	15
Surveyed	55XX0	3.21	0.079	72	27	30	15
Reference	49411	3.48	0.071	74	15	39	20
MPC	52441	3.90	0.114	80	41	24.38	15
Reference	20555	5.85	0.063	148	50	68.25	30

Comparison with Key Reference Services

The recommendations for CPT Code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* align appropriately with reference codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* and 20555 *Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure).* Both KRS codes are more intense services than 55876 and involve greater service time. The lower wRVU of 55876 reflects this combination of these two factors. Code 55876 it is a shorter, lower-intensity fiducial placement relative to the interstitial device and needle/catheter placements described by 49411 and 20555." (proposed valulations thus fall in appropriate rank order with KRS services).

Comparison to MPC codes

The recommendations for CPT Code 55876 align nicely with MPC 43450 and MPC 62323. Code 55876 is a more intense service than 43450. The two share identical total service time, the higher wRVU of 55876 is attributable entirely to its greater intensity. Given that fiducial marker placement requires real-time, image-guided, millimeter-precise deposition of markers at the prostate, adjacent to the rectum, urethra, and neurovascular bundles, whereas esophageal dilation involves non-targeted pass through a natural lumen, the valuations follow appropriate rank order. Conversely, MPC 62323 is a more intense service than 55876. It involves advancing a needle into the interlaminar epidural space under imaging guidance, immediately adjacent to the dura, spinal cord, and nerve roots, where inadvertent dural puncture or intrathecal/intravascular injection carries risk of serious neurologic injury. This proximity to the sensitive structures demands greater precision and carries higher consequence-of-error per minute than periprostatic fiducial placement. Its higher wRVU reflects that greater intensity despite comparable time. Taken together, 43450 and 62323 establish an appropriate rank order with 55876.

Recommendation

The specialty societies recommend CPT Code 55876 be crosswalked to CPT Code 44386 *Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple.* CPT Code 44386 was selected as it is a similarly intense service with comparable times. CPT Code 44386 is RUC reviewed and has Medicare utilization. The specialties recommend the crosswalk work RVU of 1.46, the survey time medians of 13 pre eval, 6 pre-positioning, 6 pre scrub, dress, wait, 16 intra and 10 immediate post. The resulting IWPUT is 0.048. These recommendations maintain relativity in the surveyed family, with the specialties and within overall 000-day RUC valued services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55876

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty Urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National estimate not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,541
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Most recent Medicare utilization from the current RUC database. Total Medicare utilization (24,325) minus CPT Code 55876 billed with 55874 (69% - 16,784).

Specialty Urology Frequency 4,525 Percentage 60.00 %

Specialty Radiation Oncology Frequency 2,489 Percentage 33.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55876

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55XX0 Tracking Number F3 Original Specialty Recommended RVU: **3.21**
Presented Recommended RVU: **3.21**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.21**

CPT Descriptor: Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with localized prostate cancer chose treatment with radiation therapy and presents for transperineal placement of periprostatic biodegradable material with placement of prostatic interstitial devices for radiation therapy guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 37% , In the ASC 28%, In the office 36%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 97% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's chart is reviewed, and the plan for treatment is confirmed. The physician ensure that bowel preparation was performed and prophylactic antibiotics were taken. The physician confirms that the patient is not taking anticoagulants. The patient is brought to the procedure suite and positioned in the dorsal lithotomy position. The perineal skin is prepared with alcohol/povidone-iodine per standard practice. Patient is draped. The skin is numbed with lidocaine.

Description of Intra-Service Work: The physician advances the needle to the mid-perineum region, and an adequate dose of anesthetic (eg, lidocaine) is injected. Once the area is anesthetized, the needle is advanced until it is proximal to the pudendal nerve, and an additional dose of anesthetic is injected. Once anesthesia is achieved, the physician turns his or her attention to the hydrogel implant. The physician confirms materials and supplies are adequately prepared and ready for use. Lidocaine jelly is instilled and a rectal exam is performed. The physician introduces preloaded fiducial markers and implants them bilaterally at the base and apex of the prostate. The physician confirm the position of the base seeds to be within 3 mm of the base and the position of the apex seeds within 2 mm of the apex. The ultrasound probe is positioned in the rectum, and the space between the prostate (mid gland) and rectum is identified and measured. The ultrasound probe will be repositioned to find the minimal probe pressure to maximize the visualization of the prostate without collapsing the periprostatic fat. The probe will be angled to prevent the rectum from being displaced superiorly, which would prevent the needle from being introduced without fecal contamination. Appropriate positioning is confirmed. Additional local anesthetic is injected into the periprostatic tissues/perineum. The saline syringe needle (15-cm 18-G needle) is inserted through the perineal skin under direct ultrasound guidance, through the rectourethralis muscle, and past the prostate apex to the perirectal fat between Denonvilliers fascia at prostate mid-gland and the rectal wall. Care must be taken during needle advancement not to penetrate the rectal lumen with the needle tip to avoid potential introduction of infectious material or injury to the rectal wall. Care must also be taken not to transect the prostate. The needle position is confirmed in both the sagittal and axial ultrasound planes, and saline is injected to dissect the space between the Denonvilliers fascia and anterior rectal wall (hydrodissection). Hydrodissection confirms proper needle location and creates space for the injection of the hydrogel material. Additional axial and sagittal imaging is required to optimize needle position and bilateral saline distribution. While maintaining the desired position, aspiration is performed to ensure that the needle is not in an intravascular space. The saline syringe is removed. The hydrogel syringe assembly is attached to an 18-G needle. The

needle location is confirmed. Under ultrasound guidance (sagittal plane), the hydrogel material is injected to expand the periprostatic space between the prostate and rectum. Optimal visualization of the needle during hydrogel administration is maintained at all times. Following injection, the needle is removed, and the spent applicator and needle are discarded. An axial measurement of the space between the prostate (mid gland) and rectum is performed. The TRUS probe is removed from the patient.

Description of Post-Service Work: The patient is observed to ensure that there is no onset of any complications. Review recovery area care and medications with staff. A procedure note is dictated. Meet with patient and/or family. Discuss procedure, expected outcome, and planned postoperative care. Dictate operative report. Call and/or dictate note to ordering physician regarding procedure outcome.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Varun Chowdhry, MD, MBA, Seth Cohen, MD, Alec Harris, MD, Christopher Jahraus, MD, Jonathan Kiechle, MD and Sabin Motwani, MD					
Specialty Society(ies):	ACRO, ASTRO, AUA					
CPT Code:	55XX0					
Sample Size:	2518	**Resp N:**	98			
Description of Sample:	ACRO/ASTRO - 518 randomly selected US/practicing MD/DOs AUA - 5,000 randomly selected US/practicing MD/DOs					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**10.00**	30.00	440.00
Survey RVW:	3.00	4.63	**5.80**	7.19	12.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**9.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	4.00	20.00	**30.00**	40.00	125.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	55XX0	**Recommended Physician Work RVU: 3.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**13.00**	**2.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20555	000	5.85	**RUC Time**

CPT Descriptor Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49411	000	3.48	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.47	**RUC Time**	30,153

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	3.90	**RUC Time**	14,256

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 34.6 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 55XX0	Top Key Reference CPT Code: 20555	2nd Key Reference CPT Code: 49411
Median Pre-Service Time	27.00	50.00	15.00
Median Intra-Service Time	30.00	68.25	39.00
Median Immediate Post-service Time	15.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**72.00**	**148.25**	**74.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	3%	44%	38%	15%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	53%	44%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	3%	50%	47%
Physical effort required	3%	68%	29%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	41%	53%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	12%	18%	59%	12%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	29%	53%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	24%	18%	59%
Physical effort required	6%	41%	53%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	35%	47%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Relativity Assessment Workgroup (RAW) identified CPT codes 55874 and 55876 as services performed by the same physician on the same date of service 75% of the time or more. At the May 2026 CPT Editorial Panel meeting, a new combination code was created (55XX0) to report transperineal placement of biodegradable material with placement of interstitial devices for radiation therapy. CPT codes 55874 and 55876 remain active CPT codes as well.

Survey Methodology

A multi-specialty society survey was conducted by ACRO, ASTRO and AUA. The 000-day survey without visits template was used.

Pre-Service Time

Pre-time package 1 "*Straightforward Patient/Straightforward Procedure (No anesthesia care)"* was selected, with the following modifications.

Pre-Eval: Addition of 2 minutes to plan for doing both fiducials and hydrogel during the same session. The physician must prepare for the interplay of placing the fiducials and then the hydrogel during the same session.

Positioning: Addition of 5 minutes for dorsal lithotomy

Immediate Post-Service Time

Immediate post-time package 7A "Local Anesthesia/ Straightforward Procedure" was selected, with the following modifications.

Subtraction of 3 minutes to be consistent with the post time survey median

Relativity

	CPT Code	wRVU	IWPUT	Total Time	Pre Time	Intra Time	Post Time
MPC	43450	1.25	0.035	51	22	14.63	14
Surveyed	55876	1.46	0.048	51	25	16	10
MPC	62323	1.76	0.079	45	25	14.63	10
Surveyed	55874	2.21	0.073	57	25	20	12
MPC	31622	2.47	0.063	60	16	29.25	15
Surveyed	55XX0	3.21	0.079	72	27	30	15
Reference	49411	3.48	0.071	74	15	39	20
MPC	52441	3.90	0.114	80	41	24.38	15
Reference	20555	5.85	0.063	148	50	68.25	30

Comparison with Key Reference Services

The recommendations for CPT Code 55XX0 align appropriately with reference codes 49411 and 20555. Reference code 49411 is a very similar service to 55XX0 in that it involves placement of an interstitial device for radiation therapy guidance in a non-prostate area. The intensities are comparable, and the variation in wRVU is driven primarily to differences in time. This follows clinically, as both require image-guided placement of radiation-guidance devices with comparable precision, differing mainly in anatomic site. Reference code 20555 is also a similar interstitial service to 55XX0. Code 55XX0 carries the higher IWPUT, reflecting the added intensity of hydrodissection and molding/contouring the hydrogel within the confined periprostatic space adjacent to the rectal wall. The substantially higher wRVU of 20555 is attributable to its much greater intra-service and total time. Taken together, 49411 and 20555 establish an appropriate rank order with 55XX0.

Comparison to MPC codes

The recommendations for CPT Code 55XX0 also align nicely with MPC 31622 and MPC 52441. MPC code 31622 is a less intense service than 55XX0. Code 31622 is an intracavitary procedure performed within a natural airway, whereas 55XX0 is an interstitial procedure requiring percutaneous needle placement into the confined periprostatic space, with the added intensity of hydrodissection and contouring the hydrogel adjacent to the rectal wall. This greater precision and consequence of error account for the higher intensity of 55XX0, so the valuations follow an appropriate rank order. Conversely, MPC 52441 is a more intense service than 55XX0. It involves cystourethroscopic insertion of a permanent adjustable transprostatic implant through the bladder, where the irreversible mechanical deployment and proximity to the bladder neck, ureteral orifices, and urinary sphincter carry greater potential for injury than periprostatic spacer and fiducial placement. Its higher wRVU reflects that greater intensity. Taken together, 31622 and 52441 establish an appropriate rank with 55XX0.

Recommendation

The specialty societies recommend CPT Code 55XX0 be crosswalked to CPT Code 19081 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance.* CPT Code 19081 was selected as it is a similarly intense service with comparable times. CPT Code 19081 is RUC reviewed and has robust Medicare utilization. The specialties recommend the crosswalk work RVU of 3.21, the survey time medians of 15 pre eval, 6 pre-positioning, 6 pre scrub, dress, wait, 30 intra and 15 immediate post. The resulting IWPUT is 0.079. These

recommendations maintain relativity in the surveyed family, with the specialties and within overall 000-day RUC valued services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55874 and 55876

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty Urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National number not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 16,809 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Most recent Medicare utilization from the current RUC database. Source utilization using both 55874 reported together with 55876 = 16,809

Specialty Urology Frequency 20,055 Percentage 60.00 %

Specialty Radiation Oncology Frequency 13,370 Percentage 40.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55874

ISSUE: Peri-prostatic Implantation Biodegradable Material

TAB: 6

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial	000	2009	28	0.071	0.047			3.48			74	9	1	5			39			20					
2nd REF	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent	000	2007	25	0.063	0.039			5.85			148.25	30	5	15			68			30					
CURRENT	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple	000	2017		0.073	0.043			2.95			69.25	13	6	6			29			15					
SVY	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple	000		99	0.148	0.057	2.00	3.24	4.00	5.85	10.00	70	25	7	6	4	15	20	30	60	12	0	2	14	30	200
		urology			*53*	*0.256*	*0.087*	*2.00*	*3.52*	*4.95*	*6.02*	*10.00*	*57*	*20*	*6*	*5*	*4*	*12*	*16*	*25*	*45*	*10*	*0*	*2*	*10*	*22*	*100*
		radiation oncology			*46*	*0.108*	*0.046*	*2.75*	*3.03*	*3.98*	*5.38*	*10.00*	*87*	*32*	*8*	*7*	*10*	*18*	*25*	*30*	*60*	*15*	*0*	*2*	*20*	*76*	*200*
REC	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	000			0.073	0.039			2.21			57	13	6	6			20			12					
XWALK	32555	*Thoracentesis, needle or catheter, aspiration of the pleural space; with*	*000*	*2013*		*0.075*	*0.039*			*2.21*			*56.5*	*13*	*3*	*6*			*19.5*			*15*					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial	000	2009	61	0.071	0.047			3.48			74	9	1	5			39			20					
2nd REF	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent	000	2007	10	0.063	0.039			5.85			148.25	30	5	15			68			30					
CURRENT	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial	000	2006		0.042	0.029			1.69			58.5	19	10				20			10					
SVY	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial	000		105	0.156	0.054	1.61	3.00	3.48	4.35	7.52	64	25	7	6	3	10	16	20	60	10	0	1	12	30	300
		urology			*58*	*0.202*	*0.069*	*1.61*	*3.29*	*3.88*	*4.94*	*7.52*	*56*	*20*	*6*	*5*	*3*	*10*	*15*	*20*	*35*	*10*	*0*	*0*	*10*	*22*	*100*
		radiation oncology			*47*	*0.110*	*0.045*	*1.69*	*2.50*	*3.34*	*3.50*	*7.00*	*75*	*30*	*8*	*7*	*5*	*15*	*20*	*24*	*60*	*10*	*0*	*2*	*20*	*50*	*300*
REC	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple				0.048	0.029			1.46			51	13	6	6			16			10					
XWALK	44386	*Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or*		*2013*		*0.049*	*0.030*			*1.46*			*48.58*	*14*	*3*	*5*			*16.58*			*10*					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent	000	2007	34	0.063	0.039			5.85			148.25	30	5	15			68			30					
2nd REF	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial	000	2009	17	0.071	0.047			3.48			74	9	1	5			39			20					
CURRENT		55874 + 50% of 55876				-	-			3.80			0														
CURRENT	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple	000	2017		0.073	0.043			2.95			69.25	13	6	6			29			15					
CURRENT	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers,	000	2006		0.042	0.029			1.69			58.5	19	10				20			10					
SVY	55XX0	Transperineal placement of biodegradable material, periprostatic, single or multiple	000		98	0.153	0.066	3.00	4.63	5.80	7.19	12.00	88	30	9	6	4	20	30	40	125	13	0	0	10	30	440
		urology			*54*	*0.236*	*0.089*	*3.00*	*5.08*	*5.90*	*7.52*	*10.25*	*66*	*24*	*6*	*5*	*4*	*16*	*21*	*32*	*70*	*10*	*0*	*0*	*10*	*25*	*129*
		radiation oncology			*44*	*0.105*	*0.051*	*3.30*	*4.18*	*5.50*	*6.14*	*12.00*	*107*	*35*	*10*	*8*	*10*	*25*	*39*	*45*	*125*	*15*	*0*	*0*	*20*	*55*	*440*
REC	55XX0	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate				0.079	0.045			3.21			72	15	6	6			30			15					
XWALK	19081	*Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic*		*2013*		*0.084*	*0.048*			*3.21*			*66.25*	*13*	*3*	*6*			*29.25*			*15*					

FACILITY DIRECT PE INPUTS

CPT CODE(S):55874, 55876, 55XX0
SPECIALTY SOCIETY(IES): ACRO, ASTRO, AUA
PRESENTER(S): Varun Chowdhry, MD, MBA, Seth Cohen, MD, Alec Harris, MD, Christopher Jahraus, MD, Jonathan Kiechle, MD and Sabin Motwani, MD

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 55XX0, 55876, 76942)	000
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple (Do not report 55876 in conjunction with 55XX0, 55874) (Report supply of device separately) (For imaging guidance, see 76942, 77002, 77012, 77021)	000
55XX0	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate (Report supply of interstitial device separately) (Do not report 55XX0 in conjunction with 55874, 55875, 55876, 76942)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55874	A 67-year-old male is discovered on digital rectal examination to have a prostate nodule that occupies more than one half of the right lobe; there is no involvement of the left side. Diagnostic workup confirms the presence of prostate cancer. To reduce rectal toxicity that results from radiation therapy, an ultrasound-guided transperineal implantation of a biodegradable material is performed to create a space between the prostate and the rectum.
55876	A 68-year-old male was referred to his urologist for a PSA of 6.8. He underwent transrectal ultrasound and biopsy of his prostate, which revealed one core of Gleason score 6 adenocarcinoma of the prostate. His urologist discussed all the alternatives of definitive treatment and the patient elected to receive intensity modulated radiation therapy (IMRT). After a consultation with the radiation oncologist, the patient elects to have fiducial seeds placed to facilitate localization of the prostate during treatment and avoid contiguous organ injury.

FACILITY DIRECT PE INPUTS

55XX0	A 66-year-old male with localized prostate cancer chose treatment with radiation therapy and presents for transperineal placement of periprostatic biodegradable material with placement of prostatic interstitial devices for radiation therapy guidance.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened a multispecialty consensus panel including RUC advisors and peri-prostate implantation biodegradable material providers. The panel developed the direct practice expense recommendations for the peri-prostate implantation biodegradable material codes based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The multispecialty group included the current direct practice expense inputs for the existing CPT codes 55874 and 55876.
   The specialty societies included CPT Code 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple,* as a reference code for new combined code 55XX0. CPT Code 49411 was RUC reviewed in 2009, is performed in the NF setting and is the work reference service code.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   The peri-prostate implantation biodegradable material codes are not typically reported with E/M services.

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

FACILITY DIRECT PE INPUTS

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global periods for the peri-prostate implantation biodegradable material codes are not transitioning.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The PE Subcommittee standard for the pre-service period is zero minutes. The specialty societies are recommending 6 minutes of pre time for CPT Codes 55874, 55876 and 55XX0. The specialties are requesting 3 minutes for scheduling in the facility setting and 3 minutes for completing pre-procedure phone calls/prescriptions. *CA003 Schedule space and equipment in facility: 3 minutes* Clinical staff will confirm the facility has scheduled the procedure, has all the necessary equipment and supplies. *CA005 Completing pre-procedure phone calls/prescriptions: 3 minutes* Clinical staff will contact the patient prior to the procedure to ensure that they will be NPO, completed bowel prep, medication instructions, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with prescription order. The PE Subcommittee standard for the post service period is zero minutes. The specialty societies are recommending 3 minutes of post time for CPT Codes 55874, 55876 and 55XX0. The specialties are requesting 3 minutes for conducting patient communications. Clinical staff will call the patient to check on their recovery status and pain control.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Clinical staff will confirm the facility has scheduled the procedure, has all the necessary equipment and supplies. Clinical staff will also contact the patient prior to the procedure to ensure that they will be NPO, completed bowel prep, medication instructions, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with prescription order.

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

Clinical staff will call the patient to check on their recovery status and pain control.

FACILITY DIRECT PE INPUTS

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

FACILITY DIRECT PE INPUTS

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

N/A

ADDITIONAL INFORMATION

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

FACILITY DIRECT PE INPUTS

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):55874, 55876, 55XX0
SPECIALTY SOCIETY(IES): ACRO, ASTRO, AUA
PRESENTER(S): Varun Chowdhry, MD, MBA, Seth Cohen, MD, Alec Harris, MD, Christopher Jahraus, MD, Jonathan Kiechle, MD and Sabin Motwani, MD

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55874 in conjunction with 55XX0, 55876, 76942)	000
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple (Do not report 55876 in conjunction with 55XX0, 55874) (Report supply of device separately) (For imaging guidance, see 76942, 77002, 77012, 77021)	000
55XX0	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation therapy guidance, prostate (Report supply of interstitial device separately) (Do not report 55XX0 in conjunction with 55874, 55875, 55876, 76942)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55874	A 67-year-old male is discovered on digital rectal examination to have a prostate nodule that occupies more than one half of the right lobe; there is no involvement of the left side. Diagnostic workup confirms the presence of prostate cancer. To reduce rectal toxicity that results from radiation therapy, an ultrasound-guided transperineal implantation of a biodegradable material is performed to create a space between the prostate and the rectum.
55876	A 68-year-old male was referred to his urologist for a PSA of 6.8. He underwent transrectal ultrasound and biopsy of his prostate, which revealed one core of Gleason score 6 adenocarcinoma of the prostate. His urologist discussed all the alternatives of definitive treatment and the patient elected to receive intensity modulated radiation therapy (IMRT). After a consultation with the radiation oncologist, the patient elects to have fiducial seeds placed to facilitate localization of the prostate during treatment and avoid contiguous organ injury.
55XX0	A 66-year-old male with localized prostate cancer chose treatment with radiation therapy and presents for transperineal placement of periprostatic biodegradable material with placement of prostatic interstitial devices for radiation therapy guidance.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The specialty societies convened a multispecialty consensus panel including RUC advisors and peri-prostate implantation biodegradable material providers. The panel developed the direct practice expense recommendations for the peri-prostate implantation biodegradable material codes based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The multispecialty group included the current direct practice expense inputs for the existing CPT codes 55874 and 55876.
The specialty societies included CPT Code 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple,* as a reference code for new combined code 55XX0. CPT Code 49411 was RUC reviewed in 2009, is performed in the NF setting and is the work reference service code.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

The peri-prostate implantation biodegradable material codes are not typically reported with E/M services.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

	Dominant Specialty in the NF		**Dominant Specialty Global**	
55874	Urology	58%	Urology	60%
55876	Urology	68%	Urology	61%
55XX0				

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global periods for the peri-prostate implantation biodegradable material codes are not transitioning.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The PE Subcommittee standard for the pre -service period is zero minutes. The specialty societies are recommending 6 minutes of pre time for CPT Codes 55874, 55876 and 55XX0. The specialties are requesting 3 minutes for completing diagnostic and referral forms and 3 minutes for completing pre-procedure phone calls/prescriptions. *CA001 Complete pre-service diagnostic and referral forms: 3 minutes* Clinical staff will review and complete all referral forms and ensure that the indication has met medical necessity for the planned procedure. *CA005 Completing pre-procedure phone calls/prescriptions: 3 minutes* Clinical staff will contact the patient prior to the procedure to ensure that they will be NPO, completed bowel prep, medication instructions, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with prescription order. The PE Subcommittee standard for the post service period is zero minutes. The specialty societies are recommending 3 minutes of post time for CPT Codes 55874, 55876 and 55XX0. The specialties are requesting 3 minutes for conducting patient communications. Clinical staff will call the patient to check on their recovery status and pain control.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs

remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CPT code 55874
3 minutes were allocated for CA010 *obtain vital signs* in 2017 prior to CMS increasing the vital signs time to 5 minutes

CPT code 55876
3 minutes were allocated for CA010 *obtain vital signs* in 2006 prior to CMS increasing the vital signs time to 5 minutes

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

A clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel. The clinical staff member ensures that all appropriate labs are drawn and results are acceptable. The clinical staff will contact the patient prior to the procedure to ensure they adhere to preprocedural guidelines (eg, fill antibiotics, enema), answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies. Send in antibiotic prescription. The clinical staff prior to the patient's arrival, will retrieve any prior exams and procedural reports, provide these exams for the physician to review, verify orders, review the chart to incorporate any relative clinical information.

    b. Service period (includes pre, intra and post):

Prepare room, including moving equipment into place and setting up supplies
Prepare discharge papers
Greet patient, provide gowning
Ask patient about enema, antibiotic, blood thinners, hip replacements, allergies, pacemakers
Go over and sign consent
Take antibiotic
Briefly explain procedure
Help patient onto table
Assist with positioning

Assist physician with procedure
Assist with preparing fiducials and/or hydrogel

Help patient move from procedure table to recovery chair
Monitor the patient
Check dressing/injection site(s)
Go over discharge instructions

Clean equipment
Clean up trash/used items
Scan marker labels/hydrogel labels, consent with patient labels

Additional steps for CPT Codes 55874 and 55XX0
Turn on U/S machine
Hit "Start exam" on ultrasound
Perform U/S during procedure
Print U/S pictures

c. Post-service period:

The clinical staff calls the patient the day after the procedure to make sure that there are no complications, answers any questions, ensures that pain control is adequate, and calls in additional prescriptions if needed.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See 10b

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The specialty societies are recommending intra-service work time equal to 100% of physician intra time.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

The recommendations include one established pack:

- SA048 pack, minimum multi-specialty visit

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

pack, minimum multi-specialty visit	***SA048***	***pack***	***Qty***
paper, exam table		*foot*	*7*
gloves, non-sterile		*pair*	*2*
gown, patient		*item*	*1*
pillow case		*item*	*1*
cover, thermometer probe		*item*	*1*

Biodegradable Material Kit – PeriProstatic	**SA126**	**Qty**	**Pack**
Accelerator syringe			
Diluent syringe, with label			
Y-connector			
Powder vial, with label			
Vial Adapter			
Plunger Cap			
Syringe Holder			
18G x 15cm Needle, with marked hub			

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

ER062	Stirrups (for brachytherapy table)	Other Formula (default + monitoring)
ER061	Stepper, stabilizer, template (for brachytherapy)	Other Formula (default + monitoring)
EQ386	Endocavitary US probe	Other Formula (default + monitoring)
EQ250	Ultrasound unit, portable	Other Formula (default + monitoring)
EF031	Table, power	Other Formula (default + monitoring)

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

	Qty	**55874**	**55876**	**55XX0**

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

				Imaging included	*Imaging reported separately if used*	
Preparing for Treatment						
SB012	drape, sterile, for Mayo stand		1	X	X	X
SB008	drape, sterile, c-arm, fluoro	To cover the U/S machine	1	X		X
SA048	pack, minimum multi-specialty visit		1	X	X	X
	Paper, exam table (7 ft)					
	Gloves, non-sterile (2)	(1) prepare equipment, supplies (1) clean up room immediately following procedure				
	Gown, patient (1)					
	Pillowcase (1)					
	Cover, thermometer probe (1)					
SB044	Underpad 2ft x 3ft (chux)	(2) table (2) stirrups (1) recovery chair	5	X	X	X
Preparing Patient						
SJ041	Povidone soln (Betadine)	Clean the perineum	20oz	X	X	X
SG009	Applicator, sponge-tipped	Dip/Apply the Betadine	3	X	X	X
SJ009	Basin, irrigation	Pour Betadine into the basin	1	X	X	X
SG055	Gauze, sterile 4in x 4in	(3) Wipe perineum after shaving (3) Wipe after procedure	6	X	X	X
SK068	Razor	Shave perineum	1	X	X	X
SB007	Drape, sterile barrier, 16in x 29in	Cover area, replace after the procedure	2	X	X (1)	X
SB024	Gloves, sterile (5)	(1) MD rectal exam (1) MD to clean perineum (1) MD for nerve block (1) Prepare kit/material	4	X	X	X
SB022	Gloves, non-sterile	(1) re-glove, clean and prepare mayo stand (1) During recover/injection site/bandage (1) Clean room after patient leaves	3	X	X	X
~~SA045~~	~~Pack, drapes, cystoscopy~~	*Using SB007 instead*				
Nerve Block						
SJ053	Swab-pad, alcohol	(1) clean top of lidocaine vial	1	X	X	X
SH047	Lidocaine 1%-2% inj (Xylocaine)		10oz	X	X	X
SC051	Syringe 10-12ml	(1) nerve block (1) hydro dissection	2	X	X	X
~~SC053~~	~~Syringe 20ml~~					
SC029	Needle, 18-27g	To draw up out of syringe	1	X	X	X
SC042	Needle, spine, sprottle	To inject	1	X	X	X
Procedure						
SA126	Biodegradable Material Kit - PeriProstatic		1	X		X
SH066	Sodium chloride 0.9% inj (10ml uou)	To put into the vials with the product	1	X		X
~~SD325~~	~~Endocavity Balloon~~					
SH048	Lidocaine 2% jelly, topical (xylocaine)		10ml	X	X	X
SC056	Syringe 50-60ml	(1) To put lidocaine in rectum (1) Inflate the balloon with water to get air out	2	X	X (1)	X
SB005	Cover-condom, transducer or ultrasound probe		2	X		X
SJ089	Ultrasound transmission gel, sterile (single use)		1	X		X
Sh069	Sodium chloride 0.9% irrigation (500-1000ml uou)	To inflate the balloon to get air out	1	X		X

SG037	Dressing, 4in x 4.75in (Tegaderm)	Secure scrotum	1	X		X
Clean Up						
SM013	Disinfectant, surface (Envirocide, Sanizide)	Mayo stand, stirrups, table	2oz	X	X	X
SM022	Sanitizing cloth-wipe (surface, instruments, equipment)	Use with Envirocide	2	X	X	X
SM018	Glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	Cidex for U/S probe	10oz	X		X
SM021	Sanitizing cloth-wipe (patient)		2	X	X (1)	X

CPT Code 55876 Device
Office setting: When submitting a claim for CPT® code 55876, the markers should be reported separately, according to CPT instructions. When billed on a physician claim, HCPCS code A4648 is separately billable and payable as a supply when used in conjunction with CPT code 55876.

Imaging
55874 – includes imaging
55876 – imaging separately reportable

Why does imaging show up in the RUC database with 55874?
Imaging shows up in the RUC database with CPT Codes 55874 and 55876 because they are often reported together (why we are here today, got caught in a screen, and had to make a combined code). So the imaging that shows up with 55874 is actually related to 55876.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**55874**		**55874**		**55876**		**55**
3		***RUC Collaboration Website***				Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		Placement device(s) f therapy gu fiducial m dosimeter), needle, any single or
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4,213.06**	**$ 11.88**	**$ 4,182.46**	**$ 4.86**	**$ 73.91**	**$ 17.82**	**$ 72.81**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**62**	**22**	**49**	**9**	**63**	**33**	**45**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**9**	**19**	**6**	**6**	**18**	**30**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**50**	**0**	**40**	**0**	**42**	**0**	**36**
11			*L037D*	*RN/LPN/MTA*	*0.54*	*50*	*0*	*40*	*0*	*42*	*0*	*36*
12			*L046A*	*CT Technologist*	*0.784*							
13			*L051A*	*RN*	*0.76*							
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 33.48**	**$ 11.88**	**$ 26.33**	**$ 4.86**	**$ 34.02**	**$ 17.82**	**$ 24.17**
16		**PRE-SERVICE PERIOD**										
17		**Start: Following visit when decision for surgery/procedure made**										
18	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	3	3	3		5	5	3
19	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	3	5			3	10	
20	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		3		3		5	
21	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		5			7	7	
22	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3	3	3	3	3	3	3
23	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54							
24	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.54							
25	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.54							
32		**End: When patient enters office/facility for surgery/procedure**										
33		**SERVICE PERIOD**										
34		**Start: When patient enters office/facility for surgery/procedure:**										
35		**Pre-Service (of service period)**										
36	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.54	3		3		3		3
37	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		5		5		5
38	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54							
39	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54							
40	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2		2		2		2
41	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54							
42	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54							
43	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.54	2		2		2		2
44	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54							
51		**Intra-service (of service period)**										
52	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.54	30		20				16
53	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.54					13		
55	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.54							
56	CA021	Perform procedure/service---NOT directly related to	L046A	CT	0.784							
57	CA021	Perform procedure/service---NOT directly related to	L051A	RN	0.76							
62		**Post-Service (of service period)**										
63	CA022	Monitor patient following procedure/service, multitasking	L037D	RN/LPN/MTA	0.54	5		3.75		2		3.75
64	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.54							
65	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3		3		2		3
66	CA025	Clean scope	L037D	RN/LPN/MTA	0.54					10		
67	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54							
68	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.54							
69	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.54							
70	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54			1		3		1
71	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.54							
72	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54							
73	CA032	Scan exam documents into PACS. Complete exam in RIS	L037D	RN/LPN/MTA	0.54							
74	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.54							
75	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.54							
76	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.54							
77	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**
84		**End: Patient leaves office/facility**										
85		**POST-SERVICE PERIOD**										
86		**Start: Patient leaves office/facility**										
87	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3	3	3	3	3	3	3
88	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54							
102		**End: with last office visit before end of global period**										

	A	B	D	E	F	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**55874**		**55874**		**55876**		**55**
3		***RUC Collaboration Website***				Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		Placement device(s) f therapy gu fiducial m dosimeter), needle, any single or
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4,213.06**	**$ 11.88**	**$ 4,182.46**	**$ 4.86**	**$ 73.91**	**$ 17.82**	**$ 72.81**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**62**	**22**	**49**	**9**	**63**	**33**	**45**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**9**	**19**	**6**	**6**	**18**	**30**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**50**	**0**	**40**	**0**	**42**	**0**	**36**
11			*L037D*	*RN/LPN/MTA*	*0.54*	*50*	*0*	*40*	*0*	*42*	*0*	*36*
12			*L046A*	*CT Technologist*	*0.784*							
13			*L051A*	*RN*	*0.76*							
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3**	**3**	**3**	**3**	**3**	**3**	**3**
103	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**								
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4,163.36**	**$ -**	**$ 4,139.83**	**$ -**	**$ 39.23**	**$ -**	**$ 47.02**
105	**Preparing for Procedure**											
106	SB012	drape, sterile, for Mayo stand	1.07	item		1		1				1
107	SB008	drape, sterile, c-arm, fluoro	5.38	item		1		1				
108	SA048	pack, minimum multi-specialty visit	4.01	pack		1		1		1		1
109	SB044	underpad 2ft x 3ft (Chux)	0.32	item				5				5
110	**Preparing Patient**											
111	SJ041	povidone soln (Betadine)	0.38	ml		20		20				20
112	SG009	applicator, sponge-tipped	0.15	item				3				3
113	SJ009	basin, irrigation	2	item				1				1
114	SG055	gauze, sterile 4in x 4in	0.19	item		6		6				6
115	SK068	razor	0.51	item				1				1
116	SA067	tray, shave prep	1.27	tray								
117	SB007	drape, sterile barrier 16in x 29in	0.51	item		1		2				2
118	SB024	gloves, sterile	0.91	pair		5		4				4
119	SB022	gloves, non-sterile	0.3	pair				3				3
120	SA045	pack, drapes, cystoscopy	14.99	pack						1		
121	**Nerve Block**											
122	SJ053	swab-pad, alcohol	0.04	item		3		1				1
123	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		10		10		10		10
124	SC051	syringe 10-12ml	0.21	item				2				2
125	SC053	syringe 20ml	0.83	item		2				1		
126	SC029	needle, 18-27g	0.04	item		1		1				1
127	SC042	needle, spine, Sprotte	9.88	item		1		1		1		1
128	**Procedure**											
129	SA126	Biodegradable Material Kit - PeriProstatic	4036.22	item		1		1				
130	SH066	sodium chloride 0.9% inj (10ml uou)	0.47	item				1				
131	SD325	Endocavity Balloon	39.9	item		1						
132	SH048	lidocaine 2% jelly, topical (Xylocaine)	1.04	ml		10		10				10
133	SC056	syringe 50-60ml	1.13	item		2		2				1
134	SB005	cover-condom, transducer or ultrasound probe	4.46	item				2		2		
135	SJ089	ultrasound transmission gel, sterile (single use)	2.28	item				1				
136	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1		1				
137	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item				1				
138	**Clean Up**											
139	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz				2				2
140	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		2		2				2
141	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	3.44	oz		10		10				
142	SM021	sanitizing cloth-wipe (patient)	0.07	item		2		2				1
143	SA061	tray, biopsy procedure	21.58	tray								
144	SB011	drape, sterile, fenestrated 16in x 29in	0.63	item								
145	SB014	drape, sterile, three-quarter sheet	3.46	item								
146	SB019	drape-towel, sterile 18in x 26in	0.47	item								
147	SB034	mask, surgical, with face shield	3.4	item								
148	SB039	shoe covers, surgical	0.1	pair								
149	SF033	scalpel with blade, surgical (#10-20)	1.04	item								
150	SG074	steri-strip (6 strip uou)	1.54	item								
151	SG079	tape, surgical paper 1in (Micropore)	0.01	inch								
152	SJ046	silver nitrate applicator	0.19	item								
153	SJ060	tincture of benzoin, swab	0.33	item								
154	SL036	cup, biopsy-specimen sterile 4oz	0.8	item								
155	SL038	cup-container, sterile, graduated 1000ml	1.15	item								
156												
157												
158	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**							
159		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 16.22**	**$ -**	**$ 16.30**	**$ -**	**$ 0.66**	**$ -**	**$ 1.62**
160	ER062	stirrups (for brachytherapy table)	7112.686	Other Formula	0.018875123	50		51				47
161	ER061	stepper, stabilizer, template (for brachytherapy treatment)	18550	Other Formula	0.059872574	50		51				
162	EQ386	Endocavitary US probe	16146	Other Formula	0.06397362	50		51				
163	EQ250	ultrasound unit, portable	41612.533	Other Formula	0.161253857	50		51				
164	EF031	table, power	5906.76	Other Formula	0.015674926	65		51		42		47

	A	B	D	E	F	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**55874**		**55874**		**55876**		**55**
3		***RUC Collaboration Website***				Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple		Placement device(s) f therapy gu fiducial r dosimeter), needle, any single or
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4,213.06**	**$ 11.88**	**$ 4,182.46**	**$ 4.86**	**$ 73.91**	**$ 17.82**	**$ 72.81**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**62**	**22**	**49**	**9**	**63**	**33**	**45**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**9**	**19**	**6**	**6**	**18**	**30**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**50**	**0**	**40**	**0**	**42**	**0**	**36**
11			*L037D*	*RN/LPN/MTA*	*0.54*	*50*	*0*	*40*	*0*	*42*	*0*	*36*
12			*L046A*	*CT Technologist*	*0.784*							
13			*L051A*	*RN*	*0.76*							
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3**	**3**	**3**	**3**	**3**	**3**	**3**
165	EQ032	IV infusion pump	2439.096	Default	0.006472694							
166	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139	Default	0.010131537							
167	EL007	room, CT	1429967.51	Default	5.418174278							
168	EF027	table, instrument, mobile	531.926	Default	0.001183213							

	A	B	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**RECOMMENDED**	
2			**376**	**49411**		**55XX0**	
3		***RUC Collaboration Website***	of interstitial	Placement of interstitial		Transperineal placement	
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	or radiation dance (eg, markers, prostate (via approach), multiple	device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or		of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 365.49**	**$ 7.56**	**$4,191.05**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**114**	**14**	**59**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**11**	**11**	**6**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**100**	**0**	**50**	**0**
11			*0*	*23*		*50*	*0*
12				*32*			
13				*45*			
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**3**	**3**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**	**$ 4.86**	**$ 79.27**	**$ 7.56**	**$ 31.73**	**$ 4.86**
16		**PRE-SERVICE PERIOD**					
17		**Start: Following visit when decision for surgery/procedu**					
18	CA001	Complete pre-service diagnostic and referral forms				3	
19	CA002	Coordinate pre-surgery services (including test results)					
20	CA003	Schedule space and equipment in facility	3				3
21	CA004	Provide pre-service education/obtain consent					
22	CA005	Complete pre-procedure phone calls and prescription	3			3	3
23	CA006	Confirm availability of prior images/studies					
24	CA007	Review patient clinical extant information and					
25	CA008	Perform regulatory mandated quality assurance activity		11	11		
32		**End: When patient enters office/facility for surgery/proce**					
33		**SERVICE PERIOD**					
34		**Start: When patient enters office/facility for surgery/proc**					
35		**Pre-Service (of service period)**					
36	CA009	Greet patient, provide gowning, ensure appropriate				3	
37	CA010	Obtain vital signs				5	
38	CA011	Provide education/obtain consent					
39	CA012	Review requisition, assess for special needs					
40	CA013	Prepare room, equipment and supplies				2	
41	CA014	Confirm order, protocol exam					
42	CA015	Setup scope (nonfacility setting only)					
43	CA016	Prepare, set-up and start IV, initial positioning and				2	
44	CA017	Sedate/apply anesthesia					
51		**Intra-service (of service period)**					
52	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)				30	
53	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)					
55	CA021	Perform procedure/service---NOT directly related to		23			
56	CA021	Perform procedure/service---NOT directly related to		32			
57	CA021	Perform procedure/service---NOT directly related to		45			
62		**Post-Service (of service period)**					
63	CA022	Monitor patient following procedure/service, multitasking				3.75	
64	CA023	Monitor patient following procedure/service, no					
65	CA024	Clean room/equipment by clinical staff				3	
66	CA025	Clean scope					
67	CA026	Clean surgical instrument package					
68	CA027	Complete post-procedure diagnostic forms, lab and x-ray					
69	CA028	Review/read post-procedure x-ray, lab and pathology					
70	CA029	Check dressings, catheters, wounds				1	
71	CA030	Technologist QC's images in PACS, checking for all					
72	CA031	Review examination with interpreting MD/DO					
73	CA032	Scan exam documents into PACS. Complete exam in RIS					
74	CA033	Perform regulatory mandated quality assurance activity					
75	CA034	Document procedure (nonPACS) (e.g. mandated					
76	CA035	Review home care instructions, coordinate					
77	CA036	Discharge day management		**n/a**		**n/a**	
84		**End: Patient leaves office/facility**					
85		**POST-SERVICE PERIOD**					
86		**Start: Patient leaves office/facility**					
87	CA037	Conduct patient communications	3			3	3
88	CA038	Coordinate post-procedure services		3	3		
102		**End: with last office visit before end of global period**					

	A	B	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**RECOMMENDED**	
2			**376**	**49411**		**55XX0**	
3		***RUC Collaboration Website***	of interstitial	Placement of interstitial		Transperineal placement	
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	or radiation dance (eg, markers, prostate (via approach), multiple	device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or		of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 365.49**	**$ 7.56**	**$4,191.05**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**114**	**14**	**59**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**11**	**11**	**6**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**100**	**0**	**50**	**0**
11			*0*	*23*		*50*	*0*
12				*32*			
13				*45*			
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**3**	**3**
103	**Supply**	**MEDICAL SUPPLIES**					
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 68.43**	**$ -**	**$ 4,139.83**	**$ -**
105	**Preparing for Procedure**						
106	SB012	drape, sterile, for Mayo stand				1	
107	SB008	drape, sterile, c-arm, fluoro				1	
108	SA048	pack, minimum multi-specialty visit		1		1	
109	SB044	underpad 2ft x 3ft (Chux)		1		5	
110	**Preparing Patient**						
111	SJ041	povidone soln (Betadine)		30		20	
112	SG009	applicator, sponge-tipped		4		3	
113	SJ009	basin, irrigation				1	
114	SG055	gauze, sterile 4in x 4in		3		6	
115	SK068	razor				1	
116	SA067	tray, shave prep		1			
117	SB007	drape, sterile barrier 16in x 29in				2	
118	SB024	gloves, sterile		2		4	
119	SB022	gloves, non-sterile				3	
120	SA045	pack, drapes, cystoscopy					
121	**Nerve Block**						
122	SJ053	swab-pad, alcohol				1	
123	SH047	lidocaine 1%-2% inj (Xylocaine)		30		10	
124	SC051	syringe 10-12ml				2	
125	SC053	syringe 20ml					
126	SC029	needle, 18-27g				1	
127	SC042	needle, spine, Sprotte				1	
128	**Procedure**						
129	SA126	Biodegradable Material Kit - PeriProstatic				1	
130	SH066	sodium chloride 0.9% inj (10ml uou)				1	
131	SD325	Endocavity Balloon					
132	SH048	lidocaine 2% jelly, topical (Xylocaine)				10	
133	SC056	syringe 50-60ml				2	
134	SB005	cover-condom, transducer or ultrasound probe				2	
135	SJ089	ultrasound transmission gel, sterile (single use)				1	
136	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)		1		1	
137	SG037	dressing, 4in x 4.75in (Tegaderm)				1	
138	**Clean Up**						
139	SM013	disinfectant, surface (Envirocide, Sanizide)		1		2	
140	SM022	sanitizing cloth-wipe (surface, instruments, equipment)				2	
141	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)				10	
142	SM021	sanitizing cloth-wipe (patient)				2	
143	SA061	tray, biopsy procedure		1			
144	SB011	drape, sterile, fenestrated 16in x 29in		1			
145	SB014	drape, sterile, three-quarter sheet		1			
146	SB019	drape-towel, sterile 18in x 26in		4			
147	SB034	mask, surgical, with face shield		3			
148	SB039	shoe covers, surgical		2			
149	SF033	scalpel with blade, surgical (#10-20)		1			
150	SG074	steri-strip (6 strip uou)		1			
151	SG079	tape, surgical paper 1in (Micropore)		12			
152	SJ046	silver nitrate applicator		1			
153	SJ060	tincture of benzoin, swab		1			
154	SL036	cup, biopsy-specimen sterile 4oz		1			
155	SL038	cup-container, sterile, graduated 1000ml		1			
156							
157							
158	**Equipment Code**	**EQUIPMENT**					
159		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 217.79**	**$ -**	**$ 19.50**	**$ -**
160	ER062	stirrups (for brachytherapy table)				61	
161	ER061	stepper, stabilizer, template (for brachytherapy treatment)				61	
162	EQ386	Endocavitary US probe				61	
163	EQ250	ultrasound unit, portable				61	
164	EF031	table, power				61	

	A	B	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**RECOMMENDED**	
2			**376**	**49411**		**55XX0**	
3		***RUC Collaboration Website***	of interstitial	Placement of interstitial		Transperineal placement	
4	**Clinical Activity Code**	Meeting Date: **Sept 2026** Revision Date (if applicable): Tab: **6 Peri-prostate Biodegradable Material** Specialty: **ACRO, ASTRO, AUA**	or radiation dance (eg, markers, prostate (via approach), multiple	device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or		of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed, with placement of interstitial device(s) for radiation	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 365.49**	**$ 7.56**	**$4,191.05**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**114**	**14**	**59**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**11**	**11**	**6**	**6**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**100**	**0**	**50**	**0**
11			*0*	*23*		*50*	*0*
12				*32*			
13				*45*			
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**3**	**3**
165	EQ032	IV infusion pump		60			
166	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		60			
167	EL007	room, CT		40			
168	EF027	table, instrument, mobile		60			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2026

Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data – Tab 07

In May 2026, the CPT Editorial Panel approved the addition of an add-on code to report an intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of a functional map of coronary circulation with review and interpretation. The existing Category III code 0523T for intraprocedural coronary fractional flow reserve (FFR) was deleted. The establishment of CPT code 93XXX is approved for the CPT 2028 code set while the establishment of Category III codes X668T, X669T are approved for the CPT 2027 code set. Category III code X668T will sunset January 1, 2028, to coincide with the effective date of CPT code 93XXX.

93XXX ***Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 128 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 76979 *Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)* (work RVU = 0.83, 14.63 minutes intra-service and total time) accurately reflects the physician work necessary for this add-on service. The RUC recommends 15 minutes of intra-service and total time as supported by the survey.

CPT code 93XXX is an add-on code to that is reported in conjunction with a coronary angiogram. This service utilizes augmented algorithmic analysis during a coronary angiogram on an intermediate lesion to inform physician decision making on whether to proceed with a coronary intervention, primarily, stenting. Intermediate coronary lesions are blockages that show 50-70 percent narrowing on an angiogram making it difficult for the human eye to assess whether the blockage restricts blood flow enough to require a stent. The RUC concurred that this is a subset of the angiography patients, representing approximately one-third and not the typical patient undergoing diagnostic angiography to determine if a stent or coronary artery bypass procedure is required. They also noted that fractional flow reserve measurement is particularly useful in a subset of patients that have indeterminant and diffuse disease with multiple lesions. They also explained that additional angiographic images are not commonly required, but that the results from the analysis may require this in some cases.

The RUC questioned the physician work associated with the service being provided and whether medical decision-making should be attributed to CPT code 93XXX, separate from the base code. The point being that this procedure is intended to simplify medical decision-making regarding the next steps after an angiography. The specialties emphasized that this code is used when the images that have just been received from an angiogram are inconclusive, thus making a consequential decision is an essential part of the add-on service. Fundamentally, this service offers an innovative advancement utilizing augmentative algorithmic analysis to support physician decision making when it is difficult for the human eye to assess the need for a stent. It is not a matter of simplification but is a matter of better diagnostic accuracy. The treating physician must process the additional information from the coronary fractional flow reserve (FFR) values while accounting for the patient's medical history. The physician must

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

evaluate the available clinical and procedural information in real time and make an immediate judgment as the patient remains sedated on the catheterization table, with the catheter in situ and vascular access maintained. The specialties further emphasized that the service requires clinical interpretation of the data when the angiographic run is done not merely image interpretation or receipt of a number. This clinical interpretation informs the immediate procedural course: concluding the diagnostic assessment, undertaking further evaluation, proceeding toward percutaneous coronary intervention (PCI), or considering surgical revascularization. In some cases, the result may be contradictory to the unaided lesion evaluation which increases stress. The output requires physician interpretation and evaluation to establish its clinical significance. The RUC agreed and determined that there is additional medical decision-making that occurs beyond the base code in the subset of patients who receive FFR. Moreover, it was acknowledged that increased intensity and stress occur when there is discordance when the course of action changes as a result of the technology.

The specialties initially proposed an intensity similar to the angiography and interventional services. The RUC compared the service to an intraprocedural manipulation, add-on code 93572 *Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)* (work RVU = 1.40, 15.6 minutes intra-service and total time) and the longer time code 93571 *Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)* (work RVU = 1.76, 19.5 minutes intra-service and total time). These comparator codes represent the methodologies to determine FFR prior to the augmented analysis of images, whether real time angiography or stored CT. The RUC concluded that the 93XXX augmented analysis consisted of time for data entry and awaiting software processing and was not as intense as the intravascular Doppler velocity and/or pressure derived FFR measurements.

The RUC considered image interpretation codes and their typical intensity and attempted to distinguish image interpretation services from the medical decision making inherent in this new service. The RUC also sought to evaluate these new augmented analysis services relative to each other. In doing so the RUC concluded the nature of an augmented analysis still requires consideration of the unique nature of each service. In the case of 93XXX the work of real-time use of the data for medical decision-making that is not part of another service is a key differentiating factor.

The RUC therefore compared CPT code 93XXX to CPT code 75580 *Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional* (work RVU = 0.73, 10.73 minutes intra-service time and 21.73 minutes total time). The RUC noted that the FFRCT code is non-invasive, has less intra-service time, and is not performed in real-time; therefore, it is less intense/complex to perform and is appropriately valued lower than the surveyed code. The FFRCT is vastly different because it is sent off to a service for analysis, and the interpretative work is typically performed on a subsequent date. The individual making the interpretation is not also utilizing the data and clinical interpretation for real time decision making. Whereas, with the surveyed code, the decision must be rendered in real time to avoid unnecessary delays in care, additional procedural risk, and the potential need for a subsequent invasive intervention.

For additional comparison, the RUC referenced CPT code 75577 *Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography,*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

with interpretation and report by a physician or other qualified health care professional (work RVU = 0.85, 15 minutes intra-service time and 27 minutes total time). The RUC noted that both services use augmentative software analysis; however, CPT code 75577, like 75580 does not involve the same urgency. Despite 75577 being an XXX code and requiring more total time to perform, CPT code 75577 made for a useful clinical comparison of another augmented analysis. It is less intense/complex than the surveyed code because clinical decision-making is not required in real time and typically involves intensification of statin therapy rather than proceeding (or not) with a cardiac intervention.

The RUC further referenced CPT code 93896 *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)* (work RVU = 0.79, 14.63 minutes intra-service and total time), noting that the intra-service times are nearly identical, yet CPT code 93896 is appropriately valued lower than the surveyed code because this vasoreactivity study is a non-invasive ultrasound test where the patient is not sedated nor undergoing catheterization.

The RUC recommends a work RVU of 0.83 for CPT code 93XXX.

Practice Expense
The RUC recommends no direct practice expense inputs for CPT code 93XXX as it is a facility-based add-on service.

New Technology
CPT code 93XXX will be placed on the New Technology/New Services list and will be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Cardiovascular Cardiac Catheterization				
●+93XXX	G1	Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation (List separately in addition to code for primary procedure)	ZZZ	0.83

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

		(Use 93XXX in conjunction with 92920, 9XX04, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461) (Do not report 93XXX more than once per session) (Do not report 93XXX in conjunction with 76376, 76377, 93571, 93572, X669T) (For coronary fractional flow derived from previously acquired coronary angiogram, use X669T)		

Category III Codes

#✚~~[0523T]~~	~~Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)~~ ~~(Use [0523T] in conjunction with [93454], [93455], [93456], [93457], [93458], [93459], [93460], [93461])~~ ~~(Do not report [0523T] more than once per session)~~ ~~(Do not report [0523T] in conjunction with [75580], [76376], [76377], [93571], [93572])~~ ([0523T] has been deleted) (For intraprocedural coronary fractional flow and creation of functional map, when performed, during real-time coronary angiography, use X668T)
✚●X668T	Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation (List separately in addition to code for primary procedure) Sunset January 2028 (Use X668T in conjunction with [92920], *9XX04,* [92924], [92928], [92930], [92933], [92937], [92941], [92943], [92945], [93454], [93455], [93456], [93457], [93458], [93459], [93460], [93461]) (Do not report X668T more than once per session) (Do not report X668T in conjunction with [76376], [76377], [93571], [93572], X669T)
●X669T	Estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from previously acquired coronary angiogram with creation of functional map of coronary circulation, when performed, with automated result

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(Use X669T only once for each unique, previously acquired coronary angiogram)

(Do not report X669T in conjunction with [76376], [76377], [93571], [93572], X668T)

(For intraprocedural estimate of coronary fractional flow and creation of functional map, when performed, derived by augmentative algorithmic analysis of data from real-time coronary angiography, use X668T)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93XXX Tracking Number G1 Original Specialty Recommended RVU: **1.29**
Presented Recommended RVU: **1.13**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.83**

CPT Descriptor: Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation (list separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with an abnormal electrocardiogram and chest pain presents for cardiac angiography. The physician notes intermediate visual narrowing of one or more of the coronary arteries, and an algorithmic analysis to measure fractional flow is performed. [note: this is an add-on service. only consider the additional work related to intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis, of data from real-time coronary angiography, with creation of functional map of the coronary circulation.]

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Following an invasive coronary angiography procedure (reported separately), the patient remains sedated on the catheterization table, with the catheter in situ and vascular access maintained. On a cardiac catheterization laboratory computer that is linked to the fluoroscopy system, the physician selects clinically appropriate angiographic views and imports the image files into the angiography-based FFR software. Mean arterial pressure is also entered into the software. The software algorithm processes the angiographic data, and the computed angiography-based FFR values are displayed on a monitor in a color-coded model of the coronary system.

The physician evaluates the clinical plausibility and limitations of the analysis, particularly when physiological findings are borderline or discordant with the anatomical appearance. This requires determining whether the findings provide a reliable physiological explanation, whether the imaging inputs require reassessment, and whether additional angiographic views or further physiological evaluation are necessary. When additional images are obtained, the physician reassesses the resulting analysis before completing the interpretation.

The physician reviews and interprets the coronary FFR values in real time. This interpretation informs the immediate procedural course: concluding the diagnostic assessment, undertaking further evaluation, proceeding toward PCI, or considering surgical revascularization. The output requires physician interpretation to establish its clinical significance. Findings are included in the report of the procedure.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	93XXX					
Sample Size:	3206	**Resp N:**	128			
Description of Sample:	Sample comprised of randomly selected interventional cardiologists from ACC and SCAI membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**20.00**	37.00	200.00
Survey RVW:	0.30	1.29	**1.70**	2.00	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	18.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93XXX	**Recommended Physician Work RVU: 0.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.76	**RUC Time**

CPT Descriptor
Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.40	**RUC Time**

CPT Descriptor
Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.40	**RUC Time**	98,818

CPT Descriptor 1
Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.17	**RUC Time**	12,465

CPT Descriptor 2 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 57 **% of respondents:** 44.5 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 93XXX	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: **37253**
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	15.00	19.50	19.50
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**15.00**	**21.50**	**20.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	12%	55%	28%	5%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	56%	35%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	18%	44%	39%
Physical effort required	28%	56%	16%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	61%	25%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	21%	67%	8%	4%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	67%	12%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	37%	46%	17%
Physical effort required	42%	46%	13%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	75%	8%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

93XXX, intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation, was converted from CPT Cat III code 0523T to a Cat I code at the May 2026 CPT Panel meeting. Besides elevation from Cat III to Cat I status, the revisions sought to make the code more device-agnostic and hence applicable to several similar technologies performing similar functions.

93XXX was surveyed by the ACC and SCAI for the September 2026 RUC meeting. The survey pool was comprised of 3,206 interventional cardiologists randomly selected from the ACC and SCAI memberships.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service.

The survey 1st key reference service (KRS) is 37252, non-coronary intravascular ultrasound initial vessel. This 1st KRS was chosen by a wide margin of respondents at 44.5% versus just 18.7% for the 2nd KRS. Four of the five intensity/complexity questions for KRS 1 had "same" as the majority response with the fifth (technical skill required) giving "same" a plurality at 44%. As such, this robust survey of 128 respondents clearly indicates 93XXX is a very similar procedure to 1st KRS 37252 in terms of intensity and complexity. While 37252 does have a notably greater intra-service time, when the survey 25th percentile of 1.29 wRVUs is assigned to 93XXX with the median survey intra-service time of 15 minutes the IWPUT is 0.086. This is just 0.002 difference from the 1st KRS IWPUT of 0.088.

The societies recommend the survey 25th percentile wRVU of 1.29 with times of 0/15/0.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0523T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Advanced Heart Failure and Transplant Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 598,833

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Data provided in the Code Change Application showed increases in utilization of just over 300% per year from 2022 to 2024 with the 2024 data showing 7,393 total services performed. While we would assume the rate of increase would slow, we must also account for the fact that the 0523T code was device specific and the Cat I code is device agnostic allowing at least four other similar devices to be billed using 93XXX. As such we applied the approximately 300% increase from 2024 utilization and extrapolated it out to the anticipated year the Cat I code will be active (2028). This calculation yields an expected utilization of 598,833.

Specialty Interventional Cardiology Frequency 313,788 Percentage 52.39 %

Specialty Cardiology Frequency 268,876 Percentage 44.89 %

Specialty Advanced Heart Failure and Transplant Cardiology Frequency 7,785 Percentage 1.30 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 164,349 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Data provided in the Code Change Application showed increases in utilization of just over 300% per year from 2022 to 2024 with the 2024 data showing 2,029 Medicare services performed. While we would assume the rate of increase would slow, we must also account for the fact that the 0523T code was device specific and the Cat I code is device agnostic allowing at least four other similar devices to be billed using 93XXX. As such we applied the approximately 300% increase from 2024 utilization and extrapolated it out to the anticipated year the Cat I code will be active (2028). This calculation yields an expected utilization of 164,349.

Specialty Interventional Cardiology Frequency 86,119 Percentage 52.40 %

Specialty Cardiology Frequency 73,793 Percentage 44.90 %

Specialty Advanced Heart Failure and Transplant Cardiology Frequency 2,137 Percentage 1.30 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92978

ISSUE: FFR Angio

TAB: 7

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation	ZZZ	2018	57	0.088	0.082			1.76			21.5	1					19.5			1															
2nd REF	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation	ZZZ	2018	24	0.071	0.068			1.40			20.5						19.5			1															
CURRENT	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping	ZZZ			-	-						0																								
SVY	93XXX	Intraprocedural estimate of coronary fractional flow derived by augmentative	ZZZ		128	0.113	0.113	0.30	1.29	1.70	2.00	5.00	15	0	0	0	4	10	15	18	60	0												0	4	20	37	200
REC	93XXX	Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of the coronary circulation, when performed, with review and interpretation (list separately in addition to code for primary procedure)	ZZZ			0.055	0.055			0.83			15						15																			
XWALK	76979	Ultrasound, targeted dynamic microbubble sonographic contrast	ZZZ			0.057	0.057			0.83			14.63						14.63																		

August 4, 2026

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 7 Augmentative Algorithmic Analysis-Coronary FFR Angiogram Data (93XXX)

Dear Dr. Manaker:

Tab 7 CPT code 93XXX is a facility-only add-on service that will have no related direct practice expense inputs.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: CMS Request – Final Rule for 2026

April 2026 / September 2026

Maxillofacial Prosthetic Services – Tab 08

In November 1994, the American Association of Neurological Surgeons (AANS), American Academy of Otolaryngology-Head and Neck Surgery, Inc. (AAO-HNS), and the American Academy of Maxillofacial Prosthetics (AAMP) met to review the AAMP recommendations for CPT codes 21079 - 21088. The original AAMP recommendations were understood to need additional refinement as they may have included services performed by technicians. Services provided by technicians should only be included in the practice cost component. The 1994 meeting participants reviewed detailed time data collected by AAMP and were able to differentiate Doctor of Dental Surgery (DDS) time from technician time. The DDS face-to-face time with the patient was assumed to be as intense as an office visit. The AAMP agreed that the rank order of the revised recommendations appeared appropriate.

On February 9, 1995, AAO-HNS and AAMP representative physicians met with CMS (formerly, the Health Care Financing Administration (HFCA)) to review the revised recommendations and address potential HCFA concerns. This workgroup confirmed that a global period of 090 would apply for all codes and that the global period begins with the initial consultation with the patient. If an unusual situation occurs (eg, patient does not return for surgery), the maxillofacial prosthodontist should report an appropriate evaluation and management code. The RUC reviewed the submission to CMS from this time period, however the physician time in the RUC database does not reconcile to those records. Therefore, the source of the current CMS time for these services is unclear and these time data should not be utilized in this review.

CMS published its December 8, 1995, Final Rule for 1996 that the work RVUs developed by the AAMP appropriately represent the work involved in these procedures. Also, since they had little or no charge data on which to base practice expense and malpractice expense RVUs in accordance with section 1848(c)(2)(C) of the Act, CMS imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares of total resources provided by the American Association of Oral and Maxillofacial Surgeons. Those shares were 54.7 percent for practice expense and 4.4 percent for malpractice expense. CMS also indicated it was "working on a resource-based practice expense study and, as part of this effort, hopes to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs."

Since 2005, CMS has requested detailed data on costs (clinical labor, supplies, equipment) required for these procedures. While the necessary labor, supply, and equipment needs are reflected in the database, there has often been a lack of supporting documentation for the pricing of many supply items, and initial information for equipment use durations was also lacking. CMS developed its own estimates for equipment use time as of 2006 and used these to calculate PE RVUs. In the November 27, 2007, Final Rule for 2008, due to uncertainty, CMS proposed to cap equipment usage time at 25 minutes unless specific data was submitted. The specialty society later provided use time data for each piece of equipment and pricing for supplies, though the latter lacked supporting documentation. In response, CMS indicated they appreciated the equipment time data, compared it to clinical labor times (limiting equipment time to labor time if higher), and updated the database accordingly.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Supply pricing was only accepted where documented (one item, articulating paper/ribbon, from another specialty's submission). The agency reminded the society that documented proof is needed before any supply prices are accepted, as specified in the rule. The agency noted it would continue working with the society until all necessary data with appropriate documentation is provided.

In the Proposed Rule for 2026, an interested party nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care. Additionally, several of the direct practice supplies do not have Medicare payment values assigned to them.

CMS indicated that although the nomination stated that the work RVUs are relatively accurate as currently valued, because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few institutions in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC also commented that it would be willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, CMS reiterated that the RUC expressed willingness to review the work valuation and direct PE inputs for maxillofacial prosthetic services and looks forward to reviewing the RUC's recommendations in the future.

The RUC placed the maxillofacial prosthetic services (CPT codes 21076-21088) on the Level of Interest (LOI) to review these services at the April 2026 meeting.

April 2026 RUC Review

CPT codes 21076-21088 represent highly specialized, low-volume services that are performed by a small number of specially trained health care professionals in the U.S. The prostheses that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, stroke or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist to create the model prosthesis, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created. The survey defined pre, intra, and post time as follows:

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

- **PRE:** includes the maxillofacial prosthodontist/oral surgeon/oral and maxillofacial surgeon services provided *before* the start of the prosthesis fabrication. The following services **are not included**:
    - Any consultation visits with the maxillofacial prosthodontist/oral surgeon/oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Clinical staff time (e.g., dental assistants or lab technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist/oral surgeon/oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period, **including all "visits" (face-to-face and non-face-to-face sessions that the MD/DMD is present)** related to the fabrication of the prosthesis and care by the maxillofacial prosthodontist/oral surgeon/oral and maxillofacial surgeon during the global period. *The survey instrument specified "Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)."*

- **POST:** Post work includes any activities by the maxillofacial prosthodontist/oral surgeon/oral and maxillofacial surgeon after prosthesis is complete and delivered to the patient, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.

  The survey instrument specified "Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)."

The pre-time occurs before the making of the prosthesis begins. The maxillofacial prosthodontist reviews the pre- and post-surgical imaging and assesses the implant placement and type. The intra-time represents the time from when the making of the prosthesis begins until it is delivered. This includes all face-to-face visits and non-face-to-face services that are required during those 90 or 10 days. Post-time after the prosthesis is delivered, typically includes phone calls made to the patient to determine how they are functioning with their new prosthesis, communication with the multidisciplinary physicians to inform the outcome of the prosthetic restoration, ordering appropriate post-delivery functional outcome tests, verification of appropriate documentation in the EHR, appropriate storage of the physical models of the patient, and comparing pre-surgical photographs and scans with post-delivery pictures of the prosthesis to evaluate the success of the processes.

The survey respondents were asked to indicate the number of face-to-face visits and the time in lab prosthetic fabrication sessions (non-face-to face visits) which was reported as the work time in the interval between the face-to-face visits. The lab time includes any non-face-to-face time fabricating the prosthesis, overseeing the technician and performing coordination or patient contacts. The intra-service period accounts for the total minutes of the face-to-face and non-face-to-face visits combined. The intra-service time does not include the pre- or post- service time as collected by the survey, that time is separate. The RUC noted that it is not atypical to examine services that include non-face-to-face time in the intra-service period. There are many services that include non-face-to-face time in the intra-service period, such as Evaluation and Management services, radiology services, pathology services, and care coordination services. When the RUC elected to use crosswalks, the RUC used total times, while considering the intensity as well, noting that the intraservice intensity should relate to E/M given the inter-visit intraservice time component.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The services of the maxillofacial prosthodontist do not overlap with any surgical services such as tumor resection, burn or trauma care. The maxillofacial prosthodontist does not typically perform these services. For code 21085, *Impression and custom preparation; oral surgical splint,* a 010 global period service, the surgeon does typically proceed to performing a surgery and any potential overlap was removed.

The maxillofacial prosthetic services are grouped into four categories: extraoral (21088, 21077, 21087, 21086), speech procedures (21082, 21084, 21083), obturator/jaw (20181, 21080, 21079, 21076) and the 010-day global period oral surgical splint (21085). The codes are grouped by similarity in work, time, and intensity. Please note that the summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of MD/DMD face-to-face and non-face-to-face intervals for each code, based on the responses to the survey (Table1); and second, a relativity table which reflects that the recommendations are intended to maintain appropriate rank order within the family.

Table 1. Face-to-Face (FTF) Visits and Non-Face-to-Face (NFTF) Intervals and Times

	CPT Code	# FTF Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time btwn V1 & 2	NFTF Median Time btwn V2 &3	NFTF Median Time btwn V3 & 4	NFTF Median Time btwnn V4 & 5	NFTF Median Time btwn V5 & 6	NFTF Median Time btwn V6 & 7	Total NFTF Time	Total Intra Time of all Visits
Extraoral Codes	**21088**	6	65	90	90	110	90	76		**520**	100	90	120	77	60		**447**	**967**
	21077	7	60	60	85	85	70	65	70	**495**	60	60	68	60	60	60	**368**	**863**
	21087	6	60	90	90	75	78	50		**443**	90	90	90	115	45		**430**	**873**
	21086	6	63	84	80	90	90	55		**461**	84	93	80	105	52		**413**	**874**
Speech Codes	**21082**	6	58	60	60	60	60	60		**358**	57	48	30	30	15		**180**	**538**
	21084	6	60	60	60	50	60	50		**340**	47	47	27	45	13		**178**	**518**
	21083	5	60	60	60	60	54			**294**	45	45	30	15			**135**	**429**
Obturator / Jaw Codes	**21081**	7	60	60	60	60	60	45	30	**375**	57	53	45	30	20	10	**215**	**590**
	21080	7	60	60	60	60	60	45	31	**376**	45	48	60	30	15	10	**208**	**584**
	21079	6	60	60	50	60	60	55		**345**	45	20	15	10	10		**100**	**445**
	21076	3	56	51	55					**162**	44	25					**69**	**231**
010 Code	**21085**	2	37	30						**67**	45						**45**	**112**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

●=New code ▲=Revised code +=Add-on code ⃠=Modifier 51 exempt ★=Telemedicine ◀=Audio-only ✓=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

EXTRAORAL

The extraoral maxillofacial prosthetic services describe physician work performed outside the mouth, on the head or face, and involve recreating a portion of the face (eye, nose, ear, or section of face). These highly specialized services are the most intense and require the most physician work for this family of services. The prosthesis is always visible, and patients have the highest expectations of outcomes for these procedures. The maxillofacial prosthodontist is replacing facial features with complex anatomical constructs, and patients expect to look just as they did before their surgery for head and neck cancer or other deformities. These services also require the most time to perform among the four groupings of maxillofacial prosthetic services. The surveyed total times range from 938 to 1,059 minutes, with 6 to 7 face-to-face patient visits to create, fit, and finalize the prostheses.

21088 ***Impression and custom preparation; facial prosthesis***
The RUC reviewed the survey results from 31 maxillofacial prosthodontists and determined that the survey median work RVU of 35.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes pre-service evaluation time, 6 face-to-face visits (520 minutes) and 5 non-face-to-face intervals (447 minutes), which totals 967 minutes intra-service time, and 32 minutes post-service time, totaling 1,059 minutes total time. The face-to-face visits include final impressions, sculpting and verification of implant framework, finalization of sculpting, intrinsic and extrinsic coloration, and finally, delivery of the facial prosthesis.

CPT code 21088 is the most difficult procedure in this family of all maxillofacial prosthetic services. The maxillofacial prosthodontist must replace an entire section of the face, which required a neurosurgical approach with a free flap constructed by the surgeon.

The RUC compared the surveyed code to the top key reference service 69554 *Excision aural glomus tumor; extended (extratemporal)* (work RVU = 35.07 and 1,012 minutes total time) and noted that the surveyed code requires a similar amount of physician work and more total time. Of the respondents who chose CPT code 69554 as the top key reference service, 54% indicated that the surveyed code overall is more intense and complex to perform. The RUC compared the surveyed code to the second top key reference service 21182 *Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* (work RVU = 31.77 and 792 minutes total time) and noted that the surveyed code requires more physician work and time to perform, thus is valued higher. The intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures. **The RUC recommends a work RVU of 35.00 for CPT code 21088.**

21077 ***Impression and custom preparation; orbital prosthesis***
The RUC reviewed the survey results from 33 maxillofacial prosthodontists and determined that the survey median work RVU of 33.33 appropriately accounts for the work required to perform this service. The RUC recommends 45 minutes pre-service evaluation time, 7 face-to-face visits (495 minutes) and 6 non-face-to-face intervals (368 minutes), which totals 863 minutes intra-service time, and 30 minutes post-service time, totaling 938 minutes total time. The face-to-face visits include final impressions, sculpting and verification of implant framework, sculpting, finalization of sculpting, intrinsic and extrinsic coloration, and finally, delivery of the orbital prosthesis.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For CPT code 21077, the maxillofacial prosthodontist works with very large cavities (orbital) and sets the gaze of the eye to look natural. The maxillofacial prosthodontist is replacing the entire orbital contents, including the eyelid, eye, lower eyelid, and adjacent surrounding tissue.

The RUC compared the surveyed code to the top key reference service 69554 *Excision aural glomus tumor; extended (extratemporal)* (work RVU = 35.07 and 1,012 minutes total time) and the second top key reference service 21182 *Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* (work RVU = 31.77 and 792 minutes total time). The surveyed code is appropriately bracketed by these two services based on the physician work and the total time required to perform these services. The intensity and complexity measures for the surveyed code, compared with the key reference services, also support the relativity between these procedures. **The RUC recommends a work RVU of 33.33 for CPT code 21077.**

21087 ***Impression and custom preparation; nasal prosthesis***
The RUC reviewed the survey results from 31 maxillofacial prosthodontists and determined that the survey median work RVU of 30.57 appropriately accounts for the work required to perform this service. The RUC recommends 45 minutes pre-service evaluation time, 6 face-to-face visits (443 minutes) and 5 non-face-to-face intervals (430 minutes), which totals 873 minutes intra-service time, and 30 minutes post-service time, totaling 948 minutes total time. The face-to-face visits include final impressions, sculpting and verification of implant framework, finalization of sculpting, intrinsic and extrinsic coloration, and finally, delivery of the nasal prosthesis.

To perform the nasal prosthesis service, the maxillofacial prosthodontist works within the open cavity as they restore the appearance and function of a nose. The prosthesis protects the nasal cavity and improves breathing for the patient. The RUC noted that CPT code 21087 requires slightly more physician work than CPT code 21086, because the sinuses are exposed to the nasal cavity, and when the maxillofacial prosthodontist makes an impression, it requires more risk and effort to ensure that the impression material does not go down into that open cavity and obstruct the patient's airway.

The RUC compared the surveyed code to the top key reference service 31255 *Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)* (work RVU = 26.03 and 603.5 minutes total time) and noted that the surveyed code requires more physician work and time to perform, thus is valued higher. The RUC compared the surveyed code to the second top key reference code 21182 *Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* (work RVU = 31.77 and 792 minutes total time) and determined the surveyed code requires similar work but more physician time. Of the respondents who chose CPT code 21182 as the top key reference service, 75% indicated that the surveyed code overall requires the same intensity and complexity to perform. The RUC determined that these key reference services support the relativity of the procedure.

For additional support, the RUC referenced CPT code 42894 *Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis* (work RVU = 33.07 and 830 minutes total time) and determined that a work RVU of 30.57 supported relativity among similar services. **The RUC recommends a work RVU of 30.57 for CPT code 21087.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

21086 ***Impression and custom preparation; auricular prosthesis***
The RUC reviewed the survey results from 32 maxillofacial prosthodontists and determined that the survey median work RVU of 30.03 appropriately accounts for the work required to perform this service. The RUC recommends 51 minutes pre-service evaluation time, 6 face-to-face visits (461 minutes) and 5 non-face-to-face intervals (413 minutes), which totals 874 minutes intra-service time, and 30 minutes post-service time, totaling 955 minutes total time. The face-to-face visits include final impressions, sculpting and verification of implant framework, finalization of sculpting, intrinsic and extrinsic coloration, and finally, delivery of the auricular prosthesis.

For CPT code 21086, the maxillofacial prosthodontist is replacing a missing or damaged external ear, which must match the contralateral ear. This prosthesis must serve as a realistic cosmetic, psychological and functional replacement.

The RUC compared the surveyed code to the top key reference service 42892 *Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls* (work RVU = 25.38 and 638.75 minutes total time and the second top key reference code 69155 *Radical excision external auditory canal lesion; with neck dissection* (work RVU = 22.77 and 737.88 minutes total time). The surveyed code requires more physician work and total time than the key reference services, thus is valued higher. Additionally, the intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures.

For additional support, the RUC referenced CPT code 42894 *Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis* (work RVU = 33.07 and 830 minutes total time) and determined that a work RVU of 30.03 supported relativity among similar services. **The RUC recommends a work RVU of 30.03 for CPT code 21086.**

SPEECH PROCEDURES

The maxillofacial prosthetic speech procedure services in this code family include CPT codes 21082, palatal augmentation; 21084, speech aid; and 21083, palatal lift. This grouping reflects the next level of highest intensity for this family of services. The physician work has increased for these services due to the greater precision allowed to create the prosthesis framework and increased interaction with speech language pathologists (SLPs). The SLP is present and reports their time separately, as there is no overlap in work between the maxillofacial prosthodontist and the SLP. The maxillofacial prosthodontist uses the information the SLP provides to determine how to adjust and reline the prosthesis, to ensure the patient can successfully speak and swallow. The surveyed total times range from 515 to 618 minutes, with 5 to 6 face-to-face patient visits to create, fit, and finalize the prostheses.

21082 ***Impression and custom preparation; palatal augmentation prosthesis***
The RUC reviewed the survey results from 37 maxillofacial prosthodontists and determined that a work RVU of 25.38 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 42892 *Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls* (work RVU = 25.38 and 638.75 minutes total time). The RUC recommends 40 minutes pre-service evaluation time, 6 face-to-face visits (358 minutes) and 5 non-face-to-face

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

intervals (180 minutes), which totals 538 minutes intra-service time, and 40 minutes post-service time, totaling 618 minutes total time. The face-to-face visits include preliminary impressions, final impressions, framework fitting and jaw relationship record, esthetic fitting and palatal molding, finalization of palatal molding, and finally delivery of the palatal augmentation prosthesis.

CPT code 21082, palatal augmentation, is the most difficult service in this subfamily of codes, as the majority of the tongue is absent, and patients are at risk of aspiration during the molding. It is complex to generate speech without a tongue, and these prostheses allow for the function of speech and enhance swallowing capabilities by lowering the roof of the mouth to compensate for impaired tongue mobility or volume.

The RUC compared the surveyed code to the top key reference service 41153 *Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection* (work RVU = 32.75 and 819.25 minutes total time) and second top key reference code 31230 *Maxillectomy; with orbital exenteration (en bloc)* (work RVU = 30.05 and 682.38 minutes total time). The surveyed code requires less physician work and total time than the key reference services, thus is valued lower. Of the survey respondents who chose CPT code 31230 as the key reference service, 66% indicated that the surveyed service is overall somewhat less intense and complex to perform. The intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures.

For additional support, the RUC referenced CPT code 21150 *Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)* (work RVU = 25.31 and 617 minutes total time) and determined that a work RVU of 25.38 supported relativity among similar services. **The RUC recommends a work RVU of 25.38 for CPT code 21082.**

21084 *Impression and custom preparation; speech aid prosthesis*
The RUC reviewed the survey results from 36 maxillofacial prosthodontists and determined that a work RVU of 22.43 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 15734 *Muscle, myocutaneous, or fasciocutaneous flap; trunk* (work RVU = 22.43 and 591.5 minutes total time). The RUC recommends 40 minutes pre-service evaluation time, 6 face-to-face visits (340 minutes) and 5 non-face-to-face intervals (178 minutes), which totals 518 minutes intra-service time, and 36 minutes post-service time, totaling 594 minutes total time. The face-to-face visits include preliminary impressions, final impressions, framework fitting, esthetic fitting and molding, finalization of molding, and finally delivery of the speech aid prosthesis.

CPT code 21084, speech aid this prosthesis, is used for patients who are velopharyngeally insufficient. This refers to the anatomical area at the back of the oral cavity where the soft palate (velum) meets the throat (pharynx). This region functions as a valve or sphincter that regulates airflow and sound between the nose and mouth, which is essential for normal speech and swallowing. The speech aide prosthesis restores the function of the velopharyngeal complex to restore speech functionality and prevent nasal regurgitation.

The RUC compared the surveyed code to the top key reference service 42120 *Resection of palate or extensive resection of lesion* (work RVU = 11.56 and 304 minutes total time) and the second top key reference code 42892 *Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls* (work RVU = 25.38 and 638.75 minutes total time). The surveyed code is

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

appropriately bracketed by these two services based on the physician work and total time required to perform these services. The intensity and complexity measures for the surveyed code, compared with the key reference services, also support the relativity between these procedures. **The RUC recommends a work RVU of 22.43 for CPT code 21084.**

21083 ***Impression and custom preparation; palatal lift prosthesis***
The RUC reviewed the survey results from 37 maxillofacial prosthodontists and determined that a work RVU of 20.01 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 32654 *Thoracoscopy, surgical; with control of traumatic hemorrhage* (work RVU = 20.01 and 513.23 minutes total time). The RUC recommends 39 minutes pre-service evaluation time, 5 face-to-face visits (294 minutes) and 4 non-face-to-face intervals (135 minutes), which totals 429 minutes intra-service time, and 47 minutes post-service time, totaling 515 minutes total time. The face-to-face visits include preliminary impressions, final impressions, framework fitting, fitting/molding/adjusting, and finally delivery of the palatal lift prosthesis.

For CPT code 21083, palatal lift prosthesis, the maxillofacial prosthodontist must elevate the soft palate in patients with impaired muscle function. The anatomy of this prosthesis is intact, and the soft palate is not moving. The palatal lift prosthesis allows for repositioning of the weak palatal musculature, which lifts the soft palate into its correct anatomic position to prevent regurgitation and air escape.

The RUC compared the surveyed code to the second top key reference code 31230 *Maxillectomy; with orbital exenteration (en bloc)* (work RVU = 30.05 and 682.38 minutes total time) and noted that the surveyed code requires less physician work and time, thus is valued lower.

For additional support, the RUC referenced CPT code 31552 *Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older* (work RVU = 19.99 and 500.5 minutes total time) and determined that a work RVU of 20.01 supported relativity among similar services. **The RUC recommends a work RVU of 20.01 for CPT code 21083.**

OBTURATOR/JAW

The maxillofacial prosthetic obturator/jaw services include CPT codes 21076 surgical obturator, 21079 interim obturator, 21080 definitive obturator, and 21081 mandibular resection prosthesis. These services require more work than the speech prosthesis codes but less than the extraoral prosthesis codes. CPT codes 21080 and 21081 describe very demanding procedures, as 21080 has open communication from the oral cavity to the maxillary sinus/ethmoid sinus, and CPT code 21081 involves working with a fibula free flap reconstruction with implants. For both services, airway control is imperative. These two services require extensive clinical time and demand specialized expertise to restore vital functions like speech, deglutition, and mastication because these services enhance the function and chewing ability for the patient. These prostheses replace hard and soft tissues of the jawbone. Therefore, these procedures require more work, and should be valued higher than the speech procedures, but lower than the extraoral codes, to maintain relativity in the family. The surveyed total times range from 302 to 677 minutes, with 3 to 7 face-to-face patient visits to create, fit, and finalize the prostheses.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

21081 ***Impression and custom preparation; mandibular resection prosthesis***
The RUC reviewed the survey results from 37 maxillofacial prosthodontists and determined that a work RVU of 25.42 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 31375 *Partial laryngectomy (hemilaryngectomy); laterovertical* (work RVU = 25.42 and 694.25 minutes total time). The RUC recommends 42 minutes pre-service evaluation time, 7 face-to-face visits (375 minutes) and 6 non-face-to-face intervals (215 minutes), which totals 590 minutes intra-service time, and 45 minutes post-service time, totaling 677 minutes total time. The face-to-face visits include virtual surgical planning, final impressions, resin framework, jaw relationship record, esthetic fitting, delivery of mandibular resection prosthesis, and final adjustments.

The RUC compared the surveyed code to the top key reference service 21047 *Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])* (work RVU = 19.57 and 559 minutes total time) and the second top key reference code 38724 *Cervical lymphadenectomy (modified radical neck dissection)* (work RVU = 23.35 and 507.5 minutes total time). The surveyed code requires more physician work and total time than the key reference services, thus is valued higher. Additionally, the intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures.

For additional support, the RUC referenced CPT code 31225 *Maxillectomy; without orbital exenteration* (work RVU = 26.03 and 603.5 minutes total time) and determined that a work RVU of 25.42 supported relativity among similar services. **The RUC recommends a work RVU of 25.42 for CPT code 21081.**

21080 ***Impression and custom preparation; definitive obturator prosthesis***
The RUC reviewed the survey results from 38 maxillofacial prosthodontists and determined that a work RVU of 25.42 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to CPT code 31375 *Partial laryngectomy (hemilaryngectomy); laterovertical* (work RVU = 25.42 and 694.25 minutes total time). The RUC recommends 45 minutes pre-service evaluation time, 7 face-to-face visits (376 minutes) and 6 non-face-to-face intervals (208 minutes), which totals 584 minutes intra-service time, and 43 minutes post-service time, totaling 672 minutes total time. The face-to-face visits include preliminary impressions, final impressions, heat processed record base fitting, jaw relationship record, esthetic fitting, delivery of definitive obturator prosthesis, and final adjustments.

The specialty society noted that 76% of survey respondents found the vignette typical, which is still a majority, but lower than the rest of the surveys for these services. The specialty society indicated that the vignette included that the typical patient had a resection of a benign maxillary tumor. However, the survey respondents indicated that their experience in providing an obturator prosthesis was for patients after resection of a malignant maxillary tumor.

The RUC compared the surveyed code to the top key reference service 31255 *Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)* (work RVU = 26.03 and 603.5 minutes total time). The RUC determined that the surveyed code requires similar time and work as the top key reference service 31255, thus it is valued similarly. Due to almost identical time and work required for codes 21081 and 21080, the

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC agreed with the specialty society that they should be valued the same. Additionally, the intensity and complexity measures for the surveyed code, compared with the key reference service, support the relativity between these procedure. **The RUC recommends a work RVU of 25.42 for CPT code 21080.**

21079 ***Impression and custom preparation; interim obturator prosthesis***
The RUC reviewed the survey results from 37 maxillofacial prosthodontists and determined that the survey median work RVU of 20.00 appropriately accounts for the work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 6 face-to-face visits (345 minutes) and 5 non-face-to-face intervals (100 minutes), which totals 445 minutes intra-service time, and 30 minutes post-service time, totaling 515 minutes total time. The face-to-face visits include impressions, speech and swallowing assessment and evaluation and adjustments of the obturator.

CPT code 21079 is a temporary prosthesis that will be modified numerous times during the course of treatment because of mucositis and subsequent tissue changes.

The specialty society noted that 78% of survey respondents found the vignette typical, which is still a majority, but lower than the rest of the surveys for these services. The specialty society indicated that the vignette included that the typical patient had a resection of a benign maxillary tumor. However, the survey respondents indicated that their experience in providing an obturator prosthesis was for patients after resection of a malignant maxillary tumor.

The RUC compared the surveyed code to the top key reference service 31225 *Maxillectomy; without orbital exenteration* (work RVU = 26.03 and 603.5 minutes total time) and the second top key reference service 69155 *Radical excision external auditory canal lesion; with neck dissection* (work RVU = 22.77 and 737.88 minutes total time). The surveyed code requires less physician work and total time than the key reference services, thus is valued lower.

For additional support, the RUC referenced CPT code 21558 *Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater* (work RVU = 21.04, 498 minutes total time) and determined that the median work RVU of 20.00 supported relativity among similar services. **The RUC recommends a work RVU of 20.00 for CPT code 21079.**

21076 ***Impression and custom preparation; surgical obturator prosthesis***
The RUC reviewed the survey results from 38 maxillofacial prosthodontists and determined that a work RVU of 11.56 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to key reference service CPT code 42120 *Resection of palate or extensive resection of lesion* (work RVU = 11.56 and 304 minutes total time). The RUC recommends 41 minutes pre-service evaluation time, 3 face-to-face visits (162 minutes) and 2 non-face-to-face intervals (69 minutes), which totals 231 minutes intra-service time, and 30 minutes post-service time, totaling 302 minutes total time.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT code 21076 is a dental prosthesis inserted immediately after surgery. It seals a defect in the palate and allows the patient to speak and swallow after surgery. The main purpose of this prosthesis is for speech, nutrition, wound care and psychological support. This code was previously assigned a 010-day global period and has been changed to a 090-day global period. The typical number of visits required, as indicated in the survey responses, supports this global period change.

The RUC compared the surveyed code to the top key reference service 21048 *Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])* (work RVU = 14.34 and 397 minutes total time) and determined that the surveyed code requires less physician time and work, thus is valued lower. The RUC compared the surveyed code to the second top key reference code and crosswalk code, 42120 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU = 11.56 and 304 minutes total time) and determined require similar total time, 302 and 304 minutes, and similar amount of physician work to complete, thus are valued the same. The intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures. **The RUC recommends a work RVU of 11.56 for CPT code 21076.**

ORAL SURGICAL SPLINT (010-DAY)

CPT code 21085 is a 010-day global period service that describes a splint that is used as a guide to establish occlusion and skeletal repositioning during corrective jaw surgery. This service requires the least amount of time and work to perform than other services in this family.

21085 ***Impression and custom preparation; oral surgical splint***
The RUC reviewed the survey results from 76 maxillofacial prosthodontists and determined that a work RVU of 5.90 appropriately accounts for the work required to perform this service. The recommended work RVU is based on a direct crosswalk to MPC code 62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy* (work RVU = 5.90 and 168.5 minutes total time). The RUC recommends 30 minutes pre-service evaluation time, 2 face-to-face visits (67 minutes) and 1 non-face-to-face intervals (45 minutes), which totals 112 minutes intra-service time, and 30 minutes post-service time, totaling 172 minutes total time.

CPT code 21085 was surveyed by both the American Association of Oral and Maxillofacial Surgeons (AAOMS) and the American Academy of Maxillofacial Prosthetics (AAMP). The number of face-to-face and subsequently non-face-to-face intervals differed between the specialty societies, 3 versus 2 face-to-face visits. During the discussion at the Practice Expense Subcommittee, it was noted that the third visit would occur outside the 10-day global period window, therefore, only two visits would occur during the global period. The RUC noted that the third visit outside the 10-day global is separately reportable. Therefore, the specialty societies reduced the recommendations for physician work and practice expense to remove the last visit face-to-face and non-face-to-face visit and times from the survey, totaling 2 face-to-face visits and 1 non-face-to-face visit.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared the surveyed code to the top key reference service 41830 *Alveolectomy, including curettage of osteitis or sequestrectomy* (work RVU = 3.36 and 152.5 minutes total time) and determined that the surveyed code requires more physician work and time, thus is valued higher. The RUC compared the surveyed code to the second top key reference code 31292 *Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall* (work RVU = 15.50 and 449.5 minutes total time), noting that the surveyed code requires much less physician work and time to perform. The intensity and complexity measures for the surveyed code, compared with the key reference services, support the relativity between these procedures.

For additional support, the RUC referenced CPT code 64553 *Percutaneous implantation of neurostimulator electrode array; cranial nerve* (work RVU = 5.98, 158.13 minutes total time) and determined that a work RVU of 5.90 supported relativity among similar services. **The RUC recommends a work RVU of 5.90 for CPT code 21085.**

Practice Expense

The Practice Expense (PE) Subcommittee agreed that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment for the code family based on change in technology. The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995, there has been a complete change in technology, including the use of Cone beam CT, 3D printing and the use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

The PE Subcommittee reviewed the direct practice expense inputs submitted by the specialty society and made extensive modifications. Due to the breadth of clinical staff, supplies, and equipment required to perform these complex services, the PE Subcommittee continued its review of the direct practice expense inputs with a special session held immediately after the PE meeting in April, followed by virtual meetings in May and June 2026, culminating with approval of the inputs at the September 2026 meeting. At the April PE special session, clinical labor was completed except for code (21076). The Subcommittee worked through all the supplies, including correcting quantities, for one complete 090-day code (21077), so the specialty society could revise the remaining codes' inputs as necessary. The equipment inputs were the remaining component of the PE Subcommittee's review, and the Subcommittee requested a separate table identifying which equipment items were used at each physician office setting so that the equipment-time formulas could be calculated correctly. Accordingly, the PE spreadsheet was revised to include additional worksheet tabs that provide extraordinary detail as follows:

- **MD Work Visits table**
  - Times from the survey for the physician visits per code. The table breaks out the times for each prosthetist or oral surgeon visit/service and indicates whether face-to-face (FTF) or non-face-to-face (NFTF).
  - Final column shows the total INTRA service MD/DMD time, which is comprised of the time the survey respondents indicated for MD/DMD FTF and NFTF visits.
  - Visit time for all MD/DMD visits was generated based on the responses of the surveyees.
  - This table also breaks out for code 21085 by specialty (as both AAMP and AAOMS surveyed this code).

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

- **Staff Visits table**
  - This table reflects clinical staff time for the dental assistant (DA) and lab technician (LT) per code.
  - Times from work survey for FTF Visits are used for the Dental Assistant time who is with the MD/DMD at all times.
  - Times from expert panel for NFTF lab time for Lab Technician.
  - The visits are again broken out by whether they are FTF (where the dental assistant is present 100% with the MD/DMD) or NFTF (reflecting lab technician time and noting the lab tech is NOT with the MD/DMD all the time) Lab tech times were generated by the expert panel).
  - Final column shows the total intra-service clinical staff time of both clinical staff types. The dental assistant's intra time is captured in the FTF visits and is based on the survey time provided by respondents. The lab technician's intra time is captured in the NFTF visits. The time for the NFTF lab technician visits comes from recommendations by the expert panel and relies on feedback generated by interviews conducted by the expert panel of lab technicians from practices around the country. It does not match the MD/DMD non-face-to-face time.

- **Supply tables**
  - The third table reflects the supplies used and quantity per code; this includes supplies broken out by each visit (FTF and NFTF) including the location between four workspaces (the exam room, the imaging room, the lab, and the sterilization room) they are used and quantities needed for each visit.
  - The total column indicates how many of each supply are needed for the code, and that is then entered into the PE spreadsheet.
  - The last column for each code indicates the math used to calculate the price shown in column D on this table, and in the price column on the PE spreadsheet.
  - The "unit" assignments for all supplies were reviewed and modified where necessary for accuracy to the product being described.

- **Equipment tables**
  - The fourth table reflects the equipment formulas that calculate the total equipment time on the PE spreadsheet across all codes for the DA and LT; this includes equipment broken out by the location it is housed/used between four workspaces (the exam room, the imaging room, the lab, and the sterilization room).
  - The table also indicates which visits (FTF and NFTF) equipment is used and then sums the minutes for all visits to get the resulting total minutes assigned to the piece of equipment (formulas are indicated in the second to last column for each code).
  - The total time that is entered for each equipment item on the PE spreadsheet corresponds to the "total" column input on these tables. "Other formula" is indicated for everything on the PE spreadsheet.

In the Spring/Summer, two multi-hour meetings were held virtually for the PE Subcommittee, specialty, and all interested RUC participants. The first was devoted again to the clinical staff and the subsequent call to the supplies and equipment. The PE SORs underwent extensive revisions and separate, detailed Clinical Staff Descriptions of Work (DOWs) for each code have been submitted to provide a thorough understanding of who is performing which activities and for how many minutes for each of the codes. The Subcommittee noted that the PE SORs contain thorough descriptions of the clinical activities comprised in each visit and detail out the total staff time as it appears on the PE spreadsheet.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The PE Subcommittee reviewed the revised PE spreadsheet and PE SORs again prior to the September 2026 meeting and lingering supply or equipment issues from the reviewers were addressed in the Supply and Equipment tables. The PE Subcommittee recommends 45 new disposable supplies and 11 new equipment inputs as submitted by the specialty with invoices. In addition, invoices are included for several existing inputs that currently have $0 listed on the CMS Supply listing. The Subcommittee noted that the Invoice Summary provides an explanatory purpose for each new input.

At the September meeting, a question was raised regarding the clinical staff who are involved in the procedures and how their time was determined. There are two staff types: the dental assistant and the laboratory technician. With respect to staff times, the dental assistant is with the physician 100% of the intra-service time, while the laboratory technician is separate from the MD/DMD. The laboratory times were developed through an expert panel, and the dental assistant times were from the survey. Below is further explanation on how the clinical staff times were derived for the codes in this tab:

Clinical staff times for Practice Expense:

- **Dental Assistant:**
  - **Pre-time** spent by clinical staff is indicated and represents any activities done by the dental assistant (using PE Subcommittee standards for 090 globals) BEFORE the prosthesis fabrication begins.
  - **Intra time** spent by the dental assistant ties directly to intra time from the physician work intra times of the **survey,** as the dental assistant is with the MD 100% of the time during patient FTF visits. As is standard, it also includes time not with the MD/DMD for activities such as vital signs and equipment cleaning.
  - No **post time** was requested for clinical staff for these codes.

- **Lab Technician:**
  - No **pre-time** is requested for the lab technician.
  - **Intra time:** The MD/DMD is not always present when the lab technician is conducting their activities, so the lab technician time is captured under the "not related to the MD category" for PE. The lab technician's time is based on the recommendations of the **expert clinical panel,** which was derived from AAMP interviews with lab technicians at practices around the country to determine the typical amount of time the lab technician activities described in the PE SORs require for each NFTF visit included per CPT code.
  - No **post-time** was requested for clinical staff for these codes.

It is critical to review the tabs within the PE spreadsheet and detailed PE SORs to fully understand all the underlying data for this issue. The clinical staff time was calculated and practice expense for all the visits is laid out in the PE spreadsheet, specifically in the "Staff Visits table" worksheet, and the detailed PE SORs. The RUC reviewed the direct practice expense inputs and made no further modifications. **The RUC recommends the direct practice expense inputs CPT codes 21076-21088.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Indirect PE Crosswalk
The specialty society noted that during the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why the specialty society disagrees with this crosswalk. The specialty society requests that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

Work Neutrality
The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Head** **Head Prosthesis** Codes 21076-21089 describe professional services for the rehabilitation of patients with oral, facial, or other anatomical deficiencies by means of prostheses such as an artificial eye, ear, or nose or intraoral obturator to close a cleft. Codes 21076-21089 should only be used when the physician or other qualified health care professional actually designs and prepares the prosthesis (ie, not prepared by an outside laboratory). (For application or removal of caliper or tongs, see 20660, 20665)			
21076	Impression and custom preparation; surgical obturator prosthesis	~~010~~ 090	11.56 (2026 Work RVU = 13.07)
21077	orbital prosthesis	090	33.33 (2026 Work RVU = 32.86)
21079	interim obturator prosthesis	090	20.00 (2026 Work RVU = 21.75)
21080	definitive obturator prosthesis	090	25.42 (2026 Work RVU = 24.43)
21081	mandibular resection prosthesis	090	25.42 (2026 Work RVU = 22.28)
21082	palatal augmentation prosthesis	090	25.38 (2026 Work RVU = 20.32)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

21083	palatal lift prosthesis	090	20.01 (2026 Work RVU = 18.79)
21084	speech aid prosthesis	090	22.43 (2026 Work RVU = 21.92)
21085	oral surgical splint	010	5.90 (2026 Work RVU = 8.77)
21086	auricular prosthesis	090	30.03 (2026 Work RVU = 24.26)
21087	nasal prosthesis	090	30.57 (2026 Work RVU = 24.26)
21088	facial prosthesis	090	35.00 (2026 Work RVU = 0.00)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21088 Tracking Number Original Specialty Recommended RVU: **39.76**
Presented Recommended RVU: **35.00**
Global Period: 090 Current Work RVU: **0.00** RUC Recommended RVU: **35.00**

CPT Descriptor: Impression and custom preparation; facial prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female is referred for custom preparation of a facial prosthesis after undergoing a total rhinectomy and orbital exenteration.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to review types of implants placed and size of attachments. MD/DMD reviews preop photographs to post surgical photographs. MD/DMD reviews soft tissue imaging (pro-face) to determine which key anatomical sites were lost and its effect on support, stability, and retention of the prosthesis. MD/DMD verifies appropriate implant components are ordered for both laboratory and clinical components. The MD/DMD designs the preliminary plan for prosthesis and suprastructure. MD/DMD reviews prosthetic plan with head and neck surgeon, neurosurgeon, and oculoplastic surgeon (if orbit is to be replaced). MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 65 minutes. Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of facial defect and cleans the craniofacial implants. The MD/DMD discusses the fabrication process with the patient. The MD/DMD shows them an example of a facial prosthesis and answers all the patient's questions. Imaging of implants is reviewed with patient. The MD/DMD verifies that all possible cavities are blocked out with gauze which can be retrieved. MD/DMD verifies that suction is available. The impression magnet is placed on the three implants and a passive seat is verified by the MD/DMD. If there is a dehiscence (hole) in the defect, it is blocked out with gauze secured by dental floss so no impression material goes into the cavity. The MD/DMD makes a final impression with the pick-up magnet impression posts with a polyvinylsiloxane impression material. The MD/DMD evaluates iris and sclera color of native eye and picks a stock globe. If one does not match, the MD/DMD makes decision on customized globe. The MD/DMD reviews photographs taken today to verify that they are acceptable.

NFTF between Visit 1 and 2: 100 minutes
The MD/DMD reviews the final impression with the laboratory technician. The MD/DMD places the laboratory analogues into the magnet impression post and verifies a passive fit under magnification. The MD/DMD gives order for laboratory technician to box and pour the final impression. The MD/DMD examines the master model/cast. The MD/DMD outlines the preliminary extent of the prosthesis and gives order for laboratory technician to make a wax base and implant framework (verification jig). The MD/DMD verifies the jig which will be converted into the suprastructure is passive and to verify that the impression is accurate and to verify that implant position in the master cast is accurate. The MD/DMD compares stock globe to customizable globe. The MD/DMD reviews any preoperative scans. The original facial feature

scan is obtained digitally and the MD/DMD reviews it. The MD/DMD performs the initial wax up. Before the patient comes in, the MD/DMD verifies passive fit of implant framework (jig).

Visit #2 FTF: minutes: 90 minutes Sculpting and Verification of Implant framework

MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of orbital and nasal defects and cleans the three craniofacial implants. The MD/DMD tries in the verification jig on the three implants to verify that the verification jig is passive. The MD/DMD tries in the wax base and begins to set the globe. The gaze is evaluated a dozen times from different angles to verify appropriate position. The MD/DMD measures the distance from the middle of the face to the center of the pupil of the native eye. That distance is compared to the distance from the middle of the face to the center of the globe to verify symmetry. It is critical for the prosthesis to look natural. The MD/DMD begins to wax up the nose and cheek of the face. Nasal midline is obtained and the bridge and alas of the nose are developed in the wax pattern. The MD/DMD compares Da Vinci's facial measurement scale to the prosthesis.

NFTF between Visit 2 and 3: 90 minutes
The MD/DMD reviews the photographs and the gaze of the globe. Soft tissue imaging (Proface) is reviewed and the MD/DMD directs the laboratory technician in what areas need to be developed. The MD/DMD does a portion of the waxing and reviews it. The MD/DMD gives order for the laboratory technician to disinfect the prosthesis

Visit #3 FTF: 90 minutes Finalization of Sculpting
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital and nasal defects and cleans the three craniofacial implants. The MD/DMD tries in the wax up. The gaze is evaluated a again from different angles to verify appropriate position. The MD/DMD measures the distance from the middle of the face to the center of the pupil of the native eye. That distance is compared to the distance from the middle of the face to the center of the globe to verify symmetry. It is critical for prosthesis to look natural. The inner and lateral canthus are evaluated by the MD/DMD and the MD/DMD takes measurements to verify that the wax up is symmetrical to the native eye. Other facial features such as the nose are waxed in. The MD/DMD continues to sculpt the wax pattern. The MD/DMD gets the patient input. The MD/DMD finalizes the margins of the prosthesis and gets patient approval. Facial measurements are made and compared to Da Vinci's facial proportion. The MD/DMD makes initial skin color measurement with spectromatch

NFTF between Visit 3 and 4: 120 minutes
The MD/DMD reviews photographs or soft tissue imaging (Proface) and decides on what areas need to be developed. The MD/DMD does the waxing. Skin texture and finalization of margins are reviewed by MD/DMD. The MD/DMD evaluates the final wax up and gives order to proceed with investing. The MD/DMD evaluates the color of the base shade from the spectromatch measurement and makes adjustments.

Visit #4 FTF: 110 minutes Intrinsic coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of orbital and nasal defects and cleans the three craniofacial implants. The MD/DMD evaluates the base shade of silicone from the spectromatch measurement and customizes it to the patient's skin tone. The MD/DMD begins mixing various colors and does a color map of the orbital, nasal, and cheek region so the prosthesis will blend into the skin tone. Eight different silicone colors are mixed to match the patient's landmarks. The MD/DMD places the intrinsic coloration in layers per anatomical site per the patient's color landmarks to match the native orbital, cheek, and nasal region and to blend into the face. The MD/DMD adds in the veining and arteries so the prosthesis will look realistic. The MD/DMD evaluates the mold with the intrinsic coloration and verifies it to the patient's facial coloration. The MD/DMD evaluates the mold with the intrinsic coloration to the patient and to the preop imaging. The superior region of the face is verified to have an underlying ochre color, the midface to having a reddish coloration, and the lower face with having a bluish gray hue. The MD/DMD adds in translucent regions so the prosthesis will look vital.

NFTF between Visit 4 and 5: 77 minutes
The MD/DMD reviews the coloration map with the laboratory technician. The MD/DMD prepares the mold for the addition of silicone. The laboratory technician places the silicone on the internal surface which allows the prosthesis to have strength. The MD/DMD reviews the area of the soft silicone and areas of the harder silicone. The MD/DMD places the soft silicone in the undercut areas of the orbit, the alas of the nose and in the cheek section. The MD/DMD places the mold in the oven for initial setting. The MD/DMD then adds in the stronger silicone for the bridge of the nose and the orbital region. The MD/DMD directs laboratory technician to proceed with adding in the rest of the harder silicone base

shade and to proceed with curing of prosthesis. After it is broken out, the MD/DMD verifies a passive fit of the prosthesis on the implants.

Visit #5 FTF: 90 minutes Extrinsic coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of facial defect and cleans the three craniofacial implants. The MD/DMD washes the prosthesis. The MD/DMD tries on the prosthesis and trims the prosthesis and begins margination of the prosthesis. The MD/DMD finalizes margination and begins the extrinsic coloration. Finalizing the coloration to match the patient's natural skin color takes time and the paints must set, with each addition, in the oven. The orbital region is painted first around the margins, followed by painting the margins of the nose. Evaluation of initial extrinsic characterization is reviewed with the patient by the MD/DMD. During the procedure, the MD/DMD reviews at all times that the open cavities of the face are protected. The middle portion of the prosthesis is then painted. The extrinsic characterization is done by regions of the face and in layers by the MD/DMD. The MD/DMD shows the patient the prosthesis and patient gives approval.

NFTF between Visit 5 and 6: 60 minutes.
The MD/DMD reviews the prosthesis with lab technician. The MD/DMD reviews the different types of sealers with laboratory technician. The MD/DMD decides on which sealer to use. MD/DMD directs and monitors the laboratory technician as he seals the prosthesis. The sealer is added three times. The MD/DMD checks that base shade is recorded and intrinsic coloration samples are saved in patient's box.

Visit #6: 76 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital and nasal defects and cleans the three craniofacial implants. The MD/DMD reviews the hygiene of the orbital and nasal defects and hygiene of the prosthesis. The MD/DMD reviews the initial insertion and removal of the prosthesis with the patient. The MD/DMD discusses the option of adhesive around the margin and discusses the various types of adhesive. The MD/DMD delivers the prosthesis. Final external characterization of the prosthesis is done by the MD/DMD. The MD/DMD reviews the photographs. All the patient's questions are answered.

Description of Post-Service Work: The MD/DMD informs the resection surgeon, neurosurgeon, oculoplastic surgeon that the patient has the prosthesis. The MD/DMD calls the patient multiple times. The MD/DMD verify that the dental materials used for the patient are properly documented in the chart and verifies appropriate storage of physical models for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21088					
Sample Size:	232	**Resp N:**	31			
Description of Sample:	U.S. Based practicing members of AAMP					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	8.00
Survey RVW:	1.50	29.46	**35.00**	39.76	100.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**967.00**		

Immediate Post Service-Time:	**32.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21088	**Recommended Physician Work RVU: 35.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**0.00**	**60.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**967.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**32.00**	**0.00**	**32.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69554	090	35.07	**RUC Time**

CPT Descriptor Excision aural glomus tumor; extended (extratemporal)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21182	090	31.77	**RUC Time**

CPT Descriptor Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	42.20	**RUC Time**	1,808

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50360	090	38.88	**RUC Time**	8,953

CPT Descriptor 2 Renal allotransplantation, implantation of graft; without recipient nephrectomy

Other Reference CPT Code	Global	Work RVU	Time Source
20955	090	39.25	**RUC Time**

CPT Descriptor Bone graft with microvascular anastomosis; fibula

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 35.4 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 12.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 21088	Top Key Reference CPT Code: 69554	2nd Key Reference CPT Code: **21182**
Median Pre-Service Time	60.00	120.00	90.00
Median Intra-Service Time	967.00	468.00	351.00
Median Immediate Post-service Time	32.00	60.00	64.00
Median Critical Care Time	0.0	0.00	140.00
Median Other Hospital Visit Time	0.0	200.00	40.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	126.00	69.00
Median Total Time	**1059.00**	**1,012.00**	**792.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	45%	36%	18%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	45%	45%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	64%	36%
Physical effort required	0%	73%	27%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	45%	27%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	25%	25%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	75%	25%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	75%	25%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.

- Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *69554 Excision aural glomus tumor; extended (extratemporal)* valued at 35.07 RVUs with an intra time of 468 and a total time of 1012. 11 respondents selected this as their primary KRS.

The second KRS selected was CPT 21182 *Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* valued at 31.77 RVUs with an intra time of 351 and a total time of 792. 4 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **39.76 and a total time of 1059 minutes based on a crosswalk to code 61597Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization and survey respondents indicating an increase of 1059 minutes for this formerly carrier priced code.**

We are requesting 60 minutes of pre time, 967 minutes of intra time (representing 6 face-to-face visits with the patient and 447 minutes of non-face-to-face lab time), and 32 minutes of post time in accordance with our survey median times, for a total of 1059 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
37140	Venous anastomosis, open; portocaval	090	39.00	40	3.0	20.0	234	60	839	0.0636
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	090	39.00	50	15.0	15.0	302.25	30	806.25	0.0733
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	090	39.11	90			263.25	40	823.25	0.0781
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	090	39.14	115			234	30	889	0.0739
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	090	39.20	40	20.0	20.0	351	40	831	0.0677
20955	Bone graft with microvascular anastomosis; fibula	090	39.25	100			468	32	945	0.0462
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	090	39.80	167.8			356.46	47	1032.26	0.0412
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	090	39.91	245.4			289.38	56	1193.78	0.0261
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	090	41.00	139.5			262.67	50	920.17	0.0613
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	090	41.17	90			117	30	1122	0.02
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	090	41.45	60	15.0	20.0	351	40	979	0.0587
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	090	41.51	166.7			331.5	57	1093.2	0.0403
20957	Bone graft with microvascular anastomosis; metatarsal	090	41.54	90			409.5	60	919.5	0.0616
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	090	41.55	90			585	36	1026	0.0462

51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	090	41.79	90			292.5	60	1015.5	0.0581
20838	Replantation, foot, complete amputation	090	41.81	75			507	36	973	0.0515
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	090	42.00	155.7			305.27	53	994.97	0.0534
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	090	42.06	120			409.5	84	975.5	0.0501
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	090	42.71	60	15.0	20.0	390	40	1038	0.0541

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21088

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Maxillofacial surgery How often? Rarely

Specialty Oral surgery How often? Rarely

Specialty plastic and reconstructive surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 69
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization from the RUC database.

Specialty Maxillofacial surgery Frequency 36 Percentage 52.17 %

Specialty Oral surgery Frequency 30 Percentage 43.47 %

Specialty Plastic and reconstructive surgery Frequency 4 Percentage 5.79 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database.

Specialty Maxillofacial surgery Frequency 12 Percentage 52.17 %

Specialty Oral surgery Frequency 10 Percentage 43.47 %

Specialty Plastic and reconstructive surgery Frequency 1 Percentage 4.34 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21088

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21077 Tracking Number Original Specialty Recommended RVU: **34.34**
Presented Recommended RVU: **33.33**
Global Period: 090 Current Work RVU: **32.86** RUC Recommended RVU: **33.33**

CPT Descriptor: Impression and custom preparation; orbital prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is referred for custom preparation of an orbital prosthesis following orbital exenteration due to a squamous cell carcinoma.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to review types of implants placed and size of attachments. MD/DMD reviews preop photographs to post surgical photographs. MD/DMD discusses implant size and type with laboratory technician to verify appropriate implant components are ordered for both laboratory and clinical components. The MD/DMD designs the preliminary plan for prosthesis and suprastructure. MD/DMD reviews prosthetic plan with head and neck surgeon and oculoplastic surgeon. MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes. Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defects and cleans the craniofacial implants. The MD/DMD discusses the fabrication process with the patient. The MD/DMD shows them an example of an orbital prosthesis and answers all the patient's questions. Imaging of implants is reviewed with patient. The impression magnet is placed on each implant (three implants) and a passive seat is verified by the MD/DMD. If there is a dehiscence (hole) in the socket portion of the defect, it is blocked out with gauze secured by dental floss so no impression material goes into the cavity. The MD/DMD verifies that all possible cavities are blocked out with gauze which can be retrieved. The MD/DMD border molds the orbital socket to capture the superior, inferior, lateral and medial walls of the socket. The MD/DMD makes a final impression with the pick-up magnet impression posts with a polyvinylsiloxane impression material. The MD/DMD evaluates iris and sclera color of native eye and picks a stock globe. If one does not match, the MD/DMD makes decision on customized globe. MD/DMD evaluates photographs of native eye for characterization of sclera and iris of native eye.

NFTF between Visit 1 and 2: 60 minutes
The MD/DMD reviews the final impression with the laboratory technician. The MD/DMD places the laboratory analogues into the magnet impression post and verifies a passive fit under magnification. The MD/DMD gives order for laboratory technician to box and pour the final impression. The MD/DMD examines the master model/cast. The MD/DMD outlines the preliminary extent of the prosthesis and gives order for laboratory technician to make a wax base. The MD/DMD gives order to laboratory technician to make the implant framework or verification jig. The MD/DMD verifies the jig which will be converted into the suprastructure to verify that the impression is accurate and to verify that implant position in the master cast is accurate. The MD/DMD compares stock globe to customizable globe.

Visit #2 FTF: 60 minutes: Sculpting and Verification of Implant framework
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defect and cleans the craniofacial implants. The MD/DMD tries in the verification jig to verify that the verification jig is passive. The MD/DMD tries in the wax base and begins to set the globe. The gaze is evaluated a dozen times from different angles to verify the appropriate position. The MD/DMD measures the distance from the middle of the face to the center of the pupil of the native eye. That distance is compared to the distance from the middle of the face to the center of the globe to verify symmetry. The MD/DMD accomplishes the initial wax up of the upper and lower eyelids. The MD/DMD reviews photographs taken at today's visit.

NFTF between Visit 2 and 3: 60 minutes
The MD/DMD reviews the photographs and discusses the gaze of the globe along with upper and lower eyelid placement in the prosthesis. Soft tissue imaging (Proface) is reviewed and the MD/DMD directs the laboratory technician regarding which areas need to be developed. The MD/DMD does the waxing. The MD/DMD reviews the initial waxing and gives order for the laboratory technician to disinfect the prosthesis.

Visit #3 FTF: 85 minutes Sculpting
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defect and cleans the craniofacial implants. The MD/DMD tries in the wax base with the globe. The gaze is evaluated a dozen times from different angles to verify the appropriate position. The MD/DMD measures the distance from the middle of the face to the center of the pupil of the native eye. That distance is compared to the distance from the middle of the face to the center of the globe of prosthesis to verify symmetry. The MD/DMD finalizes the gaze of the eye. The MD/DMD begins to develop the position of the upper and lower eyelid and the inner and lateral canthus. The MD/DMD continues to sculpt the wax pattern. The MD/DMD gets the patient input. The MD/DMD reviews presurgical photographs to photographs taken at today's visit.

NFTF between Visit 3 and 4: 68 minutes
The MD/DMD reviews the photograph and wax up. The MD/DMD does the waxing. At this stage, the eyelids, inner canthus, and lateral canthus of the eye are pretty much set. The MD/DMD verifies that the center portion is pretty much acceptable. The MD/DMD verifies that wax up is acceptable and proceeds to direct laboratory technician to disinfect the prosthesis.

Visit #4 FTF: 85 minutes Finalization of sculpting
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defects and cleans the craniofacial implants. The MD/DMD tries in the wax up. The gaze is evaluated a again from different angles to verify appropriate position. The MD/DMD measures the distance from the middle of the face to the center of the pupil of the native eye. That distance is compared to the distance from the middle of the face to the center of the globe to verify symmetry. The inner and lateral canthus are evaluated by the MD/DMD and the MD/DMD takes measurements to verify that the wax up is symmetrical to the native eye. The MD/DMD continues to sculpt the wax pattern. The MD/DMD gets the patient input. The MD/DMD finalizes the margins of the prosthesis and gets patient approval. The MD/DMD takes measurements on the photograph to verify that the prosthesis is in line with da Vinci's facial proportion. The MD/DMD makes initial skin color measurement with spectromatch.

NFTF between Visit 4 and 5: 60 minutes
The MD/DMD works with the laboratory technician and gives order to add in skin texture and to finalize the margins of the prosthesis and final wax up. The MD/DMD evaluates the final wax up and gives order to proceed with investing. The MD/DMD evaluates the color of the base shade from the spectromatch measurement.

Visit #5 FTF: 70 minutes intrinsic coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defects and cleans the craniofacial implants. The MD/DMD evaluates the base shade of silicone from the spectromatch measurement and customizes it to the patient's skin tone. The MD/DMD begins mixing the various colors for intrinsic coloration and does a color map of the orbital region so the prosthesis will blend into the skin tone. The MD/DMD places the intrinsic coloration per the patient's color landmarks to match the native orbital region and to blend into the face into the mold.

NFTF between Visit 5 and 6: 60 minutes
The MD/DMD reviews the coloration map and directs laboratory technician to proceed with adding in the base shade of silicone and to proceed with curing of prosthesis. After it is broken out, the MD/DMD verifies a passive fit of the prosthesis on the implants.

Visit #6: 65 minutes Extrinsic Coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defects and cleans the craniofacial implants. The MD/DMD tries on the prosthesis and trims the prosthesis around the borders of the prosthesis. The MD/DMD begins extrinsic coloration. The coloration to match the patient's natural skin color takes time and the paints must set, with each addition of color, in the oven. The MD/DMD shows the patient the prosthesis and patient gives approval.

NTFT between Visit 6 and 7: 60 minutes
The MD/DMD reviews the prosthesis and watches the laboratory technician as he seals the prosthesis. The MD/DMD instructs laboratory technician and checks that base shade is recorded and intrinsic coloration samples are saved in patient's box.

Visit #7 70 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of orbital defects and cleans the craniofacial implants. The MD/DMD delivers the prosthesis and reviews insertion and removal. The MD/DMD reviews the different types of adhesives available if needed around the margins. All the patient's questions are answered. The MD/DMD directs the dental assistant to take final photographs.

Description of Post-Service Work: The MD/DMD calls the resection surgeon and/or oculoplastic surgeon that the patient has the prosthesis. The MD/DMD calls the patient multiple times to determine how the patient is doing with the prosthesis. The MD/DMD verify that the dental materials used for the patient are properly documented in the chart and verify appropriate storage of physical models for the patient. The MD/DMD reviews presurgical photographs with post-delivery pictures of the prosthesis.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21077					
Sample Size:	232	**Resp N:**	33			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	3.00	10.00	
Survey RVW:	1.50	25.00	**33.33**	40.00	95.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**863.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21077	**Recommended Physician Work RVU: 33.33**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**45.00**	**0.00**	**45.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**863.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69554	090	35.07	**RUC Time**

CPT Descriptor Excision aural glomus tumor; extended (extratemporal)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21182	090	31.77	**RUC Time**

CPT Descriptor Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50360	090	38.88	**RUC Time**	8,953

CPT Descriptor 2 Renal allotransplantation, implantation of graft; without recipient nephrectomy

Other Reference CPT Code	Global	Work RVU	Time Source
46735	090	35.24	**RUC Time**

CPT Descriptor Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 21077	Top Key Reference CPT Code: 69554	2nd Key Reference CPT Code: **21182**
Median Pre-Service Time	45.00	120.00	90.00
Median Intra-Service Time	863.00	468.00	351.00
Median Immediate Post-service Time	30.00	60.00	64.00
Median Critical Care Time	0.0	0.00	140.00
Median Other Hospital Visit Time	0.0	200.00	40.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	126.00	69.00
Median Total Time	**938.00**	**1,012.00**	**792.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	25%	25%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	13%	63%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	75%	25%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	38%	38%	25%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	67%	17%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	33%	67%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	50%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial

surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *69554 Excision aural glomus tumor; extended (extratemporal)* valued at 35.07 RVUs with an intra time of 468 and a total time of 1012. 8 respondents selected this as their primary KRS.

The second KRS selected was CPT *21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* valued at 31.77 RVUs with an intra time of 351 and a total time of 792. 8 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **34.34 and a total time of 938 minutes** based on **crosswalk to 21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I (valued at 34.34 RVUs and a total of 928.5 minutes) and our survey respondents indicating an increase of 257 minutes (27% increase) for this code.**

We are requesting 45 minutes of pre time, 863 minutes of intra time (representing 7 face-to-face visits with the patient and 368 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 938 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	090	34.34	90			409.50	87	928.50	0.035
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	090	34.88	195.3			336.28	65	1083.58	0.0285
69554	Excision aural glomus tumor; extended (extratemporal)	090	35.07	120			468	60	1012	0.0373
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	090	35.24	115			224.25	30	844.25	0.0653
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	090	35.45	75			175.5	45	805.5	0.0591
37180	Venous anastomosis, open; splenorenal, proximal	090	35.59	40	3.0	20.0	234	60	799	0.055
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	090	35.62	153.4			368.26	62	1038.66	0.0291
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	090	35.76	80	30.0	20.0	292.5	45	750.5	0.0744
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	090	35.78	30	15.0	15.0	253.5	45	718.5	0.0808
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	090	35.97	30	10.0	5.0	132.6	40	795.6	0.0854
15758	Free fascial flap with microvascular anastomosis	090	35.98	90			351	60	800	0.0622
15756	Free muscle or myocutaneous flap with microvascular anastomosis	090	36.02	90			351	60	800	0.0619

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21077

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 33
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 12 Percentage 36.36 %

Specialty Maxillofacial surgery Frequency 12 Percentage 36.36 %

Specialty Dentists Frequency 6 Percentage 18.18 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 4 Percentage 36.36 %

Specialty Maxillofacial surgery Frequency 4 Percentage 36.36 %

Specialty Dentists Frequency 2 Percentage 18.18 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21077

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21087 Tracking Number Original Specialty Recommended RVU: **34.00**
Presented Recommended RVU: **30.57**
Global Period: 090 Current Work RVU: **24.26** RUC Recommended RVU: **30.57**

CPT Descriptor: Impression and custom preparation; nasal prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female is referred for custom preparation of a nasal prosthesis after undergoing a total rhinectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality and reviews types of implants that were placed and size of attachments. MD/DMD reviews preop photographs to post surgical photographs. MD/DMD discusses implant size and type with laboratory technician to verify appropriate implant components are ordered for both laboratory and clinical components. The MD/DMD designs the preliminary plan for prosthesis and suprastructure MD/DMD reviews prosthetic plan with head and neck surgeon. MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes. Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies with patient. MD/DMD performs clinical examination of nasal defects and cleans the three craniofacial implants. The MD/DMD discusses the fabrication process with the patient. The MD/DMD shows them an example of a nasal prosthesis and answers all the patient's questions. Imaging of implants is reviewed with patient. MD/DMD blocks out nasal cavities with gauze secured by dental floss so no impression material goes into the cavity and gauze is retrievable. The impression magnet is placed on the implant and a passive seat is verified by the MD/DMD. The MD/DMD makes a final impression with the pick-up magnet impression posts with a polyvinylsiloxane impression material. MD/DMD evaluates final impression for adequate capture of anatomy for nasal floor, right and left nasal cavities and superior, inferior and lateral walls of the nose. The MD/DMD evaluates the nasal philtrum of lip to determine movement which serves as a guide as to margin of nasal prosthesis.

NFTF between Visit 1 and 2: 90 minutes
The MD/DMD reviews the final impression with the laboratory technician. The MD/DMD places the laboratory analogues into the magnet impression post and verifies a passive fit under magnification and that there is engagement of undercuts on the lateral walls of the nose. The MD/DMD gives order for laboratory technician to box and pour the final impression. The MD/DMD examines the master model/cast. The MD/DMD outlines the preliminary extent of the prosthesis and gives order for laboratory technician to make a wax base and a verification jig. The MD/DMD verifies the jig which will be converted into the suprastructure to verify that the impression is accurate and to verify that implant position in the master cast is accurate. From the medical grade CT scan or from the soft tissue software imaging (proface), the preop virtual image is evaluated by MD/DMD with laboratory technician present to determine if the tumor changed the shape of the nose. Typically, the tumor has changed the shape of the nose so the MD/DMD virtually sculpts the nose to try to get it to its original shape. The MD/DMD directs the laboratory technician to 3D print the shape and convert into wax. The wax

pattern is put into position on the master cast with the wax base by the MD/DMD. The MD/DMD verifies the implant template. The MD/DMD evaluates template (verification jig) and wax up to and directs laboratory technician to proceed with disinfection of prosthesis.
.

Visit #2 FTF: 90 minutes: Sculpting and Verification of Implant template
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of the nasal defect and cleans the three craniofacial implants. The MD/DMD tries in the verification jig to verify that the verification jig is passive. The MD/DMD tries in the wax pattern of the nose. The MD/DMD directs the patient in facial movement to determine the margins of the prosthesis. Movement of face can upset the prosthesis, so verification of movement by the MD/DMD is critical to having the prosthesis stay in place. The MD/DMD begins waxing the nasal prosthesis according to the patient's landmarks. The midline of the nose is verified by the MD/DMD. MD/DMD evaluates midline from several angles. The alas of the nose are evaluated. The MD/DMD makes measurements to verify that the position of the nasal prosthesis is consistent with Da Vinci's facial proportion measurement. The MD/DMD evaluates the photographs of the wax pattern in place and makes appropriate changes and works with the patient to integrate the patient's wishes into the prosthesis.

NFTF between Visit 2 and 3: 90 minutes
The MD/DMD reviews the photographs and discusses the shape of the nose. The MD/DMD reviews photographs or soft tissue imaging (Proface) and decides on what areas need to be developed. The MD/DMD waxes the nasal pattern into more detail verifying the midline on the model/cast. Key nasal features including the bridge of the nose, alas, apex, nostrils are waxed in by the MD/DMD. The MD/DMD compares wax up to virtual image of nose shape and makes changes accordingly. After verifying that the wax pattern is ready, the MD/DMD directs the lab tech to hollow out the internal surface so the prosthesis will not be heavy (and come off).

Visit #3 FTF: 90 minutes Finalization of Sculpting
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of nasal defect and cleans the three craniofacial implants. The MD/DMD tries in the wax up of the nose and makes changes so the nose is according to Da Vinci's rules of facial proportion. The margins of the nose are fine tuned. The MD/DMD continues to sculpt the wax pattern. The MD/DMD gets the patient's input. The MD/DMD finalizes the margins of the prosthesis and gets patient approval. The MD/DMD makes initial skin color measurement with spectromatch. The MD/DMD characterizes the base shade of the silicone as dictated by spectromatch so it is of the proper vitality for the patient.

NFTF between Visit 3 and 4: 90 minutes
The MD/DMD finalizes the shape in the wax pattern and key landmarks. The MD/DMD works with the laboratory technician to add in skin texture and to finalize the margins of the prosthesis and final wax up. Comparisons are made to preop images and soft tissue imaging with software. The MD/DMD evaluates the final wax up and gives order to lab tech to hollow the undersurface of the prosthesis and to pour the altered cast. The MD/DMD checks this step and instructs the lab tech to proceed with investing. The MD/DMD evaluates the base of the flask to verify that the stone is smoothed and reviews orientation dipple placement. The MD/DMD sands the plaster around the master model so it is smooth so the excess silicone has a path to escape during the silicone injection. The MD/DMD instructs the lab tech to pour the counter pour of the flask and to boil out the prosthesis. The MD/DMD evaluates the mold after the wax pattern is boiled out. The MD/DMD instructs the lab tech to proceed with placing the separation materials on the mold so the mold can accept the silicone. The MD/DMD evaluates the color of the base shade from the spectromatch measurement again and compares it to the photographs and tweaks the color to more closely match the patient.

Visit #4 FTF: 75 minutes Intrinsic Coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of nasal defect and cleans the three craniofacial implants. The MD/DMD evaluates the base shade of silicone from the spectromatch measurement and customizes it to the patient's skin tone. The MD/DMD begins mixing the various colors and does a color map of the nasal region so the prosthesis will blend into the skin tone. Six different silicone colors are mixed to match the patient's landmarks. The MD/DMD places the intrinsic coloration in layers per anatomical site per the patient's color landmarks to match the native borders of the skin and to blend into the face. The MD/DMD adds in the veining and arteries so the prosthesis will look realistic. The MD/DMD evaluates the mold with the intrinsic coloration and verifies it to the patient's facial coloration. The MD/DMD evaluates the mold with the intrinsic coloration to the patient and to the preop imaging. The MD/DMD adds in translucent regions so the prosthesis will look vital.

NFTF between Visit 4 and 5: 115 minutes
The MD/DMD reviews the coloration map with the laboratory technician. The MD/DMD reviews with laboratory technician on which portions of nose will require the softer silicone (ala) and the portions that will require the harder type of silicone (bridge of nose). The MD/DMD places the soft silicone first in the ala. The MD/DMD then adds in the stronger 2186 to the bridge of the nose. he MD/DMD verifies that the appropriate portions of the prosthesis have the right silicone. The MD/DMD directs laboratory technician to proceed with adding in the rest of the base shade of silicone and to proceed with curing of prosthesis. After it is broken out, the MD/DMD verifies a passive fit of the prosthesis on the implants.

Visit #5 FTF: 78 minutes Extrinsic Coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of nasal defect and cleans the three craniofacial implants. The MD/DMD tries on the prosthesis and trims the prosthesis and begins extrinsic coloration. Achieving coloration to match the patient's natural skin color takes time and the paints must set, with each addition, in the oven. The MD/DMD starts painting the superior border, the inferior border, and the lateral borders of the prosthesis so the prosthesis blends in at the margins with the native skin. Then, the MD/DMD paints the middle of the prosthesis in stages with having each section cure in oven before proceeding to next section. The MD/DMD shows the patient the prosthesis and patient gives final approval.

NFTF between Visit 5 and 6: 45 minutes
The MD/DMD reviews the prosthesis with technician. The MD/DMD reviews the different types of sealers with laboratory technician. The MD/DMD makes a decision on which sealer to use based on discussion with the lab tech. MD/DMD directs and watches the laboratory technician as he seals the prosthesis. The sealer is added three times. The MD/DMD checks that base shade is recorded and intrinsic coloration samples are saved in patient's box.

Visit #6: 50 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of nasal defect and cleans the three craniofacial implants. The MD/DMD reviews the hygiene of the nasal defect and hygiene of the prosthesis. The MD/DMD reviews the initial insertion and removal of the prosthesis with the patient. The MD/DMD discusses the option of adhesive around the margin and discusses the various types of adhesive. The MD/DMD delivers the prosthesis. Final external characterization of the prosthesis is done by the MD/DMD. The MD/DMD reviews the photographs. All the patient's questions are answered.

Description of Post-Service Work: The MD/DMD informs the resection surgeon and sinus surgeon that the patient has the prosthesis. The MD/DMD calls the patient multiple times. The MD/DMD verify that the dental materials used for the patient are properly documented in the chart and verifies appropriate storage of physical models for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21087					
Sample Size:	232	**Resp N:**	31			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	5.00	10.00	
Survey RVW:	1.00	26.02	**30.57**	34.00	85.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**873.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21087	**Recommended Physician Work RVU: 30.57**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**45.00**	**0.00**	**45.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**873.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31225	090	26.03	**RUC Time**

CPT Descriptor Maxillectomy; without orbital exenteration

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21182	090	31.77	**RUC Time**

CPT Descriptor Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	38.88	**RUC Time**	4,389

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

Other Reference CPT Code	Global	Work RVU	Time Source
61615	090	34.88	**RUC Time**

CPT Descriptor Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 16.1 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 12.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 21087	Top Key Reference CPT Code: 31225	2nd Key Reference CPT Code: **21182**
Median Pre-Service Time	45.00	80.00	90.00
Median Intra-Service Time	873.00	175.50	351.00
Median Immediate Post-service Time	30.00	30.00	64.00
Median Critical Care Time	0.0	0.00	140.00
Median Other Hospital Visit Time	0.0	155.00	40.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	125.00	69.00
Median Total Time	**948.00**	**603.50**	**792.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	20%	60%	0%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	60%	20%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	0%	40%	60%
Physical effort required	20%	60%	20%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	60%	20%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	50%	25%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	50%	50%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *31225 Maxillectomy; without orbital exenteration* valued at 26.03 RVUs with an intra time of 175.5 and a total time of 603.5. 5 respondents selected this as their primary KRS.

The second KRS selected was CPT 21182 *Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm* valued at 31.77 RVUs with an intra time of 351 and a total time of 792. 4 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **34.34 and a total time of 948 minutes based on a crosswalk to code 21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I and survey respondents indicating an increase of 428 minutes (45% increase) for this code.**

We are requesting 45 minutes of pre time, 873 minutes of intra time (representing 6 face-to-face visits with the patient and 430 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 948 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	090	34.18	90			175.5	50	860.5	0.0632
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	090	34.26	153.3			290.55	95	1002.85	0.0339
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	090	34.34	90			409.5	87	928.5	0.0346
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	090	34.47	93			242.78	50	783.78	0.052
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	090	34.81	90			380.25	84	881.25	0.0409
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	090	34.88	195.3			336.28	65	1083.58	0.0285
33675	Closure of multiple ventricular septal defects;	090	35.05	70	15.0	15.0	175.5	60	623.5	0.1102
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	090	35.24	115			224.25	30	844.25	0.0653
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	090	35.62	153.4			368.26	62	1038.66	0.0291

15757	Free skin flap with microvascular anastomosis	090	36.22	90			351	60	820	0.0607

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21087

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Maxillofacial surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 192
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Maxillofacial surgery Frequency 192 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 64 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Maxillofacial surgery Frequency 64 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21087

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21086 Tracking Number Original Specialty Recommended RVU: **34.34**
Presented Recommended RVU: **30.03**
Global Period: 090 Current Work RVU: **24.26** RUC Recommended RVU: **30.03**

CPT Descriptor: Impression and custom preparation; auricular prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is referred for custom preparation of an auricular prosthesis after his ear was surgically removed due to squamous cell carcinoma.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to review types of implants that were placed and size of attachments. MD/DMD reviews preop photographs to post surgical photographs and reviews projection of the ear from behind and straight ahead. MD/DMD determines the implant size and verifies the appropriate implant components are ordered for both laboratory and clinical components. The MD/DMD designs the preliminary plan for prosthesis and suprastructure. MD/DMD reviews prosthetic plan with head and neck surgeon and otologist. MD/DMD develops a preliminary prosthetic.

Description of Intra-Service Work: Visit #1 FTF: 63 minutes. Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies with patient. MD/DMD performs clinical examination of auricular defect and cleans the three craniofacial implants. The MD/DMD discusses the fabrication process to the patient. The MD/DMD shows them an example of an auricular prosthesis and answers all of the patient's questions as well as the family's questions. Imaging of implants is reviewed with patient. The impression magnet is placed on each of the three implant and a passive seat is verified by the MD/DMD. The MD/DMD marks the moveable tissue so the markings of the extent of the moveable tissue is transferred to the impression. The MD/DMD makes a final impression with the pick-up magnet impression posts with a polyvinylsiloxane impression material.

NFTF between Visit 1 and 2: 84 minutes
The MD/DMD reviews the final impression with the laboratory technician. The MD/DMD places the laboratory analogues into the magnet impression post and verifies a passive fit under magnification. The MD/DMD gives order for laboratory technician to box and pour the final impression. The MD/DMD examines the master model/cast.

The MD/DMD outlines the preliminary extent of the prosthesis and gives order for laboratory technician to make a wax base. The MD/DMD verifies the jig which will be converted into the suprastructure to verify that the impression is accurate and to verify that implant position in the master cast is accurate. From the medical grade CT scan or from the soft tissue software imaging (proface), the preop virtual image is evaluated by MD/DMD to determine if the tumor changed the shape of the ear. Typically, the tumor has changed the shape of the ea
r, so the MD/DMD takes the contralateral ear shape and converts it to the defect side. The MD/DMD directs the laboratory technician to 3D print the shape and convert into wax. The wax pattern is put into position on the master cast

with the wax base by the MD/DMD. The MD/DMD verifies the implant verification template. The MD/DMD evaluates template (verification jig) and wax up to and directs laboratory technician to proceed with disinfection of prosthesis.

Visit #2 FTF: 84 minutes: Sculpting and Verification of Implant template
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of auricular defect and cleans the three craniofacial implants. The MD/DMD tries in the verification jig to verify that the verification jig is passive. The MD/DMD tries in the wax pattern of the ear. The pattern is evaluated for projection, symmetry, and position to be at the same height as the contralateral native ear. The MD/DMD begins waxing the ear prosthesis according to the patient's landmarks. The MD/DMD makes measurements to verify that the position of the auricular prosthesis is consistent with Da Vinci's facial proportion measurement. The MD/DMD evaluates the photographs of wax pattern in place and makes appropriate changes and works with the patient to develop the patient's wishes into the prosthesis. The projection of the auricular wax pattern is evaluated by MD/DMD from all angles and verified, especially the helix.

NFTF between Visit 2 and 3: 93 minutes
The MD/DMD reviews photographs of the shape of the ear. The MD/DMD reviews photographs or soft tissue imaging (Proface) and decides what areas need to be developed. The MD/DMD proceeds with waxing the ear. Key anatomical landmarks of helix, anti-helix, triangular fossa, scapha, antitragus, lobule, intertragal notch, helical crus and cymba concha are waxed. The MD/DMD reviews photographs of the wax pattern. The MD/DMD decides that the wax up is acceptable and directs laboratory technician to disinfect prosthesis for patient use.

Visit #3 FTF: 80 minutes Finalization of Sculpting
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of auricular defect and cleans the three craniofacial implants. The MD/DMD tries in the wax up of the ear and makes changes so the ear is according to Da Vinci's rules of facial proportion. The margins of the nose are finalized. The MD/DMD uses photographs to make comparisons on accuracy of the ear shape. The MD/DMD continues to sculpt the wax pattern. The MD/DMD gets the patient input. The MD/DMD finalizes the margins of the prosthesis and gets patient approval. The MD/DMD makes initial skin color measurement with spectromatch.

NFTF between Visit 3 and 4: 80 minutes
The MD/DMD continues to wax to finalize key anatomical landmarks. The MD/DMD works with the laboratory technician to add in skin texture and to finalize the margins of the prosthesis and final wax up. Comparisons are made to preop images and soft tissue imaging with software. The MD/DMD evaluates the final wax up and gives order to proceed with investing.
The MD/DMD evaluates the final wax up and instructs the lab technician to proceed with investing. The MD/DMD evaluates the base of the flask to verify that the stone is smoothed and reviews orientation dipple placement. The MD/DMD sands the plaster around the master model so it is smooth so the excess silicone has a path to escape during the silicone injection. The MD/DMD instructs the lab tech to pour the counter pour for the helix. The MD/DMD evaluates the portion of the support for the helix. The MD/DMD directs the lab tech to do the counter pour of the flask and to boil out the prosthesis. The MD/DMD evaluates the mold after the wax pattern is boiled out. The MD/DMD instructs the lab tech to proceed with placing the separation materials on the mold so the mold can accept the silicone. The MD/DMD evaluates the color of the base shade from the spectromatch measurement again and compares it to the photographs and tweaks the color to more closely match the patient.

Visit #4 FTF: 90 minutes Intrinsic Coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of auricular l defect and cleans the three craniofacial implants. The MD/DMD evaluates the base shade of silicone from the spectromatch measurement and customizes it to the patient's skin tone. The MD/DMD begins mixingi the various colors and does a color map of the auricular region so the prosthesis will blend into the skin tone. The MD/DMD places the intrinsic coloration per the patient's color landmarks to match the native auricular region and to blend into the face. Intrinsic coloration is done for the helix, antihelix, triangular fossa, scapha, antitragus, lobule, intertragal notch, helical crus and cymba concha.

NFTF between Visit 4 and 5: 105 minutes
The MD/DMD reviews the coloration map with the laboratory technician. The MD/DMD reviews with laboratory technician on which portions of auricle will require the softer silicone (lobe) and the portions that will require the harder type of silicone (cartlidge). The MD/DMD verifies that the appropriate portion of the prosthesis has the right silicone. The MD/DMD places the soft silicone and puts it in the oven to set. The MD/DMD places the harder silicone and puts it in the

oven to set. The MD/DMD directs laboratory technician to proceed with adding in the rest of the base shade of silicone and to proceed with curing of prosthesis. After it is broken out, the MD/DMD verifies a passive fit of the prosthesis on the implants.

Visit #5 FTF: 90 minutes Extrinsic Coloration
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs a clinical examination of ear defect and cleans the three craniofacial implants. The MD/DMD tries on the prosthesis and trims the prosthesis and begins extrinsic coloration. The coloration to match the patient's natural skin color takes time and the paints have to set with each addition in the oven. The MD/DMD paints the prosthesis in stages. The margins are characterized by MD/DMD first. Then the MD/DMD paints the scapha next along with the antihelix. The inter tragal notch is done next. The external coloration is done by the MD/DMD and takes time. The MD/DMD shows the patient the prosthesis and patient gives approval.

NFTF between Visit 5 and 6: 52 minutes
The MD/DMD reviews the prosthesis with technician . The MD/DMD reviews the different types of sealers with laboratory technician. The MD/DMD makes a decision on which sealer to use based on discussion with the lab tech. MD/DMD directs and watches the laboratory technician as he seals the prosthesis. The sealer is added three times. The MD/DMD checks that base shade is recorded and intrinsic coloration samples are saved in patient's box

Visit #6: 55 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies with patient. MD/DMD performs clinical examination of ear defect and cleans the three craniofacial implants. The MD/DMD reviews the hygiene of the auricular defect and hygiene of the prosthesis. The MD/DMD reviews the initial insertion and removal of the prosthesis with the patient. The MD/DMD discusses the option of adhesive around the margin and discusses the various types of adhesive. The MD/DMD delivers the prosthesis. Final external characterization of the prosthesis is done by the MD/DMD. The MD/DMD reviews the photographs. All the patient's questions are answered.

Description of Post-Service Work: The MD/DMD calls the resection surgeon and/or otologist that the prosthesis has been delivered. The MD/DMD calls the patient multiple times. The MD/DMD verify that the dental materials used for the patient is properly documented in the chart and verifies appropriate storage of physical models for the patient. The MD/DMD verifies appropriate documentation of dental materials used for this patient has been accomplished.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21086					
Sample Size:	232	**Resp N:**	32			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	5.00	15.00	
Survey RVW:	1.00	24.44	**30.03**	33.13	90.00	
Pre-Service Evaluation Time:			**51.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**874.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21086	**Recommended Physician Work RVU: 30.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**51.00**	**0.00**	**51.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**874.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42892	090	25.38	**RUC Time**

CPT Descriptor Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69155	090	22.77	**RUC Time**

CPT Descriptor Radical excision external auditory canal lesion; with neck dissection

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	38.88	**RUC Time**	4,389

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

Other Reference CPT Code	Global	Work RVU	Time Source
61582	090	34.26	**RUC Time**

CPT Descriptor Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 18.7 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 21086	Top Key Reference CPT Code: 42892	2nd Key Reference CPT Code: **69155**
Median Pre-Service Time	51.00	80.00	90.00
Median Intra-Service Time	874.00	165.75	277.88
Median Immediate Post-service Time	30.00	35.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	195.00	160.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	125.00	142.00
Median Total Time	**955.00**	**638.75**	**737.88**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	67%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	67%	33%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	17%	83%	0%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	0%	33%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	67%	33%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	67%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial

surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls* valued at 25.36 RVUs with an intra time of 165.75 and a total time of 638.75. 6 respondents selected this as their primary KRS.

The second KRS selected was CPT 69155 *Radical excision external auditory canal lesion; with neck dissection* valued at 22.77 RVUs with an intra time of 277.88 and a total time of 737.88. 6 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the compelling evidence arguments below.

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **34.00 and a total time of 955 minutes** based on a **crosswalk to 21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I (valued at 34.34 RVUs and a total of 928.5 minutes) We further believe this recommendation is supported by our survey respondents indicating an increase of 434 minutes (45% increase) for this code.**

We are requesting 51 minutes of pre time, 874 minutes of intra time (representing 6 face-to-face visits with the patient and 413 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 955 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	090	34.18	90			175.5	50	860.5	0.0632
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	090	34.26	153.3			290.55	95	1002.85	0.0339
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	090	34.34	90			409.5	87	928.5	0.0346
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	090	34.47	93			242.78	50	783.78	0.052
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	090	34.81	90			380.25	84	881.25	0.0409
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	090	34.88	195.3			336.28	65	1083.58	0.0285
33675	Closure of multiple ventricular septal defects;	090	35.05	70	15.0	15.0	175.5	60	623.5	0.1102
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	090	35.24	115			224.25	30	844.25	0.0653
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	090	35.62	153.4			368.26	62	1038.66	0.0291
15757	Free skin flap with microvascular anastomosis	090	36.22	90			351	60	820	0.0607

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21086

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Maxillofacial surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 72
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 36 Percentage 50.00 %

Specialty Maxillofacial surgery Frequency 36 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Maxillofacial surgery Frequency 12 Percentage 50.00 %

Specialty Oral surgery Frequency 12 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21086

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21082 Tracking Number Original Specialty Recommended RVU: **28.20**
Presented Recommended RVU: **26.03**
Global Period: 090 Current Work RVU: **20.32** RUC Recommended RVU: **25.38**

CPT Descriptor: Impression and custom preparation; palatal augmentation prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male who had most of his tongue resected for squamous cell carcinoma is referred for custom preparation of a palatal augmentation prosthesis.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to determine location of rest preps and clasps for prosthesis. MD/DMD reviews patient's restorative and periodontal assessment to begin the design process. MD/DMD reviews the speech and language pathologist assessment about patient's soft palate and pharyngeal walls' function and reviews results of Modified Barium Swallow and views the video fluoroscopy (Assessment of swallowing and speech preoperatively by clinical analysis). MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 58 minutes Preliminary Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of oral cavity to evaluate tongue and soft palate function. A speech intelligibility test (patients have certain sentences to speak) is recorded by MD/DMD. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD does physical assessment of tongue function – both motor and sensory function. The MD/DMD makes a tongue map of the deficits and also takes a picture of tongue at rest and in movements. MD/DMD lifts soft palate with instrument to determine if patient has a gag response. The MD/DMD assesses the scan of the maxillary and mandibular arches which is evaluated for accuracy along with the capture of the bite. The MD/DMD discusses the fabrication process with the patient.

NFTF between Visit 1 and 2: 57 minutes
The MD/DMD evaluates the accuracy of models/casts. The MD/DMD reviews the preliminary design of prosthesis. The MD/DMD surveys the model to determine path of placement and path of withdrawal. The MD/DMD reviews the surveyed model/cast with the lab technician to review undercuts for clasps and the parallelism of the guideplanes. The MD/DMD discusses with laboratory technician the prosthetic design of the major connector of the prosthesis. The MD/DMD designs the framework with input from the laboratory technician with respect to the augmentation, the rests, clasps, and major connector design. The custom tray design is reviewed with laboratory technician. The MD/DMD evaluates the custom tray for accuracy. The MD/DMD reviews recording of speech intelligibility. The MD/DMD discusses the treatment plan with the Speech Language Pathologist and referring MD for achieving desired outcome.

Visit #2 FTF: 60 Final Impression
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD explains to the patient the preparation process. The MD/DMD evaluates swallowing

function, since the handpiece uses water. This puts the patient at risk of aspiration depending upon swallowing ability. The MD/DMD verifies suction is in place. The MD/DMD places rest preps on the abutment teeth with a handpiece. The MD/DMD border molds the custom tray to capture the hard and soft palate. It requires three moldings to capture the whole soft palate by the MD/DMD. The MD/DMD makes the final impression in the custom border molded custom tray with polyvinylsiloxane impression material. While the impression material is setting, the MD/DMD assesses the patient's airway to verify that impression material did not go down the throat and the patient did not swallow or aspirate it. The MD/DMD captures the maxillomandibular relationship. This relationship enables the MD/DMD to know how the dentition comes together so the dentition does not hit the framework of the prosthesis. The MD/DMD reviews the final impression with laboratory technician and gives an order to box and pour the final impression. The MD/DMD evaluates the final impression under microscope and magnification to verify that there are no bubbles or voids.

NFTF between Visit 2 and 3: 48 minutes
The MD/DMD evaluates the master cast and model for accuracy. The MD/DMD surveys the master cast/model to determine the path of placement/removal for the prosthesis. Undercuts are identified for clasps and the guiding planes are evaluated for parallelism. The MD/DMD designs the framework on the master model/cast. The MD/DMD reviews the design with the laboratory technician to verify that the palatal portion has adequate retention for the bulk of material to be added. The MD/DMD draws the framework design on the master model/cast. The MD/DMD completes a work authorization for fabrication of the framework including metal selection. When the framework returns, the MD/DMD reviews it with the laboratory technician to examine the fit, the quality of metal finishing and the finish lines, and verification of seating of rests and engagement of undercut with clasp. The MD/DMD gives order to LT to disinfect the framework and to have ready for patient's visit.

Visit #3 FTF: 60 minutes Framework tryin and Jaw Relationship Record
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD tries in the framework. The MD/DMD performs a physiologic relief of the framework. The MD/DMD evaluates the occlusion for verification that the dentition is not hitting the framework and that the framework is completely seated. The initial molding of the palatal molding to lower the palatal floor begins. According to the patient's speech, the MD/DMD adds the material to the framework to create contact and seal for articulation; based on tongue strength and agility. The MD/DMD decides if any pearls which can be circular or oblong or needed. The MD/DMD decides if a sluiceway used to direct airflow is needed. According to the patient's speech, the MD/DMD may add in a funnel to redirect airflow as it enters or exits the oral cavity based on lingual, labial, or oropharyngeal function. A rolling slope which is a ramp-like feature which aids in shape, agility, and speed performance required of tongue to create connected speech sounds. The MD/DMD assesses speech nasality and the speech intelligibility test is performed. The MD/DMD captures the bite or the relationship between the maxilla and mandible.

NFTF between Visit 3 and 4: 30 minutes
The MD/DMD reviews the effectiveness of the prosthesis with the laboratory technician. The MD/DMD gives an order to laboratory technician to mount the models. The MD/DMD reviews the mounting with the laboratory technician. The MD/DMD gives an order to set the teeth in the partial edentulous span to the laboratory technician. The MD/DMD evaluates the set up prior to the patient visit with the laboratory technician. The MD/DMD gives order to disinfect the prosthesis prior to the patient's visit.

Visit #4 FTF: 60 minutes Esthetic tryin and Palatal Molding
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies are reviewed and verifies any changes with the patient. The MD/DMD tries in the prosthesis. The MD/DMD evaluates the prosthesis for support, stability and retention. The MD/DMD verifies complete seating of the prosthesis. The MD/DMD verifies that occlusion or bite to verify that the teeth are not hitting the framework. The MD/DMD verifies that the vertical dimension of occlusion and centric relation (bite) are correct. The MD/DMD verifies that the patient is happy with the esthetics of the prosthesis. The MD/DMD evaluates the prosthesis for speech intelligibility first. Additions are made to the palatal surface so the prosthesis has adequate contact with the tongue. The MD/DMD will use pressure indicating paste to verify appropriate contact of the tongue with the palate surface. At the direction of the MD/DMD, the patient performs the speech intelligibility test. The MD/DMD evaluates for swallowing function as well. The MD/DMD makes appropriate adjustments/additions/deletions. Speech intelligibility is evaluated again. The MD/DMD evaluates that there is contact and seal during articulation, assesses airflow, and connected speech. Additions/deletions/adjustments are accomplished by the MD/DMD.

NFTF between Visit 4 and 5: 30 minutes

The MD/DMD reviews speech recordings and reviews the patient's speech for articulation, anterior sounds and posterior sounds.
The MD/DMD writes an order for the laboratory technician to redefine the palatal augmentation and to remove the pressure indicating paste. The MD/DMD makes the final additions according to the patient's speech recordings. The MD/DMD verifies complete seating of the prosthesis on the model. The MD/DMD directs the lab technician to disinfect the prosthesis.

Visit #5 FTF: 60 minutes Finalization of Palatal Molding
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies are reviewed and verifies any changes with the patient. The MD/DMD tries in the prosthesis. The MD/DMD evaluates the prosthesis for support, stability and retention. The MD/DMD verifies complete seating of the prosthesis. The MD/DMD evaluates the prosthesis for speech intelligibility first. Additions are made to the palatal floor so the prosthesis has adequate contact with the tongue. The MD/DMD will use pressure indicating paste to verify appropriate contact of the tongue with the palatal floor. At the direction of the MD/DMD the patient performs the speech intelligibility test. The patient is recorded for the speech intelligibility test. The MD/DMD listens to initial recordings and current recordings of the speech intelligibility test to determine if additions are needed for contact and seal for articulation; based on tongue strength and agility, if any pearls, sluiceways are needed. According to the patient's speech, the MD/DMD may add in a funnel to redirect airflow as it enters or exits the oral cavity based on lingual, labial, or oropharyngeal function. A rolling slope which is a ramp-like feature which aids in shape, agility, and speed performance required of tongue to create connected speech sounds. The resonance and nasality of speech are evaluated. The MD/DMD evaluates for swallowing function as well. The MD/DMD makes appropriate adjustments/additions/deletions. Speech intelligibility is evaluated again. Finalization of the palatal augmentation portion is completed.

NFTF between Visit 5 and 6: 15 minutes
The MD/DMD writes an order for the laboratory technician to convert the wax up into heat cured methyl methacrylate. After the conversion, the MD/DMD evaluates the final prosthesis with the laboratory technician. The MD/DMD directs the lab technician to disinfect the prosthesis.

Visit #6 FTF: 60 minutes Delivery
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD delivers the prosthesis and verifies support, stability, and retention of the prosthesis. The MD/DMD verifies complete seating of the prosthesis. The occlusion is evaluated by the MD/DMD. Speech and swallowing functions are evaluated by the MD/DMD. Additions/deletions/adjustments are made by the MD/DMD as dictated by patient comfort and speech and swallowing function. The MD/DMD polishes the prosthesis. Final speech recording is conducted.

Description of Post-Service Work: The MD/DMD reviews the patient's speech intelligibility recordings and MBS (qualitative and quantitative results). The MD/DMD makes recommendations to the SLP about the need for reevaluation by MD/DMD and the patient's speech therapy plan of care is finalized. The MD/DMD calls the patient multiple times to see how the patient is doing with the prosthesis. The MD/DMD verifies appropriate storage of models and patient materials with the dental assistant. The MD/DMD verifies appropriate documentation of dental materials used for the patient with the dental assistant.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21082					
Sample Size:	232	**Resp N:**	37			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**3.00**	9.00	30.00	
Survey RVW:	1.00	12.50	**23.00**	28.20	55.84	
Pre-Service Evaluation Time:			**40.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**538.00**			
Immediate Post Service-Time:	**40.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21082	**Recommended Physician Work RVU: 25.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**0.00**	**40.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**538.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**0.00**	**40.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
41153	090	32.75	**RUC Time**

CPT Descriptor Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31230	090	30.05	**RUC Time**

CPT Descriptor Maxillectomy; with orbital exenteration (en bloc)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.13	**RUC Time**	34,799

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
21151	090	28.29	**RUC Time**

CPT Descriptor Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 18.9 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 8.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 21082	Top Key Reference CPT Code: 41153	2nd Key Reference CPT Code: **31230**
Median Pre-Service Time	40.00	95.00	95.00
Median Intra-Service Time	538.00	263.25	219.38
Median Immediate Post-service Time	40.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	235.00	175.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	148.00	125.00
Median Total Time	**618.00**	**819.25**	**682.38**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	14%	29%	43%	14%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	57%	43%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	14%	43%	43%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	71%	14%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	66%	33%	0%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	66%	33%	0%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	100%	0%
Physical effort required	33%	66%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	66%	33%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial

surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *41153 Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection* valued at 32.75 RVUs with an intra time of 263.25 and a total time of 819.25. 7 respondents selected this as their primary KRS.

The second KRS selected was CPT *31230 Maxillectomy; with orbital exenteration (en bloc)* valued at 30.05 RVUs with an intra time of 219.38 and a total time of 682.38. 3 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **28.29 and a total time of 618 minutes** based on **a crosswalk to code 21151 Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) and our survey respondents indicating an increase of 572 minutes (93% increase) for this code.**

We are requesting 40 minutes of pre time, 538 minutes of intra time (representing 6 face-to-face visits with the patient and 180 minutes of non-face-to-face lab time), and 40 minutes of post time in accordance with our survey median times, for a total of 618 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	090	27.63	60	15.0	20.0	110.18	40	618.18	0.0859

61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	090	27.73	100			275.93	34	648.93	0.059
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	090	27.87	60	20.0	15.0	175.5	45	610.5	0.0808
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	090	28.00	50	15.0	15.0	200	30	641	0.0645
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	090	28.24	120			204.75	30	572.75	0.0821
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	090	28.29	90			273	76	679	0.0513
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	090	28.32	75			175.5	30	610.5	0.0796
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	090	28.40	60	15.0	20.0	156	40	641	0.0835
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	090	28.42	40	15.0	20.0	234	30	661	0.0619
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	090	28.49	65	10.0	15.0	204.75	45	576.75	0.0838
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	090	28.60	80			292.5	30	672.5	0.054
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	090	28.61	120			234	30	622	0.0701
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	090	28.62	40	3.0	20.0	214.5	45	602.5	0.0756
69960	Decompression internal auditory canal	090	28.68	100			234	45	669	0.0618
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	090	29.05	70			175.5	35	642.5	0.0773

44141	Colectomy, partial; with skin level cecostomy or colostomy	090	29.16	45	20.0	15.0	156	45	668	0.0803
35533	Bypass graft, with vein; axillary-femoral-femoral	090	29.17	90			234	30	609	0.0737
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	090	29.20	70			234	30	598	0.0729
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	090	29.25	40	3.0	20.0	117	60	606	0.0979

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21082

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 618
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 494 Percentage 79.93 %

Specialty Dentists Frequency 75 Percentage 12.13 %

Specialty Maxillofacial surgery Frequency 43 Percentage 6.95 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 206
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 165 Percentage 80.09 %

Specialty Dentists Frequency 27 Percentage 13.10 %

Specialty maxillofacial surgery Frequency 14 Percentage 6.79 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21082

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21084 Tracking Number Original Specialty Recommended RVU: **25.00**
Presented Recommended RVU: **25.00**
Global Period: 090 Current Work RVU: **21.92** RUC Recommended RVU: **22.43**

CPT Descriptor: Impression and custom preparation; speech aid prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old male with a repaired cleft palate whose velopharyngeal is insufficient is referred for custom preparation of a speech bulb prosthesis.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to determine location of rest preps and clasps for prosthesis. MD/DMD reviews patient's restorative and periodontal assessment to begin the design process. MD/DMD reviews with speech and swallowing pathologist the patient's soft palate and pharyngeal walls' function. MD/DMD reviews the results of the modified barium swallow and views the video fluoroscopy and determines type of velopharyngeal closure pattern the patient exhibits. MD/DMD makes a call to the referring otolaryngologist. MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies . MD/DMD performs a clinical examination of oral cavity to evaluate tongue, palatal and velopharyngeal function concerning Passavant's Pad and the superior constrictor movement. A speech intelligibility test (patient have certain sentences to speak) is accomplished and recorded by MD/DMD. Articulation of speech with tongue, nasality of speech and tone of speech is evaluated by MD/DMD. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD evaluates swallowing function. The MD/DMD evaluates leakage of liquid during swallowing function with patient (via MBS). The MD/DMD cleans the defect and verifies cleanliness of defect. The MD/DMD reviews oral hygiene with the patient. The MD/DMD evaluates the scan of the maxillary and mandibular arches for accuracy along with the capture of the bite. The MD/DMD discusses the fabrication process with the patient.

NFTF between Visit 1 and 2: 47 minutes
The MD/DMD surveys the model to determine the path of placement and path of withdrawal. The MD/DMD reviews with laboratory technician prosthetic design of the major connector of the prosthesis. Indirect retention of the framework is discussed with the laboratory technician to reduce the effect of the cantilever of the framework. The MD/DMD designs the framework with input from the laboratory technician with respect to the soft palate retention, the rests, clasps, and major connector design. The custom tray design is reviewed with the laboratory technician. The MD/DMD evaluates the custom tray for accuracy. The MD/DMD reviews the recording of speech intelligibility and documentation of swallowing function.

Visit #2 FTF: 60 minutes

The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD explains to the patient the preparation process. The MD/DMD evaluates swallowing function. The MD/DMD places rest preps on the abutment teeth with a handpiece. The MD/DMD border molds the custom tray to capture the soft palate. It requires three moldings to capture the whole soft palate by the MD/DMD. The MD/DMD makes the final impression in the custom border molded custom tray with polyvinylsiloxane. While the impression material is setting, the MD/DMD assesses the patient's airway to verify that impression material did not go down the throat and the patient did not swallow or aspirate it. The MD/DMD captures the maxillomandibular relationship. This relationship is needed to know how the dentition comes together so the dentition does not hit the framework of the prosthesis. The MD/DMD reviews the final impression with laboratory technician and gives an order to box and pour the final impression. The MD/DMD evaluates the final impression under microscope and magnification to verify that there are no bubbles or voids.

NFTF between Visit 2 and 3: 47 minutes
The MD/DMD evaluates the master cast and model for accuracy. The MD/DMD surveys the master cast/model to determine the path of placement/removal for the prosthesis. Undercuts are identified for clasps and the guiding planes are evaluated for parallelism. Indirect retention is designed to prevent movement of the prosthesis due to the long cantilever arm of the prosthesis. The MD/DMD designs the framework on the master model/cast. The MD/DMD reviews the design with the laboratory technician. The MD/DMD draws the framework design on the master model/cast. The MD/DMD completes a work authorization for fabrication of the framework including metal selection. When the framework returns, the MD/DMD reviews it to examine the fit, the quality of metal finishing and the finish lines, and verification of seating of rests and engagement of the undercut with clasp. The MD/DMD gives order to lab technician to disinfect the framework and to have it ready for patient's visit.

Visit #3 FTF: 60 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD tries in the framework. The MD/DMD performs a physiologic relief of the framework. The MD/DMD evaluates the occlusion for verification that the dentition is not hitting the framework and that the framework is completely seated. The MD/DMD performs the initial molding of the velopharyngeal complex. This border molding is performed three times to capture the velopharyngeal complex. A Speech Intelligibility Test is done. The MD/DMD determines proposed changes to the bulb portion of the prosthesis. Additional palatal molding of the velopharyngeal complex is accomplished by the MD/DMD. The Speech Intelligibility Test is done again. Swallowing function is evaluated by the MD/DMD. Oral and Pharyngeal transit times are compared with and without prosthesis. Additions are added to the bulb portion so that there isn't any liquid/food coming out of the nose. The MD/DMD captures the bite or the relationship between the maxilla and mandible. Shade and mold are accomplished by the MD/DMD.

NFTF between Visit 3 and 4: 27 minutes
The MD/DMD reviews the altered cast with the laboratory technician with respect to boxing and pouring of the altered cast. The MD/DMD writes a work authorization to pour the altered cast which incorporates the soft palate. The MD/DMD inspects the boxing of the master cast/model with the altered cast. The MD/DMD evaluates the new master cast/model. The MD/DMD gives a work authorization to do final waxing of the soft palate portion. The wax up is evaluated by the MD/DMD and MD/DMD gives order to flask and convert the soft palate portion into methyl methacrylate. After processing, the MD/DMD evaluates the speech aid prosthesis. The prosthesis is evaluated for no porosity in the methyl methacrylate in the soft palate portion.

Visit #4 FTF: 50 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, and allergies with the patient. The MD/DMD tries in the prosthesis. The MD/DMD evaluates the prosthesis for support, stability and retention. The MD/DMD verifies complete seating of the prosthesis with the soft palate. The MD/DMD verifies that occlusion or bite to verify that the teeth are not hitting the framework. The MD/DMD evaluates the prosthesis for speech intelligibility first followed by evaluation for swallowing function as well. Additions are added to the soft palate portion so speech is not hypernasal, tonality of speech is correct and articulation is correct. The MD/DMD directs dental assistant to polish the prosthesis.

A final speech recording is accomplished. The MD/DMD performs a pickup impression so the partial edentulous span can be fitted for teeth. The MD/DMD picks out the shade and mold of the teeth. The MD/DMD captures a new maxillomandibular recording so the maxillary and mandibular models can be mounted by the laboratory technician.

NFTF between Visit 4 and 5: 45minutes
The MD/DMD reviews the mounting and determines the occlusal scheme. The MD/DMD gives an order to set the teeth in the partial edentulous span to the laboratory technician. The MD/DMD evaluates the set up prior to the patient visit. The MD/DMD gives order to the lab technician disinfect the prosthesis prior to the patient's visit.

Visit #5 FTF: 60 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD tries in the prosthesis, and the partial edentulous span is evaluated with respect to occlusion, phonetics, and esthetics. The MD/DMD evaluates speaking and swallowing function with the speech intelligibility test and having the patient drink and eat yogurt to verify that liquid/food is not coming out of the nose. The MD/DMD evaluates overall fit of the prosthesis with respect to support, stability, and retention. The MD/DMD discusses with the patient what to expect at the next visit. The MD/DMD answers all the patient's questions.

NFTF between Visit 5 and 6: 13 minutes
The MD/DMD writes an order for the laboratory technician to convert the wax up of the partial edentulous span into heat cured methyl methacrylate. After the conversion, the MD/DMD evaluates the final prosthesis. The MD/DMD gives order to the lab technician to disinfect the prosthesis prior to the patient's visit.

Visit #6 FTF: 50 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD delivers the prosthesis and verifies support, stability, and retention of the prosthesis. The MD/DMD verifies complete seating of the prosthesis. The occlusion is evaluated by the MD/DMD. Speech and swallowing functions are evaluated with the MD/DMD. Additions are made so speech is not hypernasal. Sore spots or pressure points are adjusted by MD/DMD. The MD/DMD verifies patient comfort and speech and swallowing function. The MD/DMD gives order for dental assistant to polish the prosthesis. A final speech recording is accomplished.

Description of Post-Service Work: The MD/DMD documents in the EMR. The MD/DMD consults with the speech and swallowing pathologist on the recordings and MBS (qualitative and quantitative results). The MD/DMD makes recommendations to the SLP about the need for reevaluation by MD/DMD and the patient's speech therapy plan of care is finalized. The MD/DMD calls the patient multiple times to see how the patient is doing with the prosthesis. The MD/DMD verifies appropriate storage of models and patient materials with the dental assistant. The MD/DMD verifies appropriate documentation of dental materials used for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21084					
Sample Size:	232	**Resp N:**	36			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**3.00**	5.00	24.00	
Survey RVW:	1.00	11.89	**25.00**	28.20	55.84	
Pre-Service Evaluation Time:			**40.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**518.00**			
Immediate Post Service-Time:	**36.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21084	**Recommended Physician Work RVU: 22.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**0.00**	**40.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**518.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**36.00**	**0.00**	**36.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42120	090	11.56	**RUC Time**

CPT Descriptor Resection of palate or extensive resection of lesion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42892	090	25.38	**RUC Time**

CPT Descriptor Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32669	090	22.94	**RUC Time**	2,975

CPT Descriptor 1 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.13	**RUC Time**	34,799

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
31225	090	26.03	**RUC Time**

CPT Descriptor Maxillectomy; without orbital exenteration

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 21.8 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 21084	Top Key Reference CPT Code: 42120	2nd Key Reference CPT Code: **42892**
Median Pre-Service Time	40.00	60.00	80.00
Median Intra-Service Time	518.00	78.00	165.75
Median Immediate Post-service Time	36.00	30.00	35.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	195.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	78.00	125.00
Median Total Time	**594.00**	**304.00**	**638.75**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	14%	71%	0%	14%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	57%	14%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	86%	14%
Physical effort required	0%	86%	14%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	71%	14%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	50%	17%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	33%	50%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	17%	33%	50%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	17%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in

fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
  - Any final patient communication or phone calls.
  - Any final documentation, reports, or summaries required.
  - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *42120 Resection of palate or extensive resection of lesion* valued at 11.56 RVUs with an intra time of 78 and a total time of 304. 7 respondents selected this as their primary KRS.

The second KRS selected was CPT *42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls* valued at 25.36 RVUs with an intra time of 165.75 and a total time of 638.75. 6 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **25.00 and a total time of 594 minutes** based on **our survey's median value and our survey respondents indicating an increase of 110 minutes (19% increase) for this code.**

We are requesting 40 minutes of pre time, 518 minutes of intra time (representing 6 face-to-face visits with the patient and 178 minutes of non-face-to-face lab time), and 36 minutes of post time in accordance with our survey median times, for a total of 594 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	090	24.99	84			87.75	30	660.75	0.0314
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	090	25.05	60			117	30	552	0.0729
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	090	25.11	60	20.0	15.0	175.5	45	528.5	0.0822
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	090	25.14	60			248.63	30	505.63	0.067
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	090	25.16	40	20.0	20.0	234	30	689	0.0362
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	090	25.17	90			151.13	30	589.13	0.0602
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	090	25.18	90			175.5	45	549	0.0657
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	090	25.25	75			175.5	45	665.5	0.0523
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	090	25.27	75			117	25	472	0.1179
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	090	25.31	90			234	73	617	0.0507
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	090	25.34	120			165.75	30	578.75	0.0739
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	090	25.38	45	15.0	20.0	165.75	35	638.75	0.0595
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	090	25.42	60	15.0	20.0	146.25	35	694.25	0.0508
35563	Bypass graft, with vein; ilioiliac	090	25.47	75			175.5	25	530.5	0.0797
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	090	25.52	60	15.0	20.0	159.9	40	566.9	0.0821
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	090	25.52	75			158.44	45	648.44	0.0596

35587	In-situ vein bypass; popliteal-tibial, peroneal	090	25.55	93			175.5	30	518.5	0.0836
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	090	25.57	83			219.38	40	532.38	0.0701
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	090	25.62	90			146.25	30	479.25	0.1054
35654	Bypass graft, with other than vein; axillary-femoral-femoral	090	25.62	90			175.5	30	508.5	0.0879
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	090	25.68	92.5			234	45	495.5	0.0763
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	090	25.72	90			126.75	30	632.75	0.0723
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	090	25.74	105			146.25	40	524.25	0.0972
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	090	25.84	120			292.5	34	653.5	0.0492
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	090	25.85	45	35.0	10.0	146.25	30	466.25	0.1098
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	090	25.86	75			146.25	30	504.25	0.099
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	090	25.86	70			146.25	30	499.25	0.0998
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	090	25.86	110	20.0	20.0	146.25	35	503.25	0.1086

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21084

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 93
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 38 Percentage 40.86 %

Specialty Dentists Frequency 36 Percentage 38.70 %

Specialty Maxillofacial surgery Frequency 15 Percentage 16.12 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 13 Percentage 41.93 %

Specialty Dentists Frequency 12 Percentage 38.70 %

Specialty maxillofacial surgery Frequency 5 Percentage 16.12 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21084

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21083 Tracking Number Original Specialty Recommended RVU: **22.77**
Presented Recommended RVU: **22.77**
Global Period: 090 Current Work RVU: **18.79** RUC Recommended RVU: **20.01**

CPT Descriptor: Impression and custom preparation; palatal lift prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 80-year-old male is referred for custom preparation of a palatal lift prosthesis after a stroke.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to determine location of rest preps and clasps for prosthesis. MD/DMD reviews patient's restorative and periodontal assessment to begin the design process. MD/DMD reviews the patient's soft palate and pharyngeal walls' function and reviews results of Modified Barium Swallow (MBS) and views the video fluoroscopy and assesses the patient's nasopharyngeal reflux and pharyngeal residue. The MD/DMD reviews the neurologist's notes. MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. Clinical examination of oral cavity to evaluate tongue and soft palate function is performed. Oral motor tests are performed to determine if there are any tongue deficits. Speech intelligibility test (patient has certain sentences to speak) is accomplished and recorded. Physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. Soft palate is lifted with instrument to determine if patient has a gag response and to determine amount of movement for the lift. The scan of the maxillary and mandibular arches is evaluated for accuracy along with the capture of the bite. The MD/DMD discusses the fabrication process with the patient.

NFTF between Visit 1 and 2: 45 minutes
The MD/DMD evaluates the accuracy of models/casts. If acceptable, the MD/DMD will review the preliminary design of prosthesis. The MD/DMD will survey the model to determine path of placement and path of withdrawal. The MD/DMD reviews with laboratory technician the prosthetic design of the major connector of the prosthesis. The MD/DMD designs the framework with respect to the lift, the rests, clasps, and major connector design. The custom tray design is reviewed with laboratory technician. The MD/DMD evaluates the custom tray for accuracy and instructs laboratory technician to disinfect the tray. The MD/DMD reviews the recording of speech intelligibility.

Visit #2 FTF: 60 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD explains the preparation process to the patient. The MD/DMD evaluates swallowing function as these patients are at risk of choking depending upon swallowing ability. The MD/DMD places rest preps on the abutment teeth with a handpiece. The MD/DMD border molds the custom tray to capture the soft palate. It requires three moldings to capture the whole soft palate by the MD/DMD. The MD/DMD makes the final impression in the custom

border molded custom tray with polyvinylsiloxane. While the impression material is setting, the MD/DMD assesses the patient's airway to verify that impression material did not go down the throat, and the patient did not swallow or aspirate it. The MD/DMD captures the maxillomandibular relationship. This recording is needed to know how the dentition comes together. The MD/DMD reviews the final impression with laboratory technician and gives an order to box and pour the final impression. The MD/DMD evaluates the final impression under microscope and magnification to verify that there are no bubbles or voids.

NFTF between Visit 2 and 3: 45 minutes
The MD/DMD evaluates the master cast and model for accuracy. The MD/DMD surveys the master cast/model to determine the path of placement/removal for the prosthesis. Undercuts are identified for clasps and the guiding planes are evaluated for parallelism. The MD/DMD designs the framework on the master model/cast. The MD/DMD reviews the design with the laboratory technician. The MD/DMD draws the framework design on the master model/cast. The MD/DMD completes a work authorization for fabrication of the framework including metal selection. When the framework returns, the MD/DMD reviews it with the laboratory technician to examine the fit, the quality of metal finishing and the finish lines, and verification of seating of rest and engagement of undercut with clasp.

Visit #3 FTF: 60 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient. The MD/DMD tries in the framework. The MD/DMD performs a physiologic relief of the framework. The MD/DMD evaluates the occlusion for verification that the dentition is not hitting the framework and that the framework is completely seated. The MD/DMD performs the initial molding of the lift portion. A speech intelligibility test (patients have certain sentences to speak) is recorded by MD/DMD. The MD/DMD considers changes to the lift based on the results of the Speech Intelligibility Test. Additional palatal molding of the lift portion is accomplished by the MD/DMD. The Speech Intelligibility Test is done again with the patient. Swallowing function is also evaluated by the MD/DMD.

NFTF between Visit 3 and 4: 30 minutes
The MD/DMD reviews the altered cast with the laboratory technician with respect to boxing and pouring of the altered cast. The MD/DMD writes a work authorization for the laboratory technician to pour the altered cast which incorporates the lift. The MD/DMD inspects the boxing of the master cast/model with the altered cast. The MD/DMD evaluates the new master cast/model with the laboratory technician. The MD/DMD gives an order to do final waxing of the lift portion. The wax up is evaluated by the MD/DMD and the MD/DMD gives the order to flask and convert the lift portion into methyl methacrylate. The palatal lift prosthesis is evaluated with the laboratory technician. The prosthesis is evaluated for no porosity in the methyl methacrylate in the lift portion.

Visit #4 FTF: 60 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies are reviewed and verifies any changes with the patient. The MD/DMD tries in the prosthesis. The MD/DMD evaluates the prosthesis for support, stability and retention. The MD/DMD verifies complete seating of the prosthesis with the lift. The MD/DMD verifies that occlusion or bite to verify that the teeth are not hitting the framework. The MD/DMD evaluates the prosthesis for speech intelligibility first. The MD/DMD evaluates for swallowing function as well. The MD/DMD makes appropriate adjustments. Speech intelligibility is evaluated again. Additions/deletions/adjustments are made by the MD/DMD to improve the fit of the prosthesis. The MD/DMD instructs the dental assistant to polish the prosthesis. A final speech recording is conducted.

NFTF between Visit 4 and 5: 15 minutes
The MD/DMD reviews the effectiveness of the lift with the laboratory technician.
The MD/DMD calls the patient after the appointment to determine how the patient is doing with the prosthesis. The MD/DMD reviews with the speech and language pathologist the patient status with prosthesis and reviews the sounds which are acceptable and which sounds need improvement. The MD/DMD review recordings to determine if any adjustments/deletions/ additions to the prosthesis are needed at next visit.

Visit #5 FTF: 54 minutes
The MD/DMD reviews the dental assistant's assessment of medical history, medications, allergies and verifies any changes with the patient The MD/DMD discusses how the patient did with the prosthesis at home. Sore spots or pressure spots are adjusted by the MD/DMD. This is done three times with the patient. The MD/DMD verifies the speech intelligibility test.

Additions/deletions/adjustments are made to the prosthesis by the MD/DMD. The MD/DMD instructs the dental assistant to polish the prosthesis. The MD/DMD adjusts the prosthesis to improve speech intelligibility.

Description of Post-Service Work: The MD/DMD documents in the EMR. The MD/DMD calls the neurologist to inform the neurologist that the prosthesis has been delivered. The MD/DMD reviews the recordings of the speech intelligibility test with the speech and swallowing pathologist. The MD/DMD makes recommendations to the SLP about the need for reevaluation by MD/DMD and the patient's speech therapy plan of care is finalized. The MD/DMD calls the patient multiple times to see how the patient is doing with the prosthesis. The MD/DMD verifies appropriate storage of models and patient materials and documentation of dental materials used for the patient with the dental assistant.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21083					
Sample Size:	232	**Resp N:**	37			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	4.00	15.00	
Survey RVW:	1.00	14.00	**22.70**	28.56	55.84	
Pre-Service Evaluation Time:			**39.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**429.00**			
Immediate Post Service-Time:	**47.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21083	**Recommended Physician Work RVU: 20.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**39.00**	**0.00**	**39.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**429.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**47.00**	**0.00**	**47.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42120	090	11.56	**RUC Time**

CPT Descriptor Resection of palate or extensive resection of lesion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31230	090	30.05	**RUC Time**

CPT Descriptor Maxillectomy; with orbital exenteration (en bloc)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32669	090	22.94	**RUC Time**	2,975

CPT Descriptor 1 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.13	**RUC Time**	34,799

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
69155	090	22.77	**RUC Time**

CPT Descriptor Radical excision external auditory canal lesion; with neck dissection

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 13.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 10.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 21083	Top Key Reference CPT Code: 42120	2nd Key Reference CPT Code: **31230**
Median Pre-Service Time	39.00	60.00	95.00
Median Intra-Service Time	429.00	78.00	219.38
Median Immediate Post-service Time	47.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	175.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	78.00	125.00
Median Total Time	**515.00**	**304.00**	**682.38**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	80%	20%	0%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	80%	0%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	0%	100%	0%
Physical effort required	20%	80%	0%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	50%	50%	0%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	75%	0%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	100%	0%
Physical effort required	25%	75%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	75%	25%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.

- Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *42120 Resection of palate or extensive resection of lesion* valued at 11.56 RVUs with an intra time of 78 and a total time of 304. 5 respondents selected this as their primary KRS.

The second KRS selected was CPT *31230 Maxillectomy; with orbital exenteration (en bloc)* valued at 30.05 RVUs with an intra time of 219.38 and a total time of 682.38. 4 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **22.77 and a total time of 515 minutes** based on **our survey's median value and our survey respondents indicating an increase of 80 minutes (16% increase) for this code.**

We are requesting 39 minutes of pre time, 429 minutes of intra time (representing 5 face-to-face visits with the patient and 135 minutes of non-face-to-face lab time), and 47 minutes of post time in accordance with our survey median times, for a total of 515 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
35558	Bypass graft, with vein; femoral-femoral	090	22.55	70			175.5	25	525.5	0.0637
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	090	22.57	90			234	92	566	0.0556
35522	Bypass graft, with vein; axillary-brachial	090	22.57	65	10.0	28.0	175.5	30	492.5	0.0754
27646	Radical resection of tumor; fibula	090	22.63	40	20.0	20.0	175.5	40	535.5	0.0655

35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	090	22.65	90			129.68	30	429.68	0.103
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	090	22.65	85			175.5	45	485.5	0.0748
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	090	22.68	90			204.75	30	531.75	0.0587
61557	Craniotomy for craniosynostosis; bifrontal bone flap	090	22.73	110			195	33	505	0.067
19361	Breast reconstruction; with latissimus dorsi flap	090	22.78	35	20.0	15.0	234	30	546	0.0563
58285	Vaginal hysterectomy, radical (Schauta type operation)	090	22.80	87.5			199.88	30	494.38	0.0695
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	090	22.81	75			195	30	500	0.0671
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	090	22.85	60			165.75	30	559.75	0.0575
24150	Radical resection of tumor, shaft or distal humerus	090	22.87	40	12.0	20.0	175.5	30	497.5	0.0727
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	090	22.89	60			204.75	30	527.75	0.0603
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	090	22.94	80			175.5	25	520.5	0.0536
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	090	22.94	60	20.0	15.0	146.25	30	478.25	0.0863
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	090	22.94	40	15.0	20.0	146.25	30	498.25	0.082
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	090	22.96	40	12.0	20.0	170.63	20	465.63	0.0797
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	090	22.98	90			204.75	30	531.75	0.0601
44316	Continent ileostomy (Kock procedure) (separate procedure)	090	23.00	75			146.25	30	586.25	0.0581

35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	090	23.07	90			146.25	30	486.25	0.0838
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	090	23.11	75			175.5	30	487.5	0.0728
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	090	23.20	58			117	45	472	0.1014
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	090	23.22	60			234	30	500	0.0628

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21083

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 90
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 63 Percentage 70.00 %

Specialty Dentists Frequency 12 Percentage 13.33 %

Specialty Maxillofacial surgery Frequency 6 Percentage 6.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 22 Percentage 73.33 %

Specialty Dentists Frequency 4 Percentage 13.33 %

Specialty maxillofacial surgery Frequency 2 Percentage 6.66 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21083

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21081 Tracking Number Original Specialty Recommended RVU: **29.11**
Presented Recommended RVU: **27.73**
Global Period: 090 Current Work RVU: **22.28** RUC Recommended RVU: **25.42**

CPT Descriptor: Impression and custom preparation; mandibular resection prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male is referred for custom preparation of a mandibular resection prosthesis, following resection of a mandibular squamous cell carcinoma.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review existing work profile from the head and neck surgeon to determine if mandibular continuity will be maintained and confirm that residual anatomy permits there to be either native or sufficient bone for support or placement of dental implants. Review the head and neck assessment of the blood supply of fibula to verify that it can be used for reconstruction. MD/DMD reviews imaging to assess bone quantity and quality to reviews types of implants placed and size of attachments. MD/DMD reviews information from the Speech Language Pathologist (SLP) to determine status of speech and swallowing (velopharyngeal complex) and tongue involvement (sensory and motor).

MD/DMD develops a preliminary prosthetic design.
The MD/DMD is on the Virtual Surgical Planning with the resection surgeon and the reconstructive surgeon. Based on the osteotomy cuts for the fibula determined by the resection surgeon, the MD/DMD decides on number, type, and size of implants. The occlusal scheme is evaluated and projection of implants is evaluated. MD/DMD discusses key anatomic landmarks with both resection surgeon and reconstructive surgeon. MD/DMD instructs engineer to make measurements from osteotomy site to implants and between implants. The MD/DMD makes preliminary prosthetic design on whether it is fixed/removable prosthesis. MD/DMD consults with resection and reconstructive surgeon on placement of screws for guide in relation to implant placement.

Description of Intra-Service Work:
Visit #1: 60 minutes Virtual Surgical Planning (VSP)
The MD/DMD reviews the results of the virtual surgical plan with the patient present. The MD/DMD reviews the preliminary prosthetic design on whether it is fixed/removable prosthesis. The MD/DMD shows them models of the different type of prosthesis and reviews the advantages/disadvantages of each. The MD/DMD reviews the maintenance of the prosthesis. The MD/DMD shows them the planned location of the implants and potential complications that could occur in surgery. All of the patient's and the patient's family questions are answered. The MD/DMD reviews the time frame of the fabrication process. The MD/DMD reviews the difference in chewing efficiency with the patient and the patient's family.

NFTF between Visit 1 and 2: 57 minutes
The MD/DMD discusses plan with the lab technician and makes his notes for the plan in the EMR. The MD/DMD instructs lab technician on type and size of implants to verify appropriate implant parts needed for laboratory side to

fabricate the prosthesis are ordered. They also coordinate regarding the implant components to order for the chairside procedure. The MD/DMD reviews the OR notes to verify which implants were used.

Visit #2 FTF: 60 Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD does physical assessment of tongue and floor of mouth movement and sensory involvement. The MD/DMD discusses the fabrication process with the patient. The MD/DMD shows them an example of a resection prosthesis and answers all of the patient's questions. Imaging of implants is reviewed with patient and family. The MD/DMD discusses with patient realistic expectations about diet and foods that they can expect to eat. The MD/DMD discusses fork and knife eating, bolus (food) size when eating, and need for additional gravies, sauces if the patient is xerostomic with radiation therapy. The MD/DMD places pickup impression posts on implants. The MD/DMD orders the dental assistant to make radiograph to verify that implants are completely seated. The implants are joined together for stability with GC resin. The MD/DMD directs dental assistant to mix the impression material and a final impression is made with a polyvinylsiloxane impression material. The MD/DMD removes the impression and places the temporary abutments back onto the implants.

NFTF between Visit 2 and 3: 53 minutes
The MD/DMD views the final impression under magnification. The DMD/MD inspects the 3D printed maxillary model. The MD/DMD screws in the laboratory analogues. The MD/DMD directs the lab technician to pour the final impression in dental stone. The MD/DMD inspects the master model/cast. The MD/DMD gives order for lab technician to fabricate the GC resin framework which serves as a verification jig to verify that the model/cast is accurate so the prosthesis will be passive.

Visit #3 FTF: 60 minutes GC resin framework
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of oral cavity to evaluate tongue function, healing, and to verify no recurrence of tumor. The MD/DMD removes the temporary abutments and places the GC resin framework and places one screw into the implant. Radiographs are made to verify that the other implants are seated. The screw is moved to another implant and radiographs are made to verify that the framework is passive. After it is verified radiographically that it is passive, the MD/DMD removes the framework and places the abutment screws back onto the implants. The MD/DMD directs the dental assistant to disinfect the GC resin framework/jig and take it to the laboratory.

NFTF between Visit 3 and 4: 45 minutes
The MD/DMD discusses the passivity of the GC resin framework/jig with lab technician and directs the lab technician to make a fixed retained record base with an occlusal rim. The MD/DMD will inspect it at various steps to verify that the record base is passive and does not have any movement in it. This is critical for a passive prosthesis. The MD/DMD checks every step of the process. After it is completed, the MD/DMD gives lab technician approval to disinfect it so it will be ready for patient's visit.

Visit #4 FTF: 60 minutes Jaw Relationship Record
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of oral cavity to evaluate tongue function, healing, and to verify no recurrence of tumor. The MD/DMD removes the temporary abutments and places the record base and adjusts the occlusal rim to be at the proper vertical dimension of occlusion. This takes three tries to get it at the proper vertical dimension of occlusion and parallel to the maxillary occlusal plane. After it is at the proper vertical dimension of occlusion, centric relation or the bite is captured. The MD/DMD removes the fixed record base and places the healing abutments back onto the fixtures. The MD/DMD discusses tooth mold and shade with patient. The MD/DMD reviews pictures and discusses realistic expectations. The MD/DMD gives dental assistant an order to disinfect prosthesis and take it to laboratory.

NFTF between Visit 4 and 5: 30 minutes
The MD/DMD gives order to lab technician to mount the models. The MD/DMD evaluates the models and gives order to lab technician to set up teeth according to occlusal scheme MD/DMD deems most appropriate. The MD/DMD evaluate mockup (wax up) and recommends changes. After MD/DMD approves mockup, MD/DMD directs lab technician to disinfect prosthesis.

Visit #5 FTF: 60 minutes Esthetic tryin

MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of oral cavity to evaluate tongue function, healing, and to verify no recurrence of tumor. The MD/DMD removes the temporary abutments and places the mockup on the implants. The vertical dimension of occlusion, phonetics, and centric relation (bite) are verified. This procedure requires the MD/DMD to make certain adjustments. The MD/DMD evaluates speech and swallowing functions with the mockup in place. The MD/DMD reviews pictures taken by dental assistant of mockup in mouth and discusses realistic expectations with the patient. The MD/DMD removes mockup and places the healing abutments back onto the implants. The MD/DMD gives dental assistant an order to disinfect prosthesis and take it to laboratory.

NFTF between Visit 5 and 6: 20 minutes
The MD/DMD reviews the mockup (wax up)with the lab technician and gives the order to complete. The MD/DMD does review final waxing and festooning and the virtual plan of the resection prosthesis. After completion, the MD/DMD evaluates completed prosthesis and gives approval for the lab technician to disinfect the prosthesis.

Visit #6 FTF: 45 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of oral cavity to evaluate tongue function, healing, and to verify no recurrence of tumor. The MD/DMD removes the temporary abutments and places the definitive prosthesis on the implants. The vertical dimension of occlusion, phonetics, and centric relation (bite) are verified. This procedure requires the MD/DMD to adjust occlusion if there is an interference. The MD/DMD verifies that there is adequate space underneath the prosthesis for oral hygiene. The MD/DMD evaluate speech and swallowing function. After MD/DMD decides that prosthesis is acceptable, the MD/DMD torques the implant to appropriate newtons depending upon implant type. The MD/DMD with assistance from the DA, fills the access hold with Teflon tape and restorative material. The MD/DMD directs DA to make final photographs. The MD/DMD reviews initial patient expectation and directs DA to review home care instructions.

NFTF between Visit 6 and 7: 10 minutes
MD/DMD verifies appropriate storage of patient materials with lab technician and documentation of implant size and shape used for patient. The MD/DMD reviews the virtual plan to determine its accuracy in the final surgical plan and reviews with lab technician.

Visit #7 FTF: 30 minutes Adjustment
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs a clinical examination of the oral cavity to evaluate tongue function, healing, and to verify no recurrence of tumor. The MD/DMD discusses with patient their concerns concerning prosthesis. MD/DMD discusses speaking, swallowing, and eating functions with the patient. MD/DMD evaluates oral hygiene to verify that the patient is keeping the prosthesis clean. The MD/DMD reviews occlusion in centric relation, protrusive and lateral movements.

Description of Post-Service Work: The MD/DMD calls the head and neck surgeon and SLP that the prosthesis has been delivered. The MD/DMD discusses the recordings of the speech intelligibility test with the SLP. The MD/DMD makes recommendations to the SLP about the need for reevaluation by MD/DMD and the patient's speech therapy plan of care is finalized. The MD/DMD calls the patient multiple times to see how the patient is doing with the prosthesis. The MD/DMD verifies appropriate storage of models and patient materials with the dental assistant and documentation of dental materials used for patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21081					
Sample Size:	232	**Resp N:**	37			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	15.00	50.00	
Survey RVW:	1.00	13.00	**23.35**	29.11	60.67	
Pre-Service Evaluation Time:			**42.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**590.00**			
Immediate Post Service-Time:	**45.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21081	**Recommended Physician Work RVU: 25.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**42.00**	**0.00**	**42.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**590.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**0.00**	**45.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21047	090	19.57	**RUC Time**

CPT Descriptor Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
38724	090	23.35	**RUC Time**

CPT Descriptor Cervical lymphadenectomy (modified radical neck dissection)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.13	**RUC Time**	34,799

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
41150	090	29.11	**RUC Time**

CPT Descriptor Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 21.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 21081	Top Key Reference CPT Code: 21047	2nd Key Reference CPT Code: **38724**
Median Pre-Service Time	42.00	90.00	75.00
Median Intra-Service Time	590.00	234.00	175.50
Median Immediate Post-service Time	45.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	80.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	117.00	109.00
Median Total Time	**677.00**	**559.00**	**507.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	13%	25%	50%	13%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	50%	38%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	12%	25%	63%
Physical effort required	12%	50%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	100%	0%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	40%	60%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])* valued at 19.57 RVUs with an intra time of 234 and a total time of 559. 8 respondents selected this as their primary KRS.

The second KRS selected was CPT *38724 Cervical lymphadenectomy (modified radical neck dissection)* valued at 23.35 RVUs with an intra time of 175.50 and a total time of 507.5. 5 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **29.39 and a total time of 677 minutes** based on **a crosswalk to code 41135 Glossectomy; partial, with unilateral radical neck dissection and our survey respondents indicating an increase of 184 minutes (27% increase) for this code.**

We are requesting 42 minutes of pre time, 590 minutes of intra time (representing 7 face-to-face visits with the patient and 215 minutes of non-face-to-face lab time), and 45 minutes of post time in accordance with our survey median times, for a total of 677 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT

						Time				
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	090	29.05	70			175.5	35	642.5	0.0773
44141	Colectomy, partial; with skin level cecostomy or colostomy	090	29.16	45	20.0	15.0	156	45	668	0.0803
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	090	29.16	45	20.0	15.0	160.88	45	672.88	0.0779
37619	Ligation of inferior vena cava	090	29.25	40	3.0	15.0	146.25	60	679.25	0.0535
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	090	29.34	75			234	35	624	0.071
41135	Glossectomy; partial, with unilateral radical neck dissection	090	29.39	60	15.0	20.0	204.75	30	690.75	0.0656
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	090	29.42	60	15.0	15.0	146.25	30	685.25	0.0794
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	090	29.43	30	15.0	15.0	175.5	30	633.5	0.0824
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	29.52	90			234	40	611	0.0731
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	090	29.52	60			214.5	30	727.5	0.0468
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	090	29.54	30			292.5	40	636.5	0.0613
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	090	29.55	120			234	30	622	0.0741
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	29.99	80			175.5	30	673.5	0.0775
31230	Maxillectomy; with orbital exenteration (en bloc)	090	30.05	60	15.0	20.0	219.38	30	682.38	0.0687
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	090	30.06	105			195	40	630	0.0812
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	090	30.14	75			234	45	621	0.0745

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21081

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1,014
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 679 Percentage 66.96 %

Specialty Dentists Frequency 183 Percentage 18.04 %

Specialty Maxillofacial surgery Frequency 132 Percentage 13.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 338
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 226 Percentage 66.86 %

Specialty Dentists Frequency 61 Percentage 18.04 %

Specialty maxillofacial surgery Frequency 44 Percentage 13.01 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21081

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21080 Tracking Number Original Specialty Recommended RVU: **29.79**
Presented Recommended RVU: **27.73**
Global Period: 090 Current Work RVU: **24.43** RUC Recommended RVU: **25.42**

CPT Descriptor: Impression and custom preparation; definitive obturator prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male is referred for custom preparation of fabrication of a definitive obturator, following resection of a benign maxillary tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews imaging to assess bone quantity and quality to assess types of implants to be placed and the size of any attachments. MD/DMD reviews Speech Language Pathologist's assessment to determine speech and swallowing function. MD/DMD connects with head and neck surgeon, radiation oncologist, and oncologist about status of disease process. Reviews imaging from the head and neck surgeon or nurse practitioner. MD/DMD reviews radiation oncologist's summary report to determine sites that received greater than 60 Gy. The MD/DMD reviews the OR report to identify key anatomical landmarks that were removed that affect the prosthetic design. MD/DMD develops a preliminary prosthetic design.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes Preliminary Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. MD/DMD lifts soft palate with instrument to determine if patient has a gag response. The MD/DMD evaluates oral function of tongue with respect to motor and sensory involvement. The MD/DMD discusses the fabrication process with the patient. The MD/DMD shows an example of the definitive obturator and answers all the patient's questions. Imaging of implants is reviewed with patient and family. The MD/DMD discusses with patient and family realistic expectations about diet and foods that patient can expect to eat. The MD/DMD discusses fork and knife eating, bolus (food) size when eating, and need of additional gravies, sauces if the patient is xerostomic with radiation therapy. The MD/DMD places impression posts on locator abutments and a preliminary impression is made of the maxillary arch by the MD/DMD.

NFTF between Visit 1 and 2: 45 minutes
The MD/DMD puts on the laboratory analogues for the implants impression posts and the MD/DMD gives an order for the laboratory technician to pour the preliminary impression. The MD/DMD evaluates the preliminary model for accuracy with the laboratory technician and gives the order for custom tray fabrication. The MD/DMD evaluates the implant type and size in EMR. The MD/DMD confirms with lab technician that appropriate documentation and regulatory material for implant documentation in EMR has been completed. The MD/DMD evaluates the custom tray with laboratory technician. The MD/DMD gives order to laboratory technician to disinfect the custom tray.

Visit #2 FTF: 60 minutes Final Impression
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD evaluates oral function of tongue with respect to motor and sensory involvement. The MD/DMD discusses the fabrication process with the patient. The MD/DMD places the custom tray in the patient's mouth and evaluates for accuracy and borders. The defect area is custom border molded by the MD/DMD. The custom border molding is done several times by the MD/DMD since the defect is so large and there is only so much impression compound that can be added at one time. All of the custom border molding is done by the MD/DMD. The MD/DMD evaluates the border molding for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is captured. After the MD/DMD verifies accurate capture of the defect, the MD/DMD places a tissue (korrectal) wax which adapts to the patient's soft tissues to capture the defect. This is done multiple times due to size of defect. Then, the MD/DMD places impression posts on locator abutments and a final impression is made of the maxillary arch of the alveolar arch with the implants. Tissue wax is used to capture the defect and polyvinylsiloxane is used to capture the alveolar arch/implant portion. The MD/DMD verifies airway is clear and the sinus cavity is clear. The MD/DMD reviews the final impression with the dental assistant and gives order to disinfect final impression and to take it to the laboratory.

NFTF between Visit 2 and 3: 48 minutes

The MD/DMD evaluates the final impression under magnification. The MD/DMD places the laboratory analogues into the implants. The MD/DMD gives the order to lab technician to box and pour the final impression. The MD/DMD evaluates master cast/model with laboratory technician and gives order to duplicate master cast/model and to do wax up for the heat processed record base. After evaluating the wax record base, the MD/DMD gives order to convert the wax pattern into a heat cured methyl methacrylate. The MD/DMD evaluates the heat processed record base on the duplicated master cast/model and evaluates engagement of the implants and a passive fit. The MD/DMD evaluates the passivity of the heat processed record base, since this is the foundation for the definitive prosthesis. The MD/DMD verifies the heat processed record base is passive. The MD/DMD gives order to laboratory technician to disinfect heat processed record base.

Visit #3 FTF: 60 minutes Heat Processed Record base Tryin
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD evaluates oral function of tongue with respect to motor and sensory involvement. Trismus is evaluated and the MD/DMD makes assessment if border molding superiorly can be obtained and how much engagement can be achieved. The MD/DMD massages the scar band for release to allow the patient to open more. The MD/DMD cleans the defect. The MD/DMD seats the record base in the patient's mouth. The record base is inspected for a passive fit to the implants and the record base has adequate support, stability, and retention. During processing, the undercut areas of the record base can be filled with methyl methacrylate which interferes with seating of the prosthesis. This has to be adjusted to seat the record base. The MD/DMD verifies that all implants are engaged. The housing in the record base is removed and added individually to verify complete seating of the record base. After the MD/DMD approves the record base for adequate fit, the MD/DMD has the patient go through speaking and swallowing functions. The MD/DMD has the patient eat yogurt. After the patient eats yogurt, the MD/DMD removes the prosthesis to determine if any yogurt is on the record base. Typically, there is yogurt on the record base and the MD/DMD adds additional impression material or tissue conditioning material to the record base to capture the deficiency. The MD/DMD evaluates the patient's speaking and swallowing function. The patient drinks water and yogurt to determine if there is a leak. The nasal cavity is inspected through the alas of the nose and through the sinus cavity to verify that there is not any yogurt in the cavities. The MD/DMD has the patient perform the speech intelligibility test for speaking and MD/DMD records it. The MD/DMD makes the patient perform protrusive, lateral movements to verify that the coronoid process of the mandible does not unseat the prosthesis and that the record base has support, stability, and retention. After testing, the MD/DMD discusses realistic expectations with the patient on speaking and swallowing function.

NFTF between Visit 3 and 4: 60 minutes

The MD/DMD evaluates the heat processed record base with the laboratory technician. If there are additions, the MD/DMD instructs the lab tech how to convert the addition into methyl methacrylate. The MD/DMD shows the lab tech the area that caused the interference and what to do when the obturator is converted with teeth into methyl methacrylate. The MD/DMD calls the SLP and discusses if an appointment with the SLP is necessary for the patient to be scoped. The MD/DMD reviews the patient's speech recordings with the SLP and swallowing function. The MD/DMD discusses if trismus is causing the patient not to have complete engagement of the defect portion. The MD/DMD gives order for the laboratory technician to make any changes to the record base as dictated by the prior patient visit. The MD/DMD gives order to laboratory technician to place an occlusal rim on record base and to disinfect the prosthesis for the next patient's visit.

Visit #4 FTF: 60 minutes Jaw Relationship Record
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD evaluate motor and sensory innervation of the tongue and measures mouth opening. The MD/DMD cleans the defect. The MD/DMD verifies that there is not a recurrence of the tumor. The obturator is placed and the occlusal rim is evaluated by MD/DMD to evaluate parallelism to the interpupillary line and the ala-tragus line. Additions/subtractions are made to occlusal rim by MD/DMD to obtain parallelism to the interpupillary line and ala-tragus line. The MD/DMD evaluates the occlusal plane, vertical dimension of occlusion, phonetics, and centric relation (bite). After adjustments, the MD/DMD captures centric relation or the bite with vanilla recording medium. The MD/DMD discusses tooth selection/mold selection with the patient and a decision is made. The MD/DMD reviews pictures of the patient when she had teeth and the shape and color of the teeth. Education is given on realistic expectations of tooth color and resulting appearance. Education is also given on realistic expectation of eating.

NFTF between Visit 4 and 5: 30 minutes
The MD/DMD gives order to lab technician to mount and set the teeth with the appropriate occlusal scheme. The MD/DMD reviews the mounting and selection of teeth and occlusal scheme. The MD/DMD evaluates the mounting, occlusal scheme. The MD/DMD evaluates mounting on articulator in lateral movements, and protrusive movements. The MD/DMD gives final approval for the lab technician to disinfect the prosthesis.

Visit #5 FTF: 60 minutes Esthetic Tryin
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. Oral tongue function is assessed and trismus as well. MD/DMD massages the scar band with coconut oil. The MD/DMD cleans the defect. The MD/DMD verifies that there is not a recurrence of the tumor. The obturator prosthesis is placed and MD/DMD evaluates support, stability, and retention. The MD/DMD directs the patient in speech intelligibility test. The MD/DMD evaluates the bite and occlusal scheme. The MD/DMD shows it to patient and informs them that this is the final time any changes can be made to tryin. After this visit, the prosthesis will be in hard material and the teeth color and mold cannot be changed. The MD/DMD verifies dental assistant has had patient signed acceptance form. The MD/DMD directs dental assistant to disinfect prosthesis and takes it to the laboratory.

NFTF between Visit 5 and 6: 15 minutes
The MD/DMD gives order for lab technician to proceed with taking the obturator prosthesis to completion (i.e. flask, boil out, break out, laboratory remount, and finish obturator prosthesis). After completion, the MD/DMD evaluates it and gives order for lab technician to disinfect the prosthesis.
Visit #6 FTF: 45 minutes Delivery
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. MD/DMD performs clinical examination of oral cavity to evaluate tongue and soft palate function. MD/DMD does physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD evaluates tongue function and trismus. The MD/DMD cleans the defect. The MD/DMD verifies that there is not a recurrence of the tumor. The MD/DMD places the obturator and evaluates it for support, stability, and retention. The MD/DMD places pressure indicating paste to identify any pressure points and MD/DMD adjusts those areas. This is done three times. The MD/DMD evaluates the occlusion and phonetics. The MD/DMD directs the patient in speech intelligibility test and yogurt test/water test. The MD/DMD verifies if there is no leakage through the nose. The MD/DMD has the patient eat and drink with the obturator. IF there is a deficient, additional material is added in the defect portion. If

there is a pressure point, the MD/DMD adjusts the site. MD/DMD evaluates opening, closing, protrusive, and lateral movements to determine if the coronoid process of mandible is unseating the prosthesis. If it is, the MD/DMD adjusts the interference so the patient can open and close without pain. The MD/DMD gives order for dental assistant to polish the prosthesis. The MD/DMD reviews preliminary patient education. The MD/DMD verifies patient can insert and remove prosthesis. The MD/DMD answers all the patient's questions.

NFTF between Visit 6 and 7: 10 minutes
The MD/DMD discusses prosthesis with the lab technician informing him of patient's issues (i.e. fit of prosthesis for support, stability, and retention). The MD/DMD reviews the parts that the laboratory technician did well in the converting the prosthesis into methyl methacrylate and the parts that need improvement. Block out of prosthesis during the flasking and boil out processed is discussed, since this is very difficult to achieve so that the prosthesis will seat without adjustment.

Visit #7 FTF: 31 minutes Adjustment
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, allergies. The MD/DMD cleans the defect. The MD/DMD verifies that there is not a recurrence of the tumor. The MD/DMD discusses with patient their assessment of the obturator prosthesis. The MD/DMD places pressure indicating paste to identify the sore spots and MD/DMD adjusts the sore spots and reevaluates speech and swallowing function. If there is leakage, the MD/DMD directs the patient in the yogurt test. The MD/DMD adds tissue conditioning material to the deficit site. After the MD/DMD makes all the adjustments, the MD/DMD gives order for dental assistant to polish the prosthesis.

Description of Post-Service Work: The MD/DMD calls the head and neck surgeon and SLP that the prosthesis has been delivered. The MD/DMD reviews with the SLP the recordings of the speech intelligibility test, without obturator and with obturator. The MD/DMD makes recommendations to the SLP about the need for reevaluation by MD/DMD and the patient's speech therapy plan of care is finalized. The MD/DMD calls the patient multiple times to see how the patient is doing with the prosthesis. The MD/DMD verifies appropriate storage of models and patient materials with the dental assistant. The MD/DMD verifies appropriate documentation of dental materials used for patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21080					
Sample Size:	232	**Resp N:**	38			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**12.00**	17.00	45.00	
Survey RVW:	1.20	12.88	**23.75**	29.79	80.34	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**584.00**			
Immediate Post Service-Time:	**43.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21080	**Recommended Physician Work RVU: 25.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**45.00**	**0.00**	**45.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**584.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**43.00**	**0.00**	**43.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31225	090	26.03	**RUC Time**

CPT Descriptor Maxillectomy; without orbital exenteration

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69554	090	35.07	**RUC Time**

CPT Descriptor Excision aural glomus tumor; extended (extratemporal)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	28.84	**RUC Time**	9,166

CPT Descriptor 1 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.13	**RUC Time**	34,799

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
31230	090	30.05	**RUC Time**

CPT Descriptor Maxillectomy; with orbital exenteration (en bloc)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 21080	Top Key Reference CPT Code: 31225	2nd Key Reference CPT Code: **69554**
Median Pre-Service Time	45.00	80.00	120.00
Median Intra-Service Time	584.00	175.50	468.00
Median Immediate Post-service Time	43.00	30.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	155.00	200.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	125.00	126.00
Median Total Time	**672.00**	**603.50**	**1,012.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	42%	50%	8%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	58%	36%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	8%	67%	25%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	17%	67%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	67%	33%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	67%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial

surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *31225 Maxillectomy; without orbital exenteration* valued at 26.03 RVUs with an intra time of 175.5 and a total time of 603.5. 12 respondents selected this as their primary KRS.

The second KRS selected was CPT *69554 Excision aural glomus tumor; extended (extratemporal)* valued at 35.07 RVUs with an intra time of 468 and a total time of 1012. 6 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **29.39 and a total time of 672 minutes** based on **a crosswalk to code 41135 Glossectomy; partial, with unilateral radical neck dissection and our survey respondents indicating an increase of 148 minutes (22% increase) for this code.**

We are requesting 45 minutes of pre time, 584 minutes of intra time (representing 7 face-to-face visits with the patient and 208 minutes of non-face-to-face lab time), and 43 minutes of post time in accordance with our survey median times, for a total of 672 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	090	29.05	70			175.5	35	642.5	0.0773
44141	Colectomy, partial; with skin level cecostomy or colostomy	090	29.16	45	20.0	15.0	156	45	668	0.0803

44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	090	29.16	45	20.0	15.0	160.88	45	672.88	0.0779
37619	Ligation of inferior vena cava	090	29.25	40	3.0	15.0	146.25	60	679.25	0.0535
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	090	29.34	75			234	35	624	0.071
41135	Glossectomy; partial, with unilateral radical neck dissection	090	29.39	60	15.0	20.0	204.75	30	690.75	0.0656
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	090	29.42	60	15.0	15.0	146.25	30	685.25	0.0794
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	090	29.43	30	15.0	15.0	175.5	30	633.5	0.0824
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	29.52	90			234	40	611	0.0731
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	090	29.52	60			214.5	30	727.5	0.0468
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	090	29.54	30			292.5	40	636.5	0.0613
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	090	29.55	120			234	30	622	0.0741
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	29.99	80			175.5	30	673.5	0.0775
31230	Maxillectomy; with orbital exenteration (en bloc)	090	30.05	60	15.0	20.0	219.38	30	682.38	0.0687
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	090	30.06	105			195	40	630	0.0812
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	090	30.14	75			234	45	621	0.0745

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1,569
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 1,240 Percentage 79.03 %

Specialty Maxillofacial surgery Frequency 204 Percentage 13.00 %

Specialty Dentists Frequency 188 Percentage 11.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 523
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 382 Percentage 73.04 %

Specialty Maxillofacial surgery Frequency 68 Percentage 13.00 %

Specialty Dentists Frequency 63 Percentage 12.04 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21080

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21079 Tracking Number Original Specialty Recommended RVU: **21.75**
Presented Recommended RVU: **21.75**
Global Period: 090 Current Work RVU: **21.75** RUC Recommended RVU: **20.00**

CPT Descriptor: Impression and custom preparation; interim obturator prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male is referred for custom preparation of an interim obturator, following resection of a benign maxillary tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The MD/DMD prints a3D preoperative model and surveys the model for path of placement and removal and location of undercuts for clasps. The MD/DMD reviews the OR report to verify that no additional teeth were removed and to review which key anatomical structs used for support, stability, and retention of the obturator were removed in surgery. The MD/DMD discusses the prosthetic plan for the interim obturator with the laboratory technician. The MD/DMD develops the preliminary prosthetic plan. The MD/DMD reviews with the speech and swallowing pathologist on the patient's speaking and swallowing function. The MD/DMD calls the head and neck surgeon about the need for radiation and chemotherapy.

Description of Intra-Service Work: Visit #1 FTF: 60 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal movement, and velopharyngeal complex movement. The MD/DMD evaluate motor and sensory tongue function. The MD/DMD discusses with patient the patient's perception of speaking and swallowing function. The MD/DMD discusses diet and which foods are difficult for the patient to eat. The MD/DMD evaluates the defect for cleanliness and discusses with patient the need for hygiene of the defect. The MD/DMD makes an impression of the maxillary arch and captures the relationship of the maxilla and mandible. The immediate surgical obturator is scanned to serve as a guide for the interim obturator. Shade and mold position are verified. The MD/DMD discusses the surgical obturator and what the patient would like to see change.

NFTF between Visit 1 and 2: 45 minutes
The MD/DMD compares the post-surgical model with the presurgical model. The MD/DMD evaluates the mounting The MD/DMD designs the prosthetic design for the interim obturator. The MD/DMD reviews the prosthetic design with the laboratory technician. The MD/DMD reviews the wax up and gives the order to the lab technician to convert into a heat cured methyl methacrylate material. The MD/DMD reviews the laboratory remount for occlusion. The MD/DMD evaluates the completed prosthesis and gives order for disinfection for delivery of the prosthesis.

Visit #2 FTF: 60 minutes
MD/DMD verifies the accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal movement, and

velopharyngeal complex movement. The MD/DMD evaluates the defect for cleanliness and discusses with patient the hygiene of defect. The MD/DMD cleans the defect. The MD/DMD delivers the interim obturator and evaluates the interim obturator for stability and support. The MD/DMD evaluates the occlusion. The obturator is evaluated by MD/DMD for retention, stability, and support. A reline of the obturator with tissue conditioning material is accomplished by the MD/DMD. Airway assessment with the reline material in the oral cavity is assessed by the MD/DMD to verify that no reline material went down the patient's throat. The MD/DMD evaluates the obturator for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is not impinging the obturator causing it to unseat. Appropriate obturation of the defect with respect to speaking and swallowing is accomplished by the MD/DMD. The reline with the tissue conditioning materials is three times.

NFTF between Visit 2 and 3: 20 minutes
The MD/DMD calls the patient multiple times to verify that the patient is not having an issue with speaking and swallowing. The MD/DMD reviews with head and neck surgeon and speech and swallowing pathologist concerning the patient's speaking and swallowing status. The MD/DMD calls the radiation oncologist and oncologist concerning the patient's speaking and swallowing status. The MD/DMD reviews with the nutritionist the patient's swallowing status to verify that the patient does not need additional supplementation to diet (i.e. liquid protein shakes).

Visit #3 FTF: 50 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of the oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal and velopharyngeal movement. The MD/DMD evaluates the defect for cleanliness and discusses with patient hygiene of defect. The MD/DMD cleans the defect. The MD/DMD does examination to verify no tumor recurrence. The MD/DMD discusses with patient the effectiveness of the obturator with respect to speech and swallowing. The MD/DMD gives an order for the dental assistant to remove the soft tissue lining. The MD/DMD performs the reline of the defect with soft tissue conditioning materials. The MD/DMD evaluates the obturator for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is not impinging the obturator causing it to unseat. The MD/DMD evaluates speech and swallowing function. The MD/DMD performs the three relines. After each reline, the MD/DMD evaluates speech and swallowing function. The MD/DMD reviews with patient the effect of radiation therapy concerning xerostomia and its effect on swallowing.

NFTF between Visit 3 and 4: 15 minutes
The MD/DMD calls the patient multiple times to verify that the patient is not having an issue with speaking and swallowing. The MD/DMD reviews with head and neck surgeon, radiation oncologist, and speech and swallowing pathologist concerning the patient's speaking and swallowing status.

Visit #4 FTF: 60 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal and velopharyngeal movement. The MD/DMD evaluates the defect for cleanliness and discusses with patient hygiene of defect. The MD/DMD cleans the defect. The MD/DMD verifies no recurrence of tumor. The MD/DMD discusses with patient the effectiveness of the obturator with respect to speech and swallowing. The MD/DMD gives an order for the dental assistant to remove the soft tissue lining. The MD/DMD performs the reline of the defect with soft tissue conditioning materials. The MD/DMD evaluates the obturator for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is not impinging the obturator causing it to unseat. The MD/DMD evaluates speech and swallowing function. The MD/DMD performs three relines. After each reline, the MD/DMD evaluates speech and swallowing function. The MD/DMD reviews with patient the effect of radiation therapy concerning xerostomia and its effect on swallowing.

NFTF between Visit 4 and 5: 10 minutes
The MD/DMD calls the patient multiple times to verify that the patient is not having an issue with speaking and swallowing with the obturator. The MD/DMD reviews with the head and neck surgeon, radiation oncologist, oncologist and speech and swallowing pathologist concerning the patient's speaking and swallowing status.

Visit #5 FTF: 60 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal and velopharyngeal movement. The MD/DMD evaluates the defect for cleanliness and discusses with patient hygiene of defect. The MD/DMD cleans the defect. The MD/DMD verifies no recurrence of tumor. The MD/DMD discusses with patient the effectiveness of the obturator with respect to speech and swallowing. The MD/DMD gives an order for the dental assistant to remove the soft tissue lining. The MD/DMD performs the reline of the defect with soft tissue conditioning materials. The MD/DMD evaluates the obturator for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is not impinging the obturator causing it to unseat. The MD/DMD evaluates speech and swallowing function. The MD/DMD performs three relines. After each reline, the MD/DMD evaluates speech and swallowing function.

NFTF between Visit 5 and 6: 10 minutes
The MD/DMD calls the patient multiple times to verify that the patient is not having an issue with speaking and swallowing.

Visit #6: 55 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD performs clinical examination of oral cavity to evaluate the defect. The MD/DMD evaluates tongue, palatal and velopharyngeal movement. The MD/DMD evaluates the defect for cleanliness and discusses with patient hygiene of defect. The MD/DMD cleans the defect. The MD/DMD verifies no recurrence of tumor. The MD/DMD discusses with patient the effectiveness of the obturator with respect to speech and swallowing. The MD/DMD gives an order for the dental assistant to remove the soft tissue lining. The MD/DMD performs the reline of the defect with soft tissue conditioning materials. The MD/DMD evaluates the obturator for accurate lateral wall extension vertically for retention and stability, vertical extension posteriorly and medical portion of defect to minimize leakage, engagement of the lateral third of the orbital floor for support, posterior support of soft palate to prevent leakage, and capture of the imprint of the medial wall of the ramus. The MD/DMD evaluates the patient in protrusive movement to verify that the movement of the coronoid process of the mandible is not impinging the obturator causing it to unseat. The MD/DMD evaluates speech and swallowing function. The MD/DMD performs two relines. After each reline, the MD/DMD evaluates speech and swallowing function The MD/DMD reviews with patient the effect of radiation therapy concerning xerostomia and its effect on swallowing.

Description of Post-Service Work: The MD/DMD documents in the EMR. The MD/DMD calls the patient multiple times to verify that the patient is not having an issue with speaking and swallowing. The MD/DMD reviews with head and neck surgeon, radiation oncologist, oncologist and speech and swallowing pathologist concerning the patient's speaking and swallowing status. The MD/DMD calls the nutritionist to inform them of patient's speaking and swallowing ability. The MD/DMD verifies appropriate storage of models and patient materials with the dental assistant. The MD/DMD consults with dental assistant to verify that appropriate documentation in EMR with respect to dental materials that were used for patient care. The MD/DMD compares the surgical obturator design with the interim obturator design for effectiveness with respect to stability, support, and retention.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21079					
Sample Size:	232	**Resp N:**	37			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**9.00**	20.00	37.00	
Survey RVW:	1.00	11.00	**20.00**	26.00	65.36	
Pre-Service Evaluation Time:			**40.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**445.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21079	**Recommended Physician Work RVU: 20.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**0.00**	**40.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**445.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31225	090	26.03	**RUC Time**

CPT Descriptor Maxillectomy; without orbital exenteration

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69155	090	22.77	**RUC Time**

CPT Descriptor Radical excision external auditory canal lesion; with neck dissection

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22630	090	21.54	**RUC Time**	3,789

CPT Descriptor 1 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32669	090	22.94	**RUC Time**	2,975

CPT Descriptor 2 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

Other Reference CPT Code	Global	Work RVU	Time Source
21558	090	21.04	**RUC Time**

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 35.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 21079	Top Key Reference CPT Code: 31225	2nd Key Reference CPT Code: **69155**
Median Pre-Service Time	40.00	80.00	90.00
Median Intra-Service Time	445.00	175.50	277.88
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	155.00	160.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	125.00	142.00
Median Total Time	**515.00**	**603.50**	**737.88**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	15%	31%	8%	46%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	54%	31%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	8%	46%	46%
Physical effort required	15%	46%	38%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	46%	31%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	40%	20%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	40%	60%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	100%	0%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	40%	60%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.

- Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *31225 Maxillectomy; without orbital exenteration* valued at 26.03 RVUs with an intra time of 175.5 and a total time of 603.5. 13 respondents selected this as their primary KRS.

The second KRS selected was CPT *69155 Radical excision external auditory canal lesion; with neck dissection* valued at 22.77 RVUs with an intra time of 277.88 and a total time of 737.88. 5 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending **maintenance of the existing** work RVU of **21.75 and a total time of 515 minutes despite our survey respondents indicating an increase of 29 minutes (6% increase) for this code.**

We are requesting 40 minutes of pre time, 445 minutes of intra time (representing 6 face-to-face visits with the patient and 100 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 515 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	090	21.53	60			121.88	30	558.88	0.0582
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or	090	21.55	121.3			173.84	47	583.14	0.0548

	occipitalis muscle)									
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	090	21.56	30	15.0	15.0	127.73	30	512.73	0.0694
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	090	21.57	40	20.0	20.0	175.5	30	544.5	0.0563
43330	Esophagomyotomy (Heller type); abdominal approach	090	21.64	90			117	30	547	0.0659
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	090	21.66	17.5	20.0	17.5	141.38	30	537.38	0.062
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	090	21.83	128			195	30	500	0.0645
50320	Donor nephrectomy (including cold preservation); open, from living donor	090	21.87	120			175.5	26	519.5	0.0677
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	090	21.88	75			117	45	567	0.0615
47350	Management of liver hemorrhage; simple suture of liver wound or injury	090	21.93	75			87.75	30	572.75	0.0437
33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	090	21.97	85	15.0	15.0	107.25	30	503.25	0.0737
43820	Gastrojejunostomy; without vagotomy	090	21.97	30	15.0	15.0	117	30	542	0.0685
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	090	21.99	40	20.0	20.0	156	30	506	0.071
62180	Ventriculocisternostomy (Torkildsen type operation)	090	22.02	125			160.88	53	559.88	0.0612
43501	Gastrotomy; with suture repair of bleeding ulcer	090	22.04	60			117	30	552	0.0472
23200	Radical resection of tumor; clavicle	090	22.14	40	12.0	20.0	151.13	30	493.13	0.0754
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	090	22.23	77.5	15.0	20.0	146.25	30	530.75	0.0699

43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	090	22.26	30	15.0	15.0	87.75	30	562.75	0.0506

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21079

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1,482
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 1,126 Percentage 75.97 %

Specialty Dentist Frequency 148 Percentage 9.98 %

Specialty Maxillofacial surgery Frequency 147 Percentage 9.91 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 494
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 375 Percentage 75.91 %

Specialty Dentist Frequency 50 Percentage 10.12 %

Specialty Maxillofacial surgery Frequency 49 Percentage 9.91 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21079

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21076 Tracking Number Original Specialty Recommended RVU: **11.86**
Presented Recommended RVU: **11.56**
Global Period: 090 Current Work RVU: **13.07** RUC Recommended RVU: **11.56**

CPT Descriptor: Impression and custom preparation; surgical obturator prosthesis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female is referred for custom preparation of a surgical obturator prosthesis prior to removal of a squamous cell carcinomaof the hard palate.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: MD/DMD reviews the surgical cuts, the preliminary surgical plan, and preparation of the defect with the head and neck surgeon to enhance the prosthetic prognosis. The MD/DMD reviews imaging and evaluates bony support for the prosthesis and the restorative and periodontal assessment of the health of the dentition. The MD/DMD reviews proposed surgical plan and preliminary prosthetic design with dental assistant and laboratory technician.

Description of Intra-Service Work: Visit #1 FTF: 56 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. MD/DMD reevaluates the oral cavity to evaluate tongue and palate function. The MD/DMD reviews the surgical plan with the patient. All the patient's questions are answered by the MD/DMD. The patient's preoperative speech is recorded with the speech intelligibility test. The MD/DMD performs a speech and swallowing evaluation. MD/DMD does physical assessment of velopharyngeal complexes to determine movement of soft palate, lateral pharyngeal walls, and posterior pharyngeal wall. The MD/DMD discusses in depth with the patient what to expect after surgery, during the unpacking visit, and living with a defect (hole) in her palate for the rest of her life. The MD/DMD discusses the change in the patient's diet and fork and knife eating. The MD/DMD assesses the scan of the maxillary and mandibular arches for accuracy along with the capture of the bite. Shade and mold selection is accomplished.

NFTF between Visit 1 and 2: 44 minutes
The MD/DMD completes the work authorization for the laboratory technician to mount the maxillary and mandibular models. The MD/DMD evaluates the mounting and reviews the surgical plan from the head and neck surgeon. The MD/DMD evaluates the clasp design and obturator design. The MD/DMD authorizes the laboratory technician to begin the immediate surgical obturator fabrication. The MD/DMD evaluates the mounting and wax up of the immediate surgical obturator. The MD/DMD evaluates the completed immediate surgical obturator. The MD/DMD gives order to the lab technician to proceed for disinfection and verification of operation date.

Visit #2 FTF: 51 minutes
The MD/DMD is called into the OR to insert the obturator. Adjustments are accomplished and fit is assessed. Verification is done by MD/DMD so the coronoid process does not impede the obturator on translation of the mandible. The MD/DMD verifies the obturator fit and secures the obturator. If there is a change in the surgical plan (tumor was bigger than

expected and had to take more), the MD/DMD makes any adjustments needed to the prosthesis and discusses the number of screws needed and angle of screws with the head and neck surgeon. Angulation of screw removal with the screwdriver is emphasized since the patient cannot open their mouth very wide after surgery.

NFTF between Visit 2 and 3: 25 minutes
The MD/DMD evaluates the fit bedside of the obturator and educates the family about the unpacking visit. The MD/DMD reviews with the speech-language pathologist concerning patient's speaking and swallowing function. The MD/DMD checks on the patient daily while in the hospital and calls the patient multiple times after discharge

Visit #3 FTF: 55 minutes
MD/DMD verifies accuracy of dental assistant's review of medical history, medications, and allergies. The MD/DMD discusses with the patient the unpacking process. The MD/DMD places the throat pack. With suction available, the MD/DMD removes the screw. Appropriate airway control is done by MD/DMD. If sutures are present around the posterior border, the DMD/MS cuts the sutures. The MD/DMD removes the prosthesis. The MD/DMD removes the packing material. The oral cavity and defect are suctioned. The MD/DMD cleans the defect. The MD/DMD evaluates the immediate surgical obturator for any changes. The MD/DMD gives an order for the dental assistant to polish the prosthesis. After polishing, the MD/DMD begins the reline process. Tissue conditioning material such as trusoft is added in stages to obturate or close the defect (hole). This will take four times of additions of trusoft. Once the MD/DMD feels that the defect is properly obturated, speech and swallowing ability are assessed. The MD/DMD has the patient perform the speech intelligibility test and it is recorded. The MD/DMD has the patient begin with liquids (verifying no choking) and then proceed with yogurt. If there is leakage, another reline with Trusoft is accomplished by the MD/DMD. The MD/DMD shows the patient how to speak and swallow with the prosthesis and reviews their functioning. Additional instructions are given for insertion, removal and cleaning of the defect and prosthesis. The MD/DMD verifies that the patient can insert and remove the prosthesis. The MD/DMD works with the patient, if the patient is ready, and have the patient look at them with the prosthesis and without the prosthesis. The MD/DMD reminds the patient that psychological help is available with the head and neck team.

Description of Post-Service Work: The MD/DMD reviews with the head and neck team the patient's status. If the MD/DMD feels that the patient would benefit from psychological counseling, the MD/DMD puts in an order, but, also informs the nurse navigator of the head and neck team. The MD/DMD reviews with the speech and swallowing pathologist their findings for speech and swallowing function. If the MD/DMD thinks that the patient needs to be scoped, the MD/DMD informs the speech and swallowing pathologist. The MD/DMD calls the patient multiple times to check on the patient. The MD/DMD verifies that the laboratory materials/models of the patient are logged and stored appropriately. The MD/DMD reviews with dental assistant appropriate documentation of dental materials used for patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS					
Specialty Society(ies):	AAMP					
CPT Code:	21076					
Sample Size:	232	**Resp N:**	38			
Description of Sample:	U.S. Based practicing members of AAMP					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**8.00**	15.00	45.00	
Survey RVW:	1.00	9.25	**15.00**	18.11	33.34	
Pre-Service Evaluation Time:			**41.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**231.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21076	**Recommended Physician Work RVU: 11.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**41.00**	**0.00**	**41.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**231.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21048	090	14.34	**RUC Time**

CPT Descriptor Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42120	090	11.56	**RUC Time**

CPT Descriptor Resection of palate or extensive resection of lesion

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15730	090	13.16	**RUC Time**	1,764

CPT Descriptor 1 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	14.63	**RUC Time**	23,001

CPT Descriptor 2 Mastectomy, simple, complete

Other Reference CPT Code	Global	Work RVU	Time Source
21046	090	13.85	**RUC Time**

CPT Descriptor Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 23.6 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 21076	Top Key Reference CPT Code: 21048	2nd Key Reference CPT Code: **42120**
Median Pre-Service Time	41.00	75.00	60.00
Median Intra-Service Time	231.00	117.00	78.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	20.00
Median Discharge Day Management Time	0.0	38.00	38.00
Median Office Visit Time	0.0	117.00	78.00
Median Total Time	**302.00**	**397.00**	**304.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	11%	33%	56%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	67%	33%
Physical effort required	11%	89%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	67%	11%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	38%	38%	13%	13%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	25%	25%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	13%	75%	13%
Physical effort required	38%	38%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	63%	13%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals).

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.

- Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: Prior to survey, the Research Subcommittee approved new vignettes for this entire family of codes, as none existed in the RUC database previously.

Key Reference Codes
The first KRS selected was CPT *21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])* valued at 14.34 RVUs with an intra time of 117 and a total time of 397. 9 respondents selected this as their primary KRS.

The second KRS selected was CPT *42120 Resection of palate or extensive resection of lesion* valued at 11.56 RVUs with an intra time of 78 and a total time of 304. 8 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the eleven 090 global codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending **a reduction of the existing** work RVU of **11.56 based on a crosswalk to our survey's second KRS code 42120 Resection of palate or extensive resection of lesion and a total time of 302 minutes**.

We are requesting 41 minutes of pre time, 231 minutes of intra time (representing 3 face-to-face visits with the patient and 69 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 302 minutes. Our expert panel felt this value was commensurate with the comparator codes within the fee schedule with similar total times that had been valued by the RUC.

Supporting Codes when Compared to RUC Reviewed 090 Global Codes

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Adjusted Total Time	IWPUT
42120	Resection of palate or extensive resection of lesion	090	11.56	30	15	15	78	30	304.00	0.038
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	090	11.70	40	20.0	20.0	58.5	30	305.5	0.0794
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy,	090	11.70	40	15.0	15.0	87.75	40	302.75	0.0612

	foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar									
37565	Ligation, internal jugular vein	090	11.75	55			58.5	25	310.5	0.0656
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	090	11.78	50			73.13	30	313.13	0.0551
44850	Suture of mesentery (separate procedure)	090	11.81	60			58.5	30	365.5	0.0343
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	090	11.86	37	5.0	10.0	87.75	30	306.75	0.0602
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	090	11.88	40	15.0	10.0	87.75	15	290.75	0.0634
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	090	12.08	52			117	60	298	0.0569
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	090	12.23	60			87.75	30	301.75	0.0624
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	090	12.33	33	10.0	15.0	97.5	25	284.5	0.0683
38700	Suprahyoid lymphadenectomy	090	12.49	30	15.0	15.0	87.75	30	297.75	0.071
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	090	12.57	50			92.63	30	292.63	0.0682
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	090	12.68	50	15.0	20.0	87.75	35	311.75	0.0712
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	090	12.68	50			87.75	29	286.75	0.0735
33025	Creation of pericardial window or partial resection for drainage	090	12.87	50	10.0	15.0	58.5	30	299.5	0.0978
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	090	12.87	55	15.0	15.0	63.38	30	299.38	0.0964
57540	Excision of cervical stump, abdominal approach;	090	12.96	50			73.13	40	307.13	0.0762
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	090	13.00	60			117	30	297	0.0682

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21076

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral surgery How often? Rarely

Specialty Dentists How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 552
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare utilization in the RUC database.

Specialty Oral surgery Frequency 270 Percentage 48.91 %

Specialty 99 Frequency 148 Percentage 26.81 %

Specialty Maxillofacial surgery Frequency 94 Percentage 17.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 184
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare utilization from the RUC database

Specialty Oral surgery Frequency 90 Percentage 48.91 %

Specialty Dentist Frequency 33 Percentage 17.93 %

Specialty Maxillofacial surgery Frequency 31 Percentage 16.84 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21076

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:21085 Tracking Number Original Specialty Recommended RVU: **8.28**
Presented Recommended RVU: **5.85**
Global Period: 010 Current Work RVU: **8.77** RUC Recommended RVU: **5.90**

CPT Descriptor: Impression and custom preparation; oral surgical splint

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is referred for custom preparation of oral surgical splints prior to removal of an odontogenic tumor and reconstruction of the right posterior mandible.

A 16-year-old female with a dental facial deformity is referred for custom preparation of oral surgical splints prior to corrective jaw surgery for a dental facial deformity.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Pre-Service Work: DDS/DMD reviews labs, previous x-rays, photographs and patient medical history. DDS/DMD communicates with the orthodontist, general dentist, and/or primary care physical to discuss need for surgery and surgical splint.

Description of Intra-Service Work: Visit 1 (FTF):
DDS/DMD verifies accuracy of medical history, medications, allergies taken by dental assistant. DDS/DMD discusses procedure with patient. DDS/DMD review prior measurements and notes in EMR. DDS/DMD takes cone beam and reviews/verifies measurements and anatomy. Key CBCT anatomy and measurements that are reviewed for orthognathic surgery affecting splint design include the following:
Anatomy: Skeletal and Facial Morphology, Linear and Angular Measurements, Mandibular Ramus and Condyle, TMJ (Temporomandibular Joint) Assessment, Dental and Alveolar Assessment, Root position, Bone Density, Soft Tissue and Airway Assessment
Key Skeletal Measurements: MD/DMD assess the relationship between the maxilla, mandible and cranial base using specific landmarks:

- Anteroposterior (Front to Back) Position:
  a. SNA Angle: Relates the maxilla to the cranial base.
  b. SNB Angle: Relates the mandible to the cranial base
  c. ANB Angle: Measures the relative difference between the upper and lower jaws.
- Vertical Dimension
  a. Facial Height
  b. Ramus Length
- Transverse (Width) Dimensions:
  a. Maxillary and Mandibular Width
  b. Midline Symmetry

Dental and Soft Tissue Analysis:

These measurements ensure the teeth are properly positioned within the bone and that the final facial profile is aesthetic:

a. Incisal Inclination
b. Occlusal Plane
c. Soft Tissue Profile

Surgical Safety and Anatomical Constraints: Beyone planning movement, CBCT is used to measure critical "danger zones".

a. Inferior Alveolar Nerve (IAN)
b. Bone Thickness
c. Airway Volume
d. Condylar Position

Consents of the diagnostic impressions and wax bite registration are obtained at the beginning of the visit. DDS/DMD verifies that consents are signed. Diagnostic impressions of maxilla and mandible are obtained. Wax bite relations registration are taken. Models are poured in stone to create surgical cast from which trio scans are obtained, Models may be duplicated if multiple piece jaw surgery is planned (and model surgery preformed to predict surgery and evaluate splint for visit 3). Models are evaluated for accuracy compared to photographs and pre-surgical radiographs.

Trio scan taken of the maxilla and mandibular arches and capture the bite and sent for construction of surgical splint. They will convert the image from Trio scan to STL and will have the maxillary and mandibular files 3D printed with the SprintRay printer. Surgical osteotomy sites, design, and specific movements at each maxillary and/or mandibular osteotomy site reviewed.

Non FTF between 1 & 2: DDS/ DMD will call the orthodontist, general dentist, and PCP. The DDS/ DMD will call orthodontist to review with him the results of the surgical plan (typically the patients are in braces) and to discuss the splint as the model must coordinate with what the other providers need to and they must ensure they will be able to carry out their portion of the care. This includes discussions concerning type of final brackets on orthodontic wire for intra surgical positioning.

Verification of adequate space for inter dental osteotomies and feasibility of orthodontic movements needed post surgically as well as long term stability of occlusion.

Coordination with General Dentist to ensure space, bone quality and positioning post operatively are adequate for post surgical completion and stability of any planned oral dental care.

Visit 2 (FTF):

-DS/DMD tries splint in office. Independently placed on maxillary and mandibular dental arches. Splint adjustments made at visit as needed to ensure splint will fit teeth at time of surgery and position maxilla and mandible into proper post-surgical position. Verification of the relationship of the maxilla to the mandible is evaluated from different angles.

-DS/ DMD verifies accuracy of patient's medical history, medications, and allergies. The DDS/DMD evaluated patient photographs. Final surgical plan is presented to the patient, as well as possible surgical complications and expectations during post-op period. Final consent for surgery obtained.

Description of Post-Service Work: Analysis sent to orthodontist and general dentist. Phone call to orthodontist and general dentist.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2026					
Presenter(s):	Betsy Davis, DDM, MS; Mark Chambers, DDM, MS; Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor					
Specialty Society(ies):	AAMP, ADA, AAOMS					
CPT Code:	21085					
Sample Size:	1502	**Resp N:**	76			
Description of Sample:	All members of AAMP, targeted random sample of AAOMS					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**12.00**	20.00	200.00	
Survey RVW:	2.10	3.50	**4.32**	10.00	90.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:			**172.00**			
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	21085	**Recommended Physician Work RVU: 5.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**0.00**	**30.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**112.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
41830	010	3.36	**RUC Time**

CPT Descriptor Alveolectomy, including curettage of osteitis or sequestrectomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31292	010	15.50	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31239	010	8.81	**RUC Time**	1,374

CPT Descriptor 1 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58580	010	7.03	**RUC Time**	10

CPT Descriptor 2 Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

Other Reference CPT Code	Global	Work RVU	Time Source
35870	010	8.28	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 21085	Top Key Reference CPT Code: 41830	2nd Key Reference CPT Code: **31292**
Median Pre-Service Time	30.00	30.00	90.00
Median Intra-Service Time	112.00	58.50	136.50
Median Immediate Post-service Time	30.00	25.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	100.00
Median Discharge Day Management Time	0.0	0.00	38.00
Median Office Visit Time	0.0	39.00	55.00
Median Total Time	**172.00**	**152.50**	**449.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	9%	30%	61%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	39%	52%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	17%	26%	57%
Physical effort required	22%	48%	30%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	35%	26%	39%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	45%	0%	55%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	55%	45%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	55%	45%
Physical effort required	18%	45%	36%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	27%	73%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: The codes describing the fabrication of maxillofacial protheses were nationally valued in 1996. Before that they were Contractor priced. In 1995, the AAMP and the American Association of Oral and Maxillofacial Surgeons (AAOMS) made recommendations to CMS who developed national pricing for these codes effective in CY 1996. This pricing included physician work Relative Value Units (RVUs), practice expense (PE) RVUs, and malpractice RVUs that were implemented in CY 1996 and published in the Federal Register (60 FR 63124 December 8, 1995).

The methodology CMS used to establish PE RVUs was deeply flawed. CMS stated the following in the Federal Register (Vol.60, No. 236, December 8, 1995, P 63151): "Therefore, we imputed the practice expense and malpractice expense RVUs from the work RVUs based on the practice cost shares provided by the AAOMS. Those shares are 54.7% for practice expense and 4.4% for malpractice expense. Comments in response to this proposal for practice expense RVUs were unanimous in objecting to the proposed methodology. The comments stated that the practice expense and malpractice shares for the subspecialty of maxillofacial prosthetics differed substantially from those of maxillofacial surgery. This was primarily due to the amount of clinical staff time, and expensive materials and supplies used in fabricating the prostheses. Those commenting unanimously agreed that the practice expense RVUs were too low."

However, CMS finalized its proposal without change, in spite of the comments, because it believed that in the absence of charge data, the maxillofacial surgery shares were the best available information upon which to base payment. CMS also said it was "working on a resource-based practice expense study and, as part of this effort, hope to have more definitive data in the future. At that time, we will reevaluate all maxillofacial practice expense RVUs." Such a reevaluation was never done.

In the Proposed Rule for 2026, AAMP nominated the maxillofacial prosthodontic services as potentially misvalued because the current PE inputs are outdated and do not reflect technological advances, resulting in inadequate payments that limit patient access to care.

CMS indicated that because these codes have not been reviewed in the last 30 years, they believe it is appropriate to examine both PE and work inputs. Given the technological advancements the nominator described, there may also be resulting changes in the physician work involved in performing these services, and therefore, a comprehensive review of both practice expense and work values would be appropriate. While they proposed not to nominate these codes as potentially misvalued, they requested public comments and recommendations, including those from the RUC, to better understand these codes, particularly regarding typical direct PE inputs and work values.

The RUC commented that it recognizes that these services are extremely low volume, with several below 100 Medicare claims per year, and performed in relatively few health centers in the United States. It may be extremely difficult to survey these low volume but critically important services. The RUC is willing to review valuation and direct practice expense inputs for these services to support this request. However, CMS may also review the direct practice expense data from the commentor because the necessary inputs were provided in detail and in the correct format to CMS.

In the Final Rule, CMS noted that after consideration of the public comments and their concerns associated with the practice expense inputs, they are finalizing their proposal not to nominate these codes as potentially misvalued. However, reiterate that the RUC expressed willingness to review the valuation and direct PE inputs for maxillofacial prosthetic services and they look forward to reviewing the RUC's recommendations in the future.

The RUC then placed the maxillofacial prosthetic services (CPT codes 21076-21087) on a special Level of Interest (LOI) to review these services at the April 2026 meeting and submit recommendations for the 2028 MFS.

Survey Sample and Process:
A survey request was sent to all U.S. based, practicing members of the AAMP (232 individuals). AAOMS surveyed a targeted, random selection of 270 members with sub-specialty designations or committee designation below. AAOMS / ADA also surveyed 1000 randomly selected members.

- Orthognathic Surgery and Obstructive Sleep Apnea;
- Pathology and Reconstructive Surgery;
- Trauma;
- Pediatric Oral and Craniofacial/Maxillofacial Surgery
- AAOMS Committee on Cleft, Craniofacial, and Pediatric OMS;
- AAOMS Committee on Oral, Head and Neck Oncologic & Reconstructive Surgery

Customized Survey Tool: CPT codes 21076-21088 represent highly specialized, low-volume services that are only done by a small number of specially trained providers in the U.S. The prosthesis that are made during these procedures allow patients who have undergone major surgeries due to head and neck cancer, congenital deformities, or trauma to continue critical activities of daily living like speaking, swallowing, eating, and talking. They require many face-to-face visits with the maxillofacial prosthodontist or oral surgeon to create the model prostheses, fit the prosthesis, and/or revise and reline the prosthesis. In order to survey this family of codes, customized 010 and 090 survey instruments were created and approved by the Research Subcommittee. The survey defined pre, intra, and post time as follows:

- **PRE:** includes the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon services provided before you start the prosthesis fabrication. The following services are not included:
    - Any consultation visits with the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon is separately reported as an evaluation and management service.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing).

- **INTRA:** begins with the visit when the maxillofacial prosthodontist /oral surgeon / oral and maxillofacial surgeon initiates the prosthesis fabrication and extends throughout the global period (10 days) , including all

visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon during the global period (10 days). (Do not count clinical staff time (e.g., technicians) or administrative time (e.g., billing)).

- **POST:** Post work includes any activities by the maxillofacial prosthodontist / oral surgeon / oral and maxillofacial surgeon after all visits (face-to-face and non-face-to-face) have concluded, including:
    - Any final patient communication or phone calls.
    - Any final documentation, reports, or summaries required.
    - Do not count clinical staff time (e.g., technicians) or administrative time (e.g, billing).

Vignettes: The Research Subcommittee approved the use of two vignettes for the survey of this code only, as AAOMS/ADA only surveyed this code within the family. AAMP has surveyed all 12 codes in the family for the April 2026 RUC meeting. The specialty societies felt, and Research agreed, that different vignettes were needed because the typical patient population is extremely different, depending on which specialty is performing the procedure. Both vignettes were found to be typical by survey respondents.

Key Reference Codes
The first KRS selected was CPT *41830 Alveolectomy, including curettage of osteitis or sequestrectomy* valued at 3.36 RVUs with an intra time of 58.50 and a total time of 152.50. 23 respondents selected this as their primary KRS.

The second KRS selected was CPT 31292 *Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall* valued at 15.50 RVUs with an intra time of 136.50 and a total time of 449.50. 11 respondents selected this as their second KRS.

Compelling Evidence:
For two of the codes in the family (21076 and 21085), we are recommending decreases to the existing work RVUs, based on a reduction of total time for the service, indicated by our survey respondents. For one of the codes in this family (21079) we are requesting to maintain existing physician work value. For the other nine codes in the family (21077, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088) we are requesting an **increase** in physician work RVUs based on the following compelling evidence arguments:

1. **Changes in technology**: The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, the physician time has changed and/or increased substantially and require revision.

Please note, our summary of recommendations spreadsheet also includes two additional pieces of information. First, a tab that outlines the number of face to face and non face to face visits for each code, based on the responses to our survey; and two, a relativity table which reflects that our recommendations are intended to maintain appropriate rank order within the family, based on the guidance of our expert panel.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **8.28 and a total time of 232 minutes** based on a **crosswalk to code *38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple* which is below existing value of 8.77 RVUs and 241.8 total minutes.**

We are requesting 30 minutes of pre time, 172 minutes of intra time (represent in 3 face-to-face visits with the patient and 75 minutes of non-face-to-face lab time), and 30 minutes of post time in accordance with our survey median times, for a total of 232 minutes. Our expert panel felt this value, which is commensurate with the slight reduction in existing total time (241.8 minutes) indicated by our survey respondents, was an accurate representation of the work and intensity included within this service.

Supporting Codes when Compared to RUC Reviewed 010 Global Codes

CPT Code: 21085

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Positioning Time	Pre Scrub, Dress, Wait Time	Adjusted Intra-Service Time	Immediate Post Time	Post-op Visit Time	Adjusted Total Time	IWPUT	Time Source	Most Recent RUC Review	MPC	2024 Medicare Utilization	2024 Medicare Allowed Charges
63650	Percutaneous implantation of neurostimulator electrode array, epidural	010	6.97	33	10.0	5.0	58.5	20	42	168.5	0.0668	RUC	2008-02		81323	48942499
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	010	6.97	33	10.0	13.0	58.5	20	42	176.5	0.0657	RUC	2021-01		7814	3192866
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	010	7.03	33	8.0	10.0	43.88	15	42	151.88	0.0931	RUC	2023-01		10	7409
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	010	7.15	23	15.0	5.0	43.88	20	42	148.88	0.0957	RUC	2014-04		2390	1093205
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	010	7.56	33	10.0	5.0	87.75	20	42	197.75	0.0513	RUC	2009-04		1665	735815
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	010	7.70	23	15.0	5.0	43.88	20	42	148.88	0.1083	RUC	2014-04		1732	740809
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	010	7.79	23	15.0	5.0	43.88	20	42	148.88	0.1103	RUC	2014-04		21453	43320579
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	010	8.28	40	3.0	10.0	58.5	30	77	218.5	0.0655	RUC	2014-09		8171	2337956
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	010	8.43	23	15.0	5.0	48.75	20	42	153.75	0.1124	RUC	2014-04		18392	36286993
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	010	8.66	23	15.0	5.0	87.75	28	35	193.75	0.0686	RUC	2014-04		387	452877
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	010	8.66	35	10.0	10.0	87.75	20	42	204.75	0.0628	RUC	2007-04		3892	1874602
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	010	8.81	33	3.0	10.0	58.5	20	42	166.5	0.1002	RUC	2017-01	Yes	1374	717576

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 21085

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Oral Surgery How often? Commonly

Specialty Dentist How often? Commonly

Specialty Maxillofacial Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 6,039
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the 2024 Medicare volume reported in the RUC database.

Specialty Oral Surgery Frequency 3,442 Percentage 56.99 %

Specialty Dentist Frequency 786 Percentage 13.01 %

Specialty Maxillofacial Surgery Frequency 725 Percentage 12.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,013
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 Medicare volume re ported in the RUC database.

Specialty Oral Surgery Frequency 1,147 Percentage 56.97 %

Specialty Dentist Frequency 262 Percentage 13.01 %

Specialty Maxillofacial Surgery Frequency 242 Percentage 12.02 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 21085

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Maxillofacial Prosthetics

TAB: 8

EXTRAORAL

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	69554	Excision aural glomus tumor; extended (extratemporal)	090	Aug-95	11	0.037	0.035			35.07			1012	120					468.00			60				2	6	1.0			2	2							
2nd REF	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex	090	Nov-93	4	0.041	0.040			31.77			792	90					351.00			64	2			1		1.0				1	2	2					
CURRENT	21088	Impression and custom preparation; facial prosthesis	090	Contractor Priced		-	-			0.00			0																									
SVY	21088	Impression and custom preparation; facial prosthesis	090		31	0.034	0.033	1.50	29.46	35.00	39.76	100.00	1059	60					967			32													0	0	1	3	8
REC	21088	Impression and custom preparation; facial prosthesis	090			0.034	0.033			35.00			1059	60					967			32																	

vvv

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	69554	Excision aural glomus tumor; extended (extratemporal)	090	Aug-95	8	0.037	0.035			35.07			1012	120					468.00			60				2	6	1.0			2	2							
2nd REF	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex	090	Nov-93	6	0.041	0.040			31.77			792	90					351.00			64	2			1		1.0				1	2	2					
CURRENT	21077	Impression and custom preparation; orbital prosthesis	090	CMS Valued 1995		-	0.048			32.86			680.55																									
SVY	21077	Impression and custom preparation; orbital prosthesis	090		33	0.037	0.036	1.50	25.00	33.33	40.00	95.00	938	45					863			30													0	0	1	3	10
REC	21077	Impression and custom preparation; orbital prosthesis	090			0.037	0.036			33.33			938	45					863			30																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	31225	Maxillectomy; without orbital exenteration	090	Aug-05	5	0.069	0.043			26.03			603.5	45	15	20			175.50			30			1	2	1	1.0			1	3	1					
2nd REF	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex	090	Nov-93	4	0.041	0.040			31.77			792	90					351.00			64	2			1		1.0				1	2	2					
CURRENT	21087	Impression and custom preparation; nasal prosthesis	090	CMS Valued 1995		-	0.047			24.26			519.68																									
SVY	21087	Impression and custom preparation; nasal prosthesis	090		31	0.033	0.032	1.00	26.02	30.57	34.00	85.00	948	45					873			30													0	1	2	5	10
REC	21087	Impression and custom preparation; nasal prosthesis	090			0.033	0.032			30.57			948	45					873			30																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by	090	Aug-05	6	0.059	0.040			25.38			638.75	45	15	20			165.75			35			1	2	3	1.0			1	3	1					
2nd REF	69155	Radical excision external auditory canal lesion; with neck dissection	090	Aug-95	6	0.027	0.031			22.77			737.88	90					277.88			30				1	6	1.0			2	2	1					
CURRENT	21086	Impression and custom preparation; auricular prosthesis	090	CMS Valued 1995		-	0.047			24.26			520.65																									
SVY	21086	Impression and custom preparation; auricular prosthesis	090		32	0.032	0.031	1.00	24.44	30.03	33.13	90.00	955	51					874			30													0	0	2	5	15
REC	21086	Impression and custom preparation; auricular prosthesis	090			0.032	0.031			30.03			955	51					874			30																	

ISSUE: Maxillofacial Prosthetics

SPEECH PROCEDURES

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	41153	Glossectomy; composite procedure with resection floor of mouth, with	090	Aug-05	7	0.055	0.040			32.75			819.25	60	15	20			263.25			40			1	3	3	1.0			1	4	1						
2nd REF	31230	Maxillectomy; with orbital exenteration (en bloc)	090	Aug-05	3	0.069	0.044			30.05			682.38	60	15	20			219.38			30			1	2	2	1.0			1	3	1						
CURRENT	21082	Impression and custom preparation; palatal augmentation prosthesis	090	CMS Valued 1995		-	0.443			20.32			45.83																									
SVY	21082	Impression and custom preparation; palatal augmentation prosthesis	090		37	0.039	0.037	1.00	12.50	23.00	28.20	55.84	618	40					538			40													0	1	3	9	30
XWALK	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by	090	Aug 05		0.059	0.040			25.38			638.75	45	15	20			165.75			35			1	2	3	1.0			1	3	1						
REC	21082	Impression and custom preparation; palatal augmentation prosthesis	090			0.044	0.041			25.38			618	40					538			40																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	42120	Resection of palate or extensive resection of lesion	090	Aug-05	7	0.062	0.038			11.56			304	30	15	15			78.00			30					1	1.0				2	2						
2nd REF	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by	090	Aug-05	6	0.059	0.040			25.38			638.75	45	15	20			165.75			35			1	2	3	1.0			1	3	1						
CURRENT	21084	Impression and custom preparation; speech aid prosthesis	090	CMS Valued 1995		-	0.045			21.92			483.6																									
SVY	21084	Impression and custom preparation; speech aid prosthesis	090		36	0.045	0.042	1.00	11.89	25.00	28.92	55.84	594	40					518			36													0	1	3	5	24
XWALK	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	090	Apr-16		0.052	0.038			22.43			591.50	40	15	20			175.50			30			1	2	1	1.0			1	2	2						
REC	21084	Impression and custom preparation; speech aid prosthesis	090			0.040	0.038			22.43			594	40					518			36																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	42120	Resection of palate or extensive resection of lesion	090	Aug-05	5	0.062	0.038			11.56			304	30	15	15			78.00			30					1	1.0				2	2						
2nd REF	31230	Maxillectomy; with orbital exenteration (en bloc)	090	Aug-05	4	0.069	0.044			30.05			682.38	60	15	20			219.38			30			1	2	2	1.0			1	3	1						
CURRENT	21083	Impression and custom preparation; palatal lift prosthesis	090	CMS Valued 1995		-	0.043			18.79			434.85																									
SVY	21083	Impression and custom preparation; palatal lift prosthesis	090		37	0.049	0.044	1.00	14.00	22.77	28.56	55.84	515	39					429			47													0	1	2	4	15
XWALK	32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	090	Aug 05		0.079	0.039			20.01			513.23	10	12	15			69.23			40			2	4	1	1.0				1	1						
REC	21083	Impression and custom preparation; palatal lift prosthesis	090			0.042	0.039			20.01			515	39					429			47																	

ISSUE: Maxillofacial Prosthetics

OBTURATOR/JAW

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	21047	Excision of benign tumor or cyst of mandible; requiring extra-oral	090	Apr-02	8	0.041	0.035			19.57			559	90					234.00			40				2	1.0				3	3							
2nd REF	38724	Cervical lymphadenectomy (modified radical neck dissection)	090	Aug-05	5	0.072	0.046			23.35			507.5	45	15	15			175.50			30				1	2	1.0			1	3							
CURRENT	21081	Impression and custom preparation; mandibular resection prosthesis	090	CMS Valued 1995		-	0.045			22.28			492.38																									
SVY	21081	Impression and custom preparation; mandibular resection prosthesis	090		37	0.036	0.034	1.00	13.00	23.35	29.11	60.67	677	42					590			45													0	5	10	15	50
XWALK	31375	Partial laryngectomy (hemilaryngectomy); laterovertical	090	Aug-05		0.051	0.037			25.42			694.25	60	15	20			146.25			35			1	3	2	1.0			2	3	1						
REV REC	21081	Impression and custom preparation; mandibular resection prosthesis	090			0.040	0.038			25.42			677	42					590			45																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	31225	Maxillectomy; without orbital exenteration	090	Aug-05	12	0.069	0.043			26.03			603.5	45	15	20			175.50			30				1	2	1	1.0			1	3	1						
2nd REF	69554	Excision aural glomus tumor; extended (extratemporal)	090	Aug-95	6	0.037	0.035			35.07			1012	120					468.00			60				2	6	1.0			2	2							
CURRENT	21080	Impression and custom preparation; definitive obturator prosthesis	090	CMS Valued 1995		-	0.047			24.43			523.58																									
SVY	21080	Impression and custom preparation; definitive obturator prosthesis	090		38	0.037	0.035	1.20	12.88	23.75	29.79	80.34	672	45					584			43													0	4	12	16	45
XWALK	31375	Partial laryngectomy (hemilaryngectomy); laterovertical	090	Aug-05		0.051	0.037			25.42			694.25	60	15	20			146.25			35			1	3	2	1.0			2	3	1						
REV REC	21080	Impression and custom preparation; definitive obturator prosthesis	090			0.040	0.038			25.42			672	45					584			43																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	31225	Maxillectomy; without orbital exenteration	090	Aug-05	13	0.069	0.043			26.03			603.5	45	15	20			175.50			30				1	2	1	1.0			1	3	1						
2nd REF	69155	Radical excision external auditory canal lesion; with neck dissection	090	Aug-95	5	0.027	0.031			22.77			737.88	90					277.88			30				1	6	1.0			2	2	1						
CURRENT	21079	Impression and custom preparation; interim obturator prosthesis	090	CMS Valued 1995		-	0.045			21.75			485.55																									
SVY	21079	Impression and custom preparation; interim obturator prosthesis	090		37	0.041	0.039	1.00	11.00	20.00	26.00	65.36	515	40					445			30													0	4	9	20	37
REC	21079	Impression and custom preparation; interim obturator prosthesis	090			0.041	0.039			20.00			515	40					445			30																	

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	090	Apr-02	9	0.048	0.036			14.34			397	75					117.00			30					1	1.0				3	3							
2nd REF	42120	Resection of palate or extensive resection of lesion	090	Aug-05	8	0.062	0.038			11.56			304	30	15	15			78.00			30					1	1.0				2	2							
CURRENT	21076	Impression and custom preparation; surgical obturator prosthesis	090	CMS Valued 1995		-	0.040			13.07			329.55																									
SVY	21076	Impression and custom preparation; surgical obturator prosthesis	090		38	0.058	0.050	1.00	9.25	15.00	18.11	33.34	302	41					231			30													0	3	8	15	45
XWALK	42120	Resection of palate or extensive resection of lesion	090	Aug-05		0.062	0.038			11.56			304.00	30	15	15			78.00			30					1	1.0				2	2							
REV REC	21076	Impression and custom preparation; surgical obturator	090			0.043	0.038			11.56			302	41					231			30																	

ISSUE: Maxillofacial Prosthetics

ORAL SURGICAL SPLINT

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	41830	Alveolectomy, including curettage of osteitis or sequestrectomy	010	Feb-94	23	0.017	0.022			3.36			152.50	30					58.50			25										2	1						
2nd REF	31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior	010	Aug-95	11	0.043	0.034			15.50			449.50	90					136.50			30				2	1	1.0		1								
CURRENT	21085	Impression and custom preparation; oral surgical splint	010	CMS Valued 1995		-	0.036			8.77			241.8																								
AAMP	21085				48	0.015	0.017	2.85	3.46	4.58	10.00	90.00	273.00	40					203			30												0	4	10	16	150
AAOMS / ADA	21085				28	0.034	0.030	2.10	3.79	4.00	10.58	60.00	134.00	30					84			20												0	5	14	21	200
SVY	21085	Impression and custom preparation; oral surgical splint	010		76	0.017	0.019	2.10	3.50	4.32	10.00	90.00	232.00	30					172			30												0	4	12	20	200
XWALK	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter,	010	Apr-18		0.049	0.035	5.90					168.50	33	10	5			58.50			20						0.5		1								
REV REC	21085	Impression and custom preparation; oral surgical splint	010			0.041	0.034	5.90					172.00	30					112			30																

Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21088	6	65	90	90	110	90	76		**520**	100	90	120	77	60		**447**	**967**
21077	7	60	60	85	85	70	65	70	**495**	60	60	68	60	60	60	**368**	**863**
21087	6	60	90	90	75	78	50		**443**	90	90	90	115	45		**430**	**873**
21086	6	63	84	80	90	90	55		**461**	84	93	80	105	52		**413**	**874**
21082	6	58	60	60	60	60	60		**358**	57	48	30	30	15		**180**	**538**
21084	6	60	60	60	50	60	50		**340**	47	47	27	45	13		**178**	**518**
21083	5	60	60	60	60	54			**294**	45	45	30	15			**135**	**429**
21081	7	60	60	60	60	60	45	30	**375**	57	53	45	30	20	10	**215**	**590**
21080	7	60	60	60	60	60	45	31	**376**	45	48	60	30	15	10	**208**	**584**
21079	6	60	60	50	60	60	55		**345**	45	20	15	10	10		**100**	**445**
21076	3	56	51	55					**162**	44	25					**69**	**231**
21085	2	37	30						**67**	45						**45**	**112**

21085 BREKOUT BY SPECIALTY

Specialty	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	Total Intra Time of all Visits
AAMP	3	45	40	44	48	27	**204**
AAOMS	2	20	26	N/A	38	N/A	**84**
COMBO	**3**	**37**	**30**	**30**	**45**	**30**	**172**

Code	Descriptor	WPUT	# FTF Visits	Current RVW	Proposed RVW	Rev Prop Values after Prefac	Rev recs at Meeting	Survey median	PRE TIME	INTRA TIME	POST TIME	TOTAL SURVEYED TIME	Current Time	Revised rationale
Extraoral														
21088	Facial prosthesis	0.0331	6	0.00	39.76	39.80	**35.00**	35.00	60	967	32	**1059**	**0**	median
21077	Orbital prosthesis	0.0355	7	32.86	34.34	34.34	**33.33**	33.33	45	863	30	**938**	**680.55**	median
21087	Nasal prosthesis	0.0322	6	24.26	34.00	34.34	**30.57**	30.57	45	873	30	**948**	**519.68**	median
21086	Auricular prosthesis	0.0314	6	24.26	34.34	34.34	**30.03**	30.03	51	874	30	**955**	**520.65**	median
Speech Procedures														
21082	Palatal augmentation	0.0411	6	20.32	28.2	28.2	**25.38**	23.00	40	538	40	**618**	**45.83**	crosswalk
21084	Speech aide	0.0378	6	21.92	25.00	25.00	**22.43**	25.00	40	518	36	**594**	**483.60**	crosswalk
21083	Palatal lift prosthesis	0.0389	5	18.79	22.77	22.77	**20.01**	22.77	39	429	47	**515**	**434.85**	crosswalk
Obturator / Jaw														
21081	Mandibular resection	0.0375	7	22.28	29.11	29.39	**25.42**	23.35	42	590	45	**677**	**492.38**	crosswalk
21080	Definitive obturator	0.0378	7	24.43	29.79	29.39	**25.42**	23.75	45	584	43	**672**	**523.58**	crosswalk
21079	Interim obturator (temp)	0.0388	6	21.75	21.75	21.75	**20.00**	20.00	40	445	30	**515**	**485.55**	median
21076	Surgical obturator prosthesis	0.0383	3	13.07	11.86	11.56	**11.56**	15.00	41	231	30	**302**	**329.55**	crosswalk
010 procedures														
21085	Oral surgical splint	0.0343	2	8.77	4.32	8.28	**5.90**	4.32	30	112	30	**172**	**241.80**	crosswalk

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**						**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2							**21076**		**21076**		**21077**		**21077**		**21079**		**21079**		**21080**		**21080**	
3		***RUC Collaboration Website***					Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: Tab 8 Specialty: ADA / AAOMS / AAMP**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 226.58**	**$ 27.54**	**$ 417.07**	**$ 21.60**	**$ 558.54**	**$ 58.32**	**$ 2,429.03**	**$ 21.60**	**$ 428.49**	**$ 58.32**	**$ 796.65**	**$ 21.60**	**$ 488.06**	**$ 58.32**	**$ 1,683.78**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**285.0**	**51.0**	**362.0**	**60.0**	**620.0**	**108.0**	**1257.0**	**60.0**	**530.0**	**108.0**	**747.0**	**60.0**	**625.0**	**108.0**	**1141.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**18.0**	**35.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**81.0**	**0.0**	**182.0**	**0.0**	**173.0**	**0.0**	**748.0**	**0.0**	**187.0**	**0.0**	**549.0**	**0.0**	**257.0**	**0.0**	**620.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L033A	Lab Technician	0.55	**150.0**	**0.0**	**145.0**	**0.0**	**380.0**	**0.0**	**474.0**	**0.0**	**260.0**	**0.0**	**163.0**	**0.0**	**285.0**	**0.0**	**486.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**36.0**	**16.0**	**0.0**	**0.0**	**32.0**	**48.0**	**0.0**	**0.0**	**48.0**	**48.0**	**0.0**	**0.0**	**48.0**	**48.0**	**0.0**	**0.0**
13		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 155.40**	**$ 27.54**	**$ 157.87**	**$ 21.60**	**$ 338.60**	**$ 58.32**	**$ 542.58**	**$ 21.60**	**$ 288.80**	**$ 58.32**	**$ 299.89**	**$ 21.60**	**$ 340.35**	**$ 58.32**	**$ 503.10**	**$ 21.60**
14		**PRE-SERVICE PERIOD**							**3 visits (only 2 count)**				**7 visits**				**6 visits**				**7 visits**	
15		**Start: Following visit when decision for surgery/procedure made**																				
16	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L026A	Medical/Technical	0.36			5	5			5	5			5	5			5	5
17	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L026A	Medical/Technical	0.36			10	20			10	20			10	20			10	20
18	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L026A	Medical/Technical	0.36				8				8				8				8
19	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L026A	Medical/Technical	0.36			10	20			10	20			10	20			10	20
20	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L026A	Medical/Technical	0.36			10	7			10	7			10	7			10	7
21	CA006	Confirm availability of prior images/studies	2 minute standard.	L037D	RN/LPN/MTA	0.54																
22	CA007	Review patient clinical extant information and questionnaire	1 minute standard.	L037D	RN/LPN/MTA	0.54																
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)		L037D	RN/LPN/MTA	0.54	18	35			35	60			35	60			35	60		
30		**End: When patient enters office/facility for surgery/procedure**																				
31		**SERVICE PERIOD**							**3 visits (only 2 count)**				**7 visits**				**6 visits**				**7 visits**	
32		**Start: When patient enters office/facility for surgery/procedure:**																				
33		**Pre-Service (of service period)**																				
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3 minute standard.	L026A	Medical/Technical	0.36			6				21				18				21	
35	CA010	Obtain vital signs	Vital Sign Standards	L026A	Medical/Technical	0.36			6				21				18				21	
36	CA011	Provide education/obtain consent	Include only the additional education/consent activities not	L037D	RN/LPN/MTA	0.54																
37	CA012	Review requisition, assess for special needs		L026A	Medical/Technical	0.36			4				14				12				14	
38	CA013	Prepare room, equipment and supplies	2 minute standard.	L026A	Medical/Technical	0.36			4				14				12				14	
39	CA014	Confirm order, protocol exam	1 minute standard., e.g., selecting which imaging sequences	L026A	Medical/Technical	0.36			2				7				6				7	
40	CA015	Setup scope (nonfacility setting only)	5 minute standard for scope set up in the non facility setting	L037D	RN/LPN/MTA	0.54																
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard.	L037D	RN/LPN/MTA	0.54																
42	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA.	L037D	RN/LPN/MTA	0.54																
49		**Intra-service (of service period)**							**3 visits (only 2 count)**				**7 visits**				**6 visits**				**7 visits**	
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physician or other qualified healthcare professional intra-service time.	L026A	Medical/Technical Assistant	0.36			111				495				345				376	
51	CA019	Assist physician or other qualified healthcare professional---directly related to	67% of physician or other qualified healthcare professional	L037D	RN/LPN/MTA	0.54																
52	CA020	Assist physician or other qualified healthcare professional---directly related to	other% of physician or other qualified healthcare professional	L037D	RN/LPN/MTA	0.54																
53	CA021	Perform procedure/service---NOT directly related to physician work time		L037D	RN/LPN/MTA	0.54	81				173				187				257			
54	CA021	Perform procedure/service---NOT directly related to physician work time		L033A	Lab Technician	0.55	150		145		380		474		260		163		285		486	
60		**Post-Service (of service period)**							**3 visits (only 2 count)**				**7 visits**				**6 visits**				**7 visits**	
61	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, standard 15 minutes of	L037D	RN/LPN/MTA	0.54																
62	CA023	Monitor patient following procedure/service, no multitasking		L037D	RN/LPN/MTA	0.54																
63	CA024	Clean room/equipment by clinical staff	3 minute standard.	L026A	Medical/Technical	0.36			6				21				18				21	
64	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.54																
65	CA026	Clean surgical instrument package	Standard for cleaning instruments	L026A	Medical/Technical	0.36			30				105				90				105	
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		L026A	Medical/Technical	0.36			4				14				12				14	
67	CA028	Review/read post-procedure x-ray, lab and pathology reports		L026A	Medical/Technical	0.36			2				10								4	
68	CA029	Check dressings, catheters, wounds	1 minute standard.	L026A	Medical/Technical	0.36			2				7				6				7	
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	Baseline time for this activity is 2 minute standard.	L037D	RN/LPN/MTA	0.54																
70	CA031	Review examination with interpreting MD/DO	2 minute standard.	L026A	Medical/Technical	0.36																
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1 minute standard.	L026A	Medical/Technical	0.36			1				5								2	
72	CA033	Perform regulatory mandated quality assurance activity (service period)		L026A	Medical/Technical	0.36																
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,		L026A	Medical/Technical	0.36																
74	CA035	Review home care instructions, coordinate visits/prescriptions	2 minute standard. For non-facility (office) setting use this	L026A	Medical/Technical	0.36			4				14				12				14	
75	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
82		**End: Patient leaves office/facility**																				
83		**POST-SERVICE PERIOD**							**3 visits**				**7 visits**				**6 visits**				**7 visits**	
84		**Start: Patient leaves office/facility**																				
85	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments. Phone	L037D	RN/LPN/MTA	0.54																
86	CA038	Coordinate post-procedure services		L037D	RN/LPN/MTA	0.54	36	16			32	48			48	48			48	48		
87	CA038	Coordinate post-procedure services		L026A	Medical/Technical	0.36																
94	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2							21076		21076		21077		21077		21079		21079		21080		21080	
3		*RUC Collaboration Website*					Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis	
4	Clinical Activity Code	Meeting Date: September 2026 Revision Date (if applicable): Tab: Tab 8 Specialty: ADA / AAOMS / AAMP	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					010	010	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					$ 226.58	$ 27.54	$ 417.07	$ 21.60	$ 558.54	$ 58.32	$ 2,429.03	$ 21.60	$ 428.49	$ 58.32	$ 796.65	$ 21.60	$ 488.06	$ 58.32	$ 1,683.78	$ 21.60
8		TOTAL CLINICAL STAFF TIME		L026A	Medical/Technical Assistant	0.36	285.0	51.0	362.0	60.0	620.0	108.0	1257.0	60.0	530.0	108.0	747.0	60.0	625.0	108.0	1141.0	60.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L026A	Medical/Technical Assistant	0.36	18.0	35.0	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L026A	Medical/Technical Assistant	0.36	81.0	0.0	182.0	0.0	173.0	0.0	748.0	0.0	187.0	0.0	549.0	0.0	257.0	0.0	620.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L033A	Lab Technician	0.55	150.0	0.0	145.0	0.0	380.0	0.0	474.0	0.0	260.0	0.0	163.0	0.0	285.0	0.0	486.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME		L026A	Medical/Technical Assistant	0.36	36.0	16.0	0.0	0.0	32.0	48.0	0.0	0.0	48.0	48.0	0.0	0.0	48.0	48.0	0.0	0.0
102	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT				3 visits (only 2 count)				7 visits				6 visits				7 visits	
103		TOTAL COST OF SUPPLY QUANTITY x PRICE					$ 46.94	$ -	$ 233.08	$ -	$ 165.02	$ -	$ 1,828.59	$ -	$ 96.83	$ -	$ 459.61	$ -	$ 96.83	$ -	$ 1,116.78	$ -
104	SA048	pack, minimum multi-specialty visit		4.01	pack		1		2		1		7		3		6		3		7	
105	SA043	pack, cleaning, surgical instruments		11.09	pack				2				7				6				7	
106	SB006	drape, non-sterile, sheet 40in x 60in		0.13	item		1		2		1		1		1		1		1		1	
107	SB022	gloves, non-sterile		0.3	pair		14				14				14				14			
108	SB029	cap-headcover, patient		0.05	item				2				7				6				7	
109	SB033	mask, surgical		0.43	item				4				14				12				14	
110	SB037	pillow case		0.47	item		6				6				6				6			
111	SB043	towel, professional 13in x 18in		0.04	item				2				7				6				7	
112	SC092	catheter, needle (for CPT 31626)		40.23	item						1				1				1			
113	SF053	blade, sharp pointed surgical		1.2	item				4				23		2		11		2		13	
114	SF054	wire, orthodontic		0	item		1								1				1			
115	SG030	cotton balls, non-sterile		0.02	item		14		14		14		14		14		14		14		14	
116	SG055	gauze, sterile 4in x 4in		0.19	item		4		4		4		4		4		4		4		4	
117	SG081	applicator, cotton-tipped, sterile, 6in		0.0562	item				10				20				20				20	
118	SJ038	petroleum jelly		0.37	oz		1		2		1		2		1		1		1		1	
119	SJ061	tongue depressor		0.03	item		2		2		2		2		2		6		2		7	
120	SJ079	basin, sterile 500cc		3.51	item				2		30		7				6				7	
121	SJ080	lens cleaner, daily (Allergan)		0.62	ounce						1		1									
122	SJ081	swab, patient prep, 1.5 ml (chloraprep)		1.09	item		24		2						24		6		24		7	
123	SJ082	paste, registration	CMS current price $0, invoice submitted to estab pricing	0.00	gm		16								8				8			
124	SJ082	paste, registration	CMS current price $0, invoice submitted to estab pricing	18.59	kit				1								1				1	
125	SJ083	polyurethane sheets (quantity as rolls)		0	roll						0											
126	SJ084	teeth set	CMS current price $0, invoice submitted to estab pricing	0	item										1				1			
127	SJ084	teeth set	CMS current price $0, invoice submitted to estab pricing	63.91	set				1								1				1	
128	SJ085	triad tray material	CMS current price $0, invoice submitted to estab pricing	0.00	item		2															
129	SJ085	triad tray material	CMS current price $0, invoice submitted to estab pricing	3.67	pack				1				1				1				1	
130	SJ086	wax, baseplate	CMS current price $0, invoice submitted to estab pricing	0	gm						45				45				45			
131	SJ086	wax, baseplate	CMS current price $0, invoice submitted to estab pricing	128.99	item				0.02				0.02				0.02				0.02	
132	SJ087	wax, boxing	CMS current price $0, invoice submitted to estab pricing	0	gm		45				45				45				45			
133	SJ087	wax, boxing	CMS current price $0, invoice submitted to estab pricing	25.79	box				0.02				0.12				0.02				0.04	
134	SK024	film, dental		1.73	item		1								1				1			
135	SK109	paper, articulating		0.06	item		3		5						6		6		6		6	
136	SK114	tissue (Kleenex)		1.87	box				2				1				1				1	
137	SL046	dental impression tray		0.48	item		1		1		1				1		1		1		1	
138	SL047	dental stone powder		3.78	lb		1		0.50		1		1.75		1		0.50		1		1	
139	SL081	impression material, alginate (dental)		8.96	lb		0		0.11		0				0		0.11		0		0.11	
140	SL082	impression material, dental putty (per bite block)		2.138	item								1									
141	SL094	mold release agent, silicone spray		0.54	oz				1				1									
142	SL150	wax, bite registration wafer		0.37	item		1		1		1				1				1		1	
143	SL151	xylenes solvent		0.012	ml																	
144	SL205	acylic, dental	CMS current price $0, invoice submitted to estab pricing	0	gm						45				45				45			
145	SL205	acylic, dental	CMS current price $0, invoice submitted to estab pricing	277	KIT				0.06				0.06				0.06				0.12	
146	SL208	alloy framework, laboratory processing	CMS current price $0, invoice submitted to estab pricing	0	item		1								1				1			
147	SL208	alloy framework, laboratory processing	CMS current price $0, invoice submitted to estab pricing	184.9	item																	
148	SL228	Greenstick compound	CMS current price $0, invoice submitted to estab pricing	0.00	item														5			
149	SL228	Greenstick compound	CMS current price $0, invoice submitted to estab pricing	1.90	box								0.20								0.20	
150	SL230	impression material, final	CMS current price $0, invoice submitted to estab pricing	0	ml						6								6			
151	SL230	impression material, final	CMS current price $0, invoice submitted to estab pricing	539.99	cartridge								0.04								0.04	
152	SL236	reline material, Trusoft	CMS current price $0, invoice submitted to estab pricing	0	gm		45								45							
153	SL236	reline material, Trusoft	CMS current price $0, invoice submitted to estab pricing	96.99	KIT				0.40								1.40				0.10	
154	SL237	silicone	CMS current price $0, invoice submitted to estab pricing	0	gm						57											
155	SL237	silicone	CMS current price $0, invoice submitted to estab pricing	129.95	lb								0.11									
156	SM021	sanitizing cloth-wipe (patient)		0.07	item				2				7				6				7	
157																						
158	*NEW*	*Tray Adhesive*		*4.13*	*ml*								0.25								0.25	
159	*NEW*	*Ball clasps*		*0.44*	*item*				4								4					
160	*NEW*	*Disposable Mounting Plates*		*4.28*	*item*				2								2				2	
161	*NEW*	*Pumice*		*4.60*	*lb*				0.22				0.44				1.32				0.44	
162	*NEW*	*Tray covers*		*0.03*	*item*				2				14.0				12				7	
163	*NEW*	*Castone White*		*1.75*	*lb*				0.88				0.88				0.44				0.88	
164	*NEW*	*rope wax*		*0.47*	*item*								0.07									
165	*NEW*	*Saliva ejectors*		*0.23*	*item*				2								6				7	
166	*NEW*	*Duplicating Material*		*67.50*	*gallon*				0.13				0.13				0.13				0.13	
167	*NEW*	*Pressure indicator paste*		*17.70*	*oz*				0.50								2.50				1	
168	*NEW*	*VST-50 silicone elastomer*		*51.95*	*lb*								0.02									
169	*NEW*	*VST-50 HD Silicone Elastomer*		*59.95*	*lb*								0.02									
170	*NEW*	*Skin prep-wipe*		*15.95*	*item*								1									
171	*NEW*	*Flocking kit*		*41.36*	*kit*								1.00									
172	*NEW*	*Functional Intrinsic Coloration, w/ thixo agent*		*575*	*Kit*								0.02									
173	*NEW*	*Extrinsic Coloration*		*198.86*	*Kit*								0.02									
174	*NEW*	*Separating Tin Foil*		*1.05*	*oz*								1									
175	*NEW*	*G-490-0-6 Red Sable Brushes*		*2.33*	*brush*								1									
176	*NEW*	*G-490-00-6 Red Sable Brushes*		*2.33*	*brush*								1									
177	*NEW*	*G-490-000-6 Red Sable Brushes*		*2.33*	*brush*								1									
178	*NEW*	*Acid Brushes Extra large*		*0.33*	*brush*								3									
179	*NEW*	*Acid Brushes small*		*0.15*	*brush*								2									
180	*NEW*	*Silicone Wheels*		*8.99*	*item*								1									
181	*NEW*	*Sculpturing wax*		*89.92*	*lb*								0.09									
182	*NEW*	*Artificial Eye*		*250.00*	*item*								1									
183	*NEW*	*Black Artificial Eyelashes*		*5.00*	*set*								1									
184	*NEW*	*Daro Hydrobond*		*17.1*	*item*								1									
185	*NEW*	*Medical Silicone Adhesive A*		*16.95*	*item*								0.05									
186	*NEW*	*Extrinsic Tri Fluid*		*2.85*	*oz*								1									
187	*NEW*	*Secure II Extra Strength Adhesive*		*24.5*	*oz*								1									
188	*NEW*	*ProBond*		*8.5*	*oz*								0.10									
189	*NEW*	*Pros Aide*		*14.95*	*item*								1									
190	*NEW*	*Daro Extra Strength*		*17.75*	*item*								1									
191	*NEW*	*Solvent*		*2.08*	*0z.*								1									
192	*NEW*	*Edge Adhesive*		*16.95*	*item*								1									
193	*NEW*	*Mixing Pads large*		*15.98*	*item*								0.10									
194	*NEW*	*Craniofacial Insert X-line magnet*		*179*	*item*								3									
195	*NEW*	*Craniofacial Titanmagnetics Model Analogue*		*49*	*item*								3									
196	*NEW*	*Craniofacial Implant Impression Post*		*49*	*item*								3									
197	*NEW*	*Craniofacial Implant epitheses magnet*		*95*	*item*								3									
198	*NEW*	*Locator attachments (set of 4)*		*249.74*	*kit*																3	
199	*NEW*	*Ti Bases Attachment*		*48*	*item*																	
200	*NEW*	*Zirconium Framework*		*97*	*set*																	
201	*NEW*	*Orthognathic splint / stent*		*1891*	*item*																	
202	*NEW*	*Sealing Kit*		*18.24*	*oz*																	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2							21076		21076		21077		21077		21079		21079		21080		21080	
3		*RUC Collaboration Website*					Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; surgical obturator prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; orbital prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; interim obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis		Impression and custom preparation; definitive obturator prosthesis	
4	Clinical Activity Code	**Meeting Date: September 2026 Revision Date (if applicable): Tab: Tab 8 Specialty: ADA / AAOMS / AAMP**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 226.58**	**$ 27.54**	**$ 417.07**	**$ 21.60**	**$ 558.54**	**$ 58.32**	**$ 2,429.03**	**$ 21.60**	**$ 428.49**	**$ 58.32**	**$ 796.65**	**$ 21.60**	**$ 488.06**	**$ 58.32**	**$ 1,683.78**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**285.0**	**51.0**	**362.0**	**60.0**	**620.0**	**108.0**	**1257.0**	**60.0**	**530.0**	**108.0**	**747.0**	**60.0**	**625.0**	**108.0**	**1141.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**18.0**	**35.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**81.0**	**0.0**	**182.0**	**0.0**	**173.0**	**0.0**	**748.0**	**0.0**	**187.0**	**0.0**	**549.0**	**0.0**	**257.0**	**0.0**	**620.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L033A	Lab Technician	0.55	**150.0**	**0.0**	**145.0**	**0.0**	**380.0**	**0.0**	**474.0**	**0.0**	**260.0**	**0.0**	**163.0**	**0.0**	**285.0**	**0.0**	**486.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L026A	Medical/Technical Assistant	0.36	**36.0**	**16.0**	**0.0**	**0.0**	**32.0**	**48.0**	**0.0**	**0.0**	**48.0**	**48.0**	**0.0**	**0.0**	**48.0**	**48.0**	**0.0**	**0.0**
207	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			**3 visits (only 2 count)**				**7 visits**				**6 visits**				**7 visits**	
208		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 24.23**	**$ -**	**$ 26.12**	**$ -**	**$ 54.92**	**$ -**	**$ 57.85**	**$ -**	**$ 42.86**	**$ -**	**$ 37.15**	**$ -**	**$ 50.88**	**$ -**	**$ 63.90**	**$ -**
209	**IMAGING EQUIPMENT**																					
210	ER071	x-ray, dental		128010.908	Default	0.485035782	2				2				2				2			
211	ED050	Technologist PACS workstation		5557	Other Formula	0.022017924			2		380		10								4	
212	ED005	camera, digital system, 12 megapixel (medical grade)		5607.182	Other Formula	0.022216755							50								10	
213	NEW	*Planmeca CBCT Imaging*		149227	Other Formula	0.455908418			10				10								20	
214	NEW	*Planmeca Proface Imaging*		23069	Other Formula	0.074458243							10									
215	**CLINIC EQUIPMENT**																					
216	EQ279	handpiece, slow speed, (Midwest)		1075.644	Other Formula	0.002854465	15		111				495		15		345		10		376	
217	EQ278	handpiece, high speed (Kavo)		807.491	Other Formula	0.00214286	15		111				495		15		345		20		376	
218	EQ276	delivery unit (Adec)		8590.224	Other Formula	0.022796105	231		111		553		495		447		345		542		376	
219	EF039	light, dental, ceiling mount (Adec)		3842.893	Other Formula	0.010197987	231		111		553		495		447		345		542		376	
220	EF038	chair, dental (Cascade 1040 - Adec), with upholstery		9438.657	Other Formula	0.020995291	231		111		553		495		447		345		542		376	
221	EQ138	instrument pack, medium ($1500 and up)		1500	Other Formula	0.00697135			111				495				345				376	
222	NEW	*3shape Trios Intraoral Scanner*		27400	Other Formula	0.086055443			56				60				60				60	
223	NEW	*Pentamix machine, tips, and cartridge*		3204.97	Other Formula	0.010344464							60								60	
224	NEW	*spectromatch with color kit*		4040.95	Other Formula	0.0130427							5									
225	**LAB EQUIPMENT**																					
226	EQ288	ultrasonic cleaning unit		895	Other Formula	0.002375085	30		**0**				**0**		80		**0**		80		**0**	
227	EQ275	compressor, air		8470	Other Formula	0.022477064	231		**0**		553		**0**		447		**0**		542		**0**	
228	EP082	washout and curing unit (Nevin)		3777	Default	0.010023125	231		30				30		447		30		480		90	
229	EP060	dust collecting unit (Handler)		810	Default	0.002149518	15		15		35		45		20		15		20		60	
230	EP029	oven, convection (lab)		1577.763	Default	0.004186952					60											
231	EP066	handpiece, laboratory (Ney)		23265.992	Default	0.06174158	35		35		35		105		35		35		35		140	
232	EP065	grinding and polishing unit (Handler)		12470.968	Default	0.033094538	20		20		15		60		15		20		26		60	
233	EP080	trimmer, dental model (Buffalo)		540	Default	0.001433012	10		10		10		10		10		10		10		20	
234	EP086	whip mixer		8762.93	Default	0.02325442	2				2				2				2			
235	EP085	whip mix combo unit (Vac-U-Spat)		987	Other Formula	0.002619228	2		2		2		4		2		2		2		8	
236	EP079	triad unit		639	Other Formula	0.001695731	20		10		20		10		20		10		20		10	
237	EP074	steamer, portable (Kerr Lab)		1149	Other Formula	0.003049132	25		20		35		65		20		55		26		65	
238	EP069	light curing unit (Triad 2000)		1670.916	Default	0.004434154	10				10				10				10			
239	EP056	articulator (model 96H2 - Hanua)		662	Other Formula	0.001756767	35		120		35				35		108		60		486	
240	NEW	*Lab Scanner & 3Shape*		35024.5	Other Formula	0.110001783			20				20				20				40	
241	NEW	*SprintRay Pro 2 Bundle 3D Printer System*		16,811.99	Other Formula	0.054262917			25				25				25				50	
242	NEW	*Ivobase*		8944.5	Other Formula	0.028869555			55								55				110	
243	NEW	*Milling Machine*		89,851	Other Formula	0.274506807																
244	NEW	*Zirconium speed furnace*		12600	Other Formula	0.040668163																
245	NEW	*Milling Machine Supply Kit*		99667.50	Other Formula	0.304497525																
246	NEW	*oven, for facial prosthesis*		795	Other Formula	0.002565967							**0**									
247	NEW	*Facebow*		1042.34	Other Formula	0.00413			176								120				180	
248	NEW	*Digital Water Bath*		624	Other Formula	0.002014042			5				5				5				5	
249	NEW	*Sandstorm2 25/50 & 50/100 mic*		751	Other Formula	0.002423952			10								10				10	
250	NEW	*Retractable Air Gun System*		508	Other Formula	0.001639637			5				30				5				25	
251		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*	*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																			
252																						

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**21081**		**21081**		**21082**		**21082**		**21083**		**21083**		**21084**		**21084**	
3		***RUC Collaboration Website***	Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; speech aid prosthesis		Impression and custom preparation; speech aid prosthesis	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**																
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 461.20**	**$ 58.32**	**$ 1,328.85**	**$ 21.60**	**$ 492.43**	**$ 84.78**	**$ 926.39**	**$ 21.60**	**$ 512.94**	**$ 84.78**	**$ 803.30**	**$ 21.60**	**$ 553.66**	**$ 84.78**	**$ 999.86**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**580.0**	**108.0**	**1115.0**	**60.0**	**630.0**	**157.0**	**903.0**	**60.0**	**665.0**	**157.0**	**702.0**	**60.0**	**720.0**	**157.0**	**950.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**272.0**	**0.0**	**622.0**	**0.0**	**263.0**	**0.0**	**565.0**	**0.0**	**313.0**	**0.0**	**467.0**	**0.0**	**343.0**	**0.0**	**550.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**225.0**	**0.0**	**458.0**	**0.0**	**245.0**	**0.0**	**303.0**	**0.0**	**220.0**	**0.0**	**200.0**	**0.0**	**245.0**	**0.0**	**365.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**48.0**	**48.0**	**0.0**	**0.0**	**87.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**
13		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 315.45**	**$ 58.32**	**$ 488.42**	**$ 21.60**	**$ 342.65**	**$ 84.78**	**$ 382.65**	**$ 21.60**	**$ 361.30**	**$ 84.78**	**$ 290.72**	**$ 21.60**	**$ 391.25**	**$ 84.78**	**$ 411.35**	**$ 21.60**
14		**PRE-SERVICE PERIOD**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
15		**Start: Following visit when decision for surgery/procedure made**																
16	CA001	Complete pre-service diagnostic and referral forms			5	5			5	5			5	5			5	5
17	CA002	Coordinate pre-surgery services (including test results)			10	20			10	20			10	20			10	20
18	CA003	Schedule space and equipment in facility				8				8				8				8
19	CA004	Provide pre-service education/obtain consent			10	20			10	20			10	20			10	20
20	CA005	Complete pre-procedure phone calls and prescription			10	7			10	7			10	7			10	7
21	CA006	Confirm availability of prior images/studies																
22	CA007	Review patient clinical extant information and questionnaire																
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)	35	60			35	60			35	60			35	60		
30		**End: When patient enters office/facility for surgery/procedure**																
31		**SERVICE PERIOD**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
32		**Start: When patient enters office/facility for surgery/procedure:**																
33		**Pre-Service (of service period)**																
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are			21				18				15				18	
35	CA010	Obtain vital signs			21				18				15				18	
36	CA011	Provide education/obtain consent																
37	CA012	Review requisition, assess for special needs			14				12				10				12	
38	CA013	Prepare room, equipment and supplies			14				12				10				12	
39	CA014	Confirm order, protocol exam			7				6				5				6	
40	CA015	Setup scope (nonfacility setting only)																
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																
42	CA017	Sedate/apply anesthesia																
49		**Intra-service (of service period)**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			375				358				294				340	
51	CA019	Assist physician or other qualified healthcare professional---directly related to																
52	CA020	Assist physician or other qualified healthcare professional---directly related to																
53	CA021	Perform procedure/service---NOT directly related to physician work time	272				263				313				343			
54	CA021	Perform procedure/service---NOT directly related to physician work time	225		458		245		303		220		200		245		365	
60		**Post-Service (of service period)**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
61	CA022	Monitor patient following procedure/service, multitasking 1:4																
62	CA023	Monitor patient following procedure/service, no multitasking																
63	CA024	Clean room/equipment by clinical staff			21				18				15				18	
64	CA025	Clean scope																
65	CA026	Clean surgical instrument package			105				90				75				90	
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			14				12				10				12	
67	CA028	Review/read post-procedure x-ray, lab and pathology reports			6				2				2				4	
68	CA029	Check dressings, catheters, wounds			7				6				5				6	
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																
70	CA031	Review examination with interpreting MD/DO																
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to			3				1				1				2	
72	CA033	Perform regulatory mandated quality assurance activity (service period)																
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,																
74	CA035	Review home care instructions, coordinate visits/prescriptions			14				12				10				12	
75	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
82		**End: Patient leaves office/facility**																
83		**POST-SERVICE PERIOD**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
84		**Start: Patient leaves office/facility**																
85	CA037	Conduct patient communications																
86	CA038	Coordinate post-procedure services	48	48			87	97			97	97			97	97		
87	CA038	Coordinate post-procedure services																
94	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**21081**		**21081**		**21082**		**21082**		**21083**		**21083**		**21084**		**21084**	
3		***RUC Collaboration Website***	Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; speech aid prosthesis		Impression and custom preparation; speech aid prosthesis	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**																
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 461.20**	**$ 58.32**	**$ 1,328.85**	**$ 21.60**	**$ 492.43**	**$ 84.78**	**$ 926.39**	**$ 21.60**	**$ 512.94**	**$ 84.78**	**$ 803.30**	**$ 21.60**	**$ 553.66**	**$ 84.78**	**$ 999.86**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**580.0**	**108.0**	**1115.0**	**60.0**	**630.0**	**157.0**	**903.0**	**60.0**	**665.0**	**157.0**	**702.0**	**60.0**	**720.0**	**157.0**	**950.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**272.0**	**0.0**	**622.0**	**0.0**	**263.0**	**0.0**	**565.0**	**0.0**	**313.0**	**0.0**	**467.0**	**0.0**	**343.0**	**0.0**	**550.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**225.0**	**0.0**	**458.0**	**0.0**	**245.0**	**0.0**	**303.0**	**0.0**	**220.0**	**0.0**	**200.0**	**0.0**	**245.0**	**0.0**	**365.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**48.0**	**48.0**	**0.0**	**0.0**	**87.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**
102	**Supply Code**	**MEDICAL SUPPLIES**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 98.56**	**$ -**	**$ 691.80**	**$ -**	**$ 100.84**	**$ -**	**$ 496.02**	**$ -**	**$ 100.84**	**$ -**	**$ 468.35**	**$ -**	**$ 100.66**	**$ -**	**$ 531.02**	**$ -**
104	SA048	pack, minimum multi-specialty visit	3		7		4		6		4		5		4		6	
105	SA043	pack, cleaning, surgical instruments			7				6				5				6	
106	SB006	drape, non-sterile, sheet 40in x 60in	1		1		1		1		1				1			
107	SB022	gloves, non-sterile	14				14				14				14			
108	SB029	cap-headcover, patient			7				6				5				6	
109	SB033	mask, surgical			14				12				10				12	
110	SB037	pillow case	6				6				6				6			
111	SB043	towel, professional 13in x 18in			7				6				5				6	
112	SC092	catheter, needle (for CPT 31626)	1				1				1				1			
113	SF053	blade, sharp pointed surgical	2		13		2		11		2		9		2		11	
114	SF054	wire, orthodontic																
115	SG030	cotton balls, non-sterile	14		14		14		14		14		14		14		14	
116	SG055	gauze, sterile 4in x 4in	4		4		4		4		4		4		4		4	
117	SG081	applicator, cotton-tipped, sterile, 6in			20				20				20				20	
118	SJ038	petroleum jelly	1		1		1		1		1		1		1			
119	SJ061	tongue depressor	2		2		2		6		2		5		2		6	
120	SJ079	basin, sterile 500cc			7				6				5				6	
121	SJ080	lens cleaner, daily (Allergan)																
122	SJ081	swab, patient prep, 1.5 ml (chloraprep)	24		7		24		6		24		5		24		6	
123	SJ082	paste, registration	8				8				8				8			
124	SJ082	paste, registration			1				1				1				1	
125	SJ083	polyurethane sheets (quantity as rolls)																
126	SJ084	teeth set	1															
127	SJ084	teeth set			1				1				1				1	
128	SJ085	triad tray material					3				2				2			
129	SJ085	triad tray material			2				2				2				2	
130	SJ086	wax, baseplate	45				45				45				45			
131	SJ086	wax, baseplate			0.02				0.02				0.02				0.02	
132	SJ087	wax, boxing	45				45				45				45			
133	SJ087	wax, boxing			0.04				0.02				0.02				0.02	
134	SK024	film, dental	2				1				1				1			
135	SK109	paper, articulating	6		6		6		6		6		6		3		3	
136	SK114	tissue (Kleenex)			1				1				1				1	
137	SL046	dental impression tray	1		1		1		1		1				1		1	
138	SL047	dental stone powder	1		0.5		1		1		1		0.50		1		0.50	
139	SL081	impression material, alginate (dental)	0				0		0.11		0				0		0.11	
140	SL082	impression material, dental putty (per bite block)																
141	SL094	mold release agent, silicone spray																
142	SL150	wax, bite registration wafer	1		1		1		1		1		1		1		1	
143	SL151	xylenes solvent																
144	SL205	acylic, dental	45				45				45				45			
145	SL205	acylic, dental							0.06				0.06				0.12	
146	SL208	alloy framework, laboratory processing	1				1				1				1			
147	SL208	alloy framework, laboratory processing							1				1				1	
148	SL228	Greenstick compound	5				1				1				1			
149	SL228	Greenstick compound			0.20				0.20				0.20				0.40	
150	SL230	impression material, final	6				6				6				6			
151	SL230	impression material, final			0.04				0.04				0.04				0.04	
152	SL236	reline material, Trusoft	45				45				45				45			
153	SL236	reline material, Trusoft															0.10	
154	SL237	silicone																
155	SL237	silicone																
156	SM021	sanitizing cloth-wipe (patient)			7				6				5				6	
157																		
158	*NEW*	*Tray Adhesive*			0.25				0.25				0.25				0.25	
159	*NEW*	*Ball clasps*																
160	*NEW*	*Disposable Mounting Plates*			2				2				2				2	
161	*NEW*	*Pumice*			0.44				0.22				0.22				0.66	
162	*NEW*	*Tray covers*			7				6				5				6	
163	*NEW*	*Castone White*			0.44				0.88				0.44				0.88	
164	*NEW*	*rope wax*																
165	*NEW*	*Saliva ejectors*			7				6				5				6	
166	*NEW*	*Duplicating Material*			0.13				0.13				0.13				0.13	
167	*NEW*	*Pressure indicator paste*							0.50				0.50				1	
168	*NEW*	*VST-50 silicone elastomer*																
169	*NEW*	*VST-50 HD Silicone Elastomer*																
170	*NEW*	*Skin prep-wipe*																
171	*NEW*	*Flocking kit*																
172	*NEW*	*Functional Intrinsic Coloration, w/ thixo agent*																
173	*NEW*	*Extrinsic Coloration*																
174	*NEW*	*Separating Tin Foil*																
175	*NEW*	*G-490-0-6 Red Sable Brushes*																
176	*NEW*	*G-490-00-6 Red Sable Brushes*																
177	*NEW*	*G-490-000-6 Red Sable Brushes*																
178	*NEW*	*Acid Brushes Extra large*																
179	*NEW*	*Acid Brushes small*																
180	*NEW*	*Silicone Wheels*																
181	*NEW*	*Sculpturing wax*																
182	*NEW*	*Artificial Eye*																
183	*NEW*	*Black Artificial Eyelashes*																
184	*NEW*	*Daro Hydrobond*																
185	*NEW*	*Medical Silicone Adhesive A*																
186	*NEW*	*Extrinsic Tri Fluid*																
187	*NEW*	*Secure II Extra Strength Adhesive*																
188	*NEW*	*ProBond*																
189	*NEW*	*Pros Aide*																
190	*NEW*	*Daro Extra Strength*																
191	*NEW*	*Solvent*																
192	*NEW*	*Edge Adhesive*																
193	*NEW*	*Mixing Pads large*																
194	*NEW*	*Craniofacial Insert X-line magnet*																
195	*NEW*	*Craniofacial Titanmagnetics Model Analogue*																
196	*NEW*	*Craniofacial Implant Impression Post*																
197	*NEW*	*Craniofacial Implant epitheses magnet*																
198	*NEW*	*Locator attachments (set of 4)*																
199	*NEW*	*Ti Bases Attachment*			6													
200	*NEW*	*Zirconium Framework*			1													
201	*NEW*	*Orthognathic splint / stent*																
202	*NEW*	*Sealing Kit*																

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2			21081		21081		21082		21082		21083		21083		21084		21084	
3		*RUC Collaboration Website*	Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; mandibular resection prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal augmentation prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; palatal lift prosthesis		Impression and custom preparation; speech aid prosthesis		Impression and custom preparation; speech aid prosthesis	
4	Clinical Activity Code	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**																
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 461.20**	**$ 58.32**	**$ 1,328.85**	**$ 21.60**	**$ 492.43**	**$ 84.78**	**$ 926.39**	**$ 21.60**	**$ 512.94**	**$ 84.78**	**$ 803.30**	**$ 21.60**	**$ 553.66**	**$ 84.78**	**$ 999.86**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**580.0**	**108.0**	**1115.0**	**60.0**	**630.0**	**157.0**	**903.0**	**60.0**	**665.0**	**157.0**	**702.0**	**60.0**	**720.0**	**157.0**	**950.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**272.0**	**0.0**	**622.0**	**0.0**	**263.0**	**0.0**	**565.0**	**0.0**	**313.0**	**0.0**	**467.0**	**0.0**	**343.0**	**0.0**	**550.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**225.0**	**0.0**	**458.0**	**0.0**	**245.0**	**0.0**	**303.0**	**0.0**	**220.0**	**0.0**	**200.0**	**0.0**	**245.0**	**0.0**	**365.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**48.0**	**48.0**	**0.0**	**0.0**	**87.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**	**97.0**	**97.0**	**0.0**	**0.0**
207	**Equipment Code**	**EQUIPMENT**			**7 visits**				**6 visits**				**5 visits**				**6 visits**	
208		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 47.19**	**$ -**	**$ 148.63**	**$ -**	**$ 48.95**	**$ -**	**$ 47.72**	**$ -**	**$ 50.80**	**$ -**	**$ 44.23**	**$ -**	**$ 61.75**	**$ -**	**$ 57.49**	**$ -**
209	**IMAGING EQUIPMENT**																	
210	ER071	x-ray, dental	2				2				2				2			
211	ED050	Technologist PACS workstation			6				2				2		343		4	
212	ED005	camera, digital system, 12 megapixel (medical grade)			10													
213	NEW	*Planmeca CBCT Imaging*			20				10				10				20	
214	NEW	*Planmeca Proface Imaging*																
215	**CLINIC EQUIPMENT**																	
216	EQ279	handpiece, slow speed, (Midwest)	10		375		10		358		10		294		10		340	
217	EQ278	handpiece, high speed (Kavo)	20		375		20		358		20		294		20		340	
218	EQ276	delivery unit (Adec)	497		375		508		358		533		294		588		340	
219	EF039	light, dental, ceiling mount (Adec)	497		375		508		358		533		294		588		340	
220	EF038	chair, dental (Cascade 1040 - Adec), with upholstery	497		375		508		358		533		294		588		340	
221	EQ138	instrument pack, medium ($1500 and up)			375				358				294				340	
222	NEW	*3shape Trios Intraoral Scanner*			60				58				60				60	
223	NEW	*Pentamix machine, tips, and cartridge*			60				60				5				60	
224	NEW	*spectromatch with color kit*																
225	**LAB EQUIPMENT**																	
226	EQ288	ultrasonic cleaning unit	80		**0**		100		**0**		80		**0**		80		**0**	
227	EQ275	compressor, air	497		**0**		508		**0**		533		**0**		588		**0**	
228	EP082	washout and curing unit (Nevin)	480				480		30		480		30		480		60	
229	EP060	dust collecting unit (Handler)	20		45		25		45		20		45		20		45	
230	EP029	oven, convection (lab)																
231	EP066	handpiece, laboratory (Ney)	35		105		45		105		45		105		35		140	
232	EP065	grinding and polishing unit (Handler)	20		80		25		60		25		60		20		80	
233	EP080	trimmer, dental model (Buffalo)	20		10		15		10		15		20		10		20	
234	EP086	whip mixer	2				2				2				2			
235	EP085	whip mix combo unit (Vac-U-Spat)	2		2		2		4		2		4		2		4	
236	EP079	triad unit	20		20		25		20		25		20		20		20	
237	EP074	steamer, portable (Kerr Lab)	20		65		40		55		40		45		26		55	
238	EP069	light curing unit (Triad 2000)	10				10				10				10			
239	EP056	articulator (model 96H2 - Hanua)	35		316		40		383		40		95		60		260	
240	NEW	*Lab Scanner & 3Shape*			360				20				20				20	
241	NEW	*SprintRay Pro 2 Bundle 3D Printer System*			75				25				25				25	
242	NEW	*Ivobase*											55				110	
243	NEW	*Milling Machine*			60													
244	NEW	*Zirconium speed furnace*			480													
245	NEW	*Milling Machine Supply Kit*			60													
246	NEW	*oven, for facial prosthesis*																
247	NEW	*Facebow*			150				120				140				140	
248	NEW	*Digital Water Bath*			5				5				5				5	
249	NEW	*Sandstorm2 25/50 & 50/100 mic*							10				10				10	
250	NEW	*Retractable Air Gun System*			25				25				15				25	
251		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																
252																		

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**21085**		**21085**		**21086**		**21086**		**21087**		**21087**		**21088**		**21088**	
3		***RUC Collaboration Website***																
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**	Impression and custom preparation; oral surgical splint		Impression and custom preparation; oral surgical splint		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; facial prosthesis		Impression and custom preparation; facial prosthesis	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**010**	**010**	**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 270.49**	**$ 33.48**	**$ 2,030.50**	**$ -**	**$ 422.04**	**$ 41.04**	**$ 2,104.47**	**$ 21.60**	**$ 422.04**	**$ 41.04**	**$ 2,081.03**	**$ 21.60**	**$ -**	**$ -**	**$ 2,407.37**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**290.0**	**62.0**	**136.0**	**0.0**	**415.0**	**76.0**	**1108.0**	**60.0**	**415.0**	**76.0**	**1106.0**	**60.0**	**0.0**	**0.0**	**1201.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**18.0**	**35.0**	**0.0**	**0.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**0.0**	**0.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**170.0**	**0.0**	**136.0**	**0.0**	**89.0**	**0.0**	**671.0**	**0.0**	**89.0**	**0.0**	**653.0**	**0.0**	**0.0**	**0.0**	**731.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**75.0**	**0.0**	**0.0**	**0.0**	**275.0**	**0.0**	**402.0**	**0.0**	**275.0**	**0.0**	**418.0**	**0.0**	**0.0**	**0.0**	**435.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**27.0**	**27.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 157.35**	**$ 33.48**	**$ 48.96**	**$ -**	**$ 226.85**	**$ 41.04**	**$ 475.26**	**$ 21.60**	**$ 226.85**	**$ 41.04**	**$ 477.58**	**$ 21.60**	**$ -**	**$ -**	**$ 515.01**	**$ 21.60**
14		**PRE-SERVICE PERIOD**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
15		**Start: Following visit when decision for surgery/procedure made**																
16	CA001	Complete pre-service diagnostic and referral forms							5	5			5	5			5	5
17	CA002	Coordinate pre-surgery services (including test results)							10	20			10	20			10	20
18	CA003	Schedule space and equipment in facility								8				8				8
19	CA004	Provide pre-service education/obtain consent							10	20			10	20			10	20
20	CA005	Complete pre-procedure phone calls and prescription							10	7			10	7			10	7
21	CA006	Confirm availability of prior images/studies																
22	CA007	Review patient clinical extant information and questionnaire																
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)	18	35			35	60			35	60						
30		**End: When patient enters office/facility for surgery/procedure**																
31		**SERVICE PERIOD**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
32		**Start: When patient enters office/facility for surgery/procedure:**																
33		**Pre-Service (of service period)**																
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are			6				18				18				18	
35	CA010	Obtain vital signs			8				18				18				18	
36	CA011	Provide education/obtain consent																
37	CA012	Review requisition, assess for special needs			4				12				12				12	
38	CA013	Prepare room, equipment and supplies			4				12				12				12	
39	CA014	Confirm order, protocol exam			2				6				6				6	
40	CA015	Setup scope (nonfacility setting only)																
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																
42	CA017	Sedate/apply anesthesia																
49		**Intra-service (of service period)**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			67				461				443				521	
51	CA019	Assist physician or other qualified healthcare professional---directly related to																
52	CA020	Assist physician or other qualified healthcare professional---directly related to																
53	CA021	Perform procedure/service---NOT directly related to physician work time	170				89				89							
54	CA021	Perform procedure/service---NOT directly related to physician work time	75				275		402		275		418				435	
60		**Post-Service (of service period)**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
61	CA022	Monitor patient following procedure/service, multitasking 1:4																
62	CA023	Monitor patient following procedure/service, no multitasking																
63	CA024	Clean room/equipment by clinical staff			6				18				18				18	
64	CA025	Clean scope																
65	CA026	Clean surgical instrument package			30				90				90				90	
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			2				12				12				12	
67	CA028	Review/read post-procedure x-ray, lab and pathology reports			2				4				4				4	
68	CA029	Check dressings, catheters, wounds							6				6				6	
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																
70	CA031	Review examination with interpreting MD/DO																
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to			1				2				2				2	
72	CA033	Perform regulatory mandated quality assurance activity (service period)																
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,																
74	CA035	Review home care instructions, coordinate visits/prescriptions			4				12				12				12	
75	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
82		**End: Patient leaves office/facility**																
83		**POST-SERVICE PERIOD**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
84		**Start: Patient leaves office/facility**																
85	CA037	Conduct patient communications																
86	CA038	Coordinate post-procedure services	27	27			16	16			16	16						
87	CA038	Coordinate post-procedure services																
94	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**21085**		**21085**		**21086**		**21086**		**21087**		**21087**		**21088**		**21088**	
3		***RUC Collaboration Website***																
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**	Impression and custom preparation; oral surgical splint		Impression and custom preparation; oral surgical splint		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; facial prosthesis		Impression and custom preparation; facial prosthesis	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**010**	**010**	**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 270.49**	**$ 33.48**	**$ 2,030.50**	**$ -**	**$ 422.04**	**$ 41.04**	**$ 2,104.47**	**$ 21.60**	**$ 422.04**	**$ 41.04**	**$ 2,081.03**	**$ 21.60**	**$ -**	**$ -**	**$ 2,407.37**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**290.0**	**62.0**	**136.0**	**0.0**	**415.0**	**76.0**	**1108.0**	**60.0**	**415.0**	**76.0**	**1106.0**	**60.0**	**0.0**	**0.0**	**1201.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**18.0**	**35.0**	**0.0**	**0.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**0.0**	**0.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**170.0**	**0.0**	**136.0**	**0.0**	**89.0**	**0.0**	**671.0**	**0.0**	**89.0**	**0.0**	**653.0**	**0.0**	**0.0**	**0.0**	**731.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**75.0**	**0.0**	**0.0**	**0.0**	**275.0**	**0.0**	**402.0**	**0.0**	**275.0**	**0.0**	**418.0**	**0.0**	**0.0**	**0.0**	**435.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**27.0**	**27.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
102	**Supply Code**	**MEDICAL SUPPLIES**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 88.63**	**$ -**	**$ 1,951.01**	**$ -**	**$ 163.46**	**$ -**	**$ 1,575.03**	**$ -**	**$ 163.46**	**$ -**	**$ 1,550.75**	**$ -**	**$ -**	**$ -**	**$ 1,834.02**	**$ -**
104	SA048	pack, minimum multi-specialty visit	1		2		1		6		1		6				6	
105	SA043	pack, cleaning, surgical instruments			2				6				6				6	
106	SB006	drape, non-sterile, sheet 40in x 60in	1		2		1		1		1		1				1	
107	SB022	gloves, non-sterile	14				14				14							
108	SB029	cap-headcover, patient			2				6				6				6	
109	SB033	mask, surgical			4				12				12				12	
110	SB037	pillow case	6				6				6							
111	SB043	towel, professional 13in x 18in							6				6				6	
112	SC092	catheter, needle (for CPT 31626)	1				1				1							
113	SF053	blade, sharp pointed surgical	2						11				11				11	
114	SF054	wire, orthodontic	1															
115	SG030	cotton balls, non-sterile	14		14		14		14		14		14				14	
116	SG055	gauze, sterile 4in x 4in	4		4		4		4		4		4				4	
117	SG081	applicator, cotton-tipped, sterile, 6in			4				20				20				20	
118	SJ038	petroleum jelly	1		1		1		1		1		1				1	
119	SJ061	tongue depressor	2		4		2		2		2		2				2	
120	SJ079	basin, sterile 500cc					30		6		30		6				6	
121	SJ080	lens cleaner, daily (Allergan)																
122	SJ081	swab, patient prep, 1.5 ml (chloraprep)	24															
123	SJ082	paste, registration	8															
124	SJ082	paste, registration			1													
125	SJ083	polyurethane sheets (quantity as rolls)					1				1							
126	SJ084	teeth set																
127	SJ084	teeth set																
128	SJ085	triad tray material																
129	SJ085	triad tray material							1				1				1	
130	SJ086	wax, baseplate	45				45				45							
131	SJ086	wax, baseplate							0.02				0.02				0.02	
132	SJ087	wax, boxing	45				45				45							
133	SJ087	wax, boxing							0.12				0.12				0.12	
134	SK024	film, dental	1															
135	SK109	paper, articulating	3		2													
136	SK114	tissue (Kleenex)			2				1				1				1	
137	SL046	dental impression tray	1		2		1				1							
138	SL047	dental stone powder	1		0.125		1		0.75		1		0.75				1	
139	SL081	impression material, alginate (dental)	0		0.125		0				0							
140	SL082	impression material, dental putty (per bite block)															1	
141	SL094	mold release agent, silicone spray			1				1				1				1	
142	SL150	wax, bite registration wafer	1		1		1				1							
143	SL151	xylenes solvent																
144	SL205	acylic, dental	45				45				45							
145	SL205	acylic, dental							0.06				0.06				0.06	
146	SL208	alloy framework, laboratory processing	1															
147	SL208	alloy framework, laboratory processing																
148	SL228	Greenstick compound	1															
149	SL228	Greenstick compound							0.20				0.20				0.20	
150	SL230	impression material, final	6				6				6							
151	SL230	impression material, final							0.04				0.04				0.04	
152	SL236	reline material, Trusoft																
153	SL236	reline material, Trusoft																
154	SL237	silicone					57				57							
155	SL237	silicone							0.11				0.11				0.22	
156	SM021	sanitizing cloth-wipe (patient)							6				6				6	
157																		
158	*NEW*	*Tray Adhesive*							0.25				0.25				0.25	
159	*NEW*	*Ball clasps*																
160	*NEW*	*Disposable Mounting Plates*																
161	*NEW*	*Pumice*							0.22				0.22				0.50	
162	*NEW*	*Tray covers*			2				12				12				12	
163	*NEW*	*Castone White*							0.88				0.88				1.00	
164	*NEW*	*rope wax*							0.07				0.07				0.07	
165	*NEW*	*Saliva ejectors*																
166	*NEW*	*Duplicating Material*							0.13				0.13				0.26	
167	*NEW*	*Pressure indicator paste*																
168	*NEW*	*VST-50 silicone elastomer*							0.02				0.02				0.02	
169	*NEW*	*VST-50 HD Silicone Elastomer*							0.02				0.02				0.02	
170	*NEW*	*Skin prep-wipe*							1				1				1	
171	*NEW*	*Flocking kit*							1				1				1	
172	*NEW*	*Functional Intrinsic Coloration, w/ thixo agent*							0.02				0.02				0.02	
173	*NEW*	*Extrinsic Coloration*							0.02				0.02				0.02	
174	*NEW*	*Separating Tin Foil*							1				1				1	
175	*NEW*	*G-490-0-6 Red Sable Brushes*							1				1				1	
176	*NEW*	*G-490-00-6 Red Sable Brushes*							1				1				1	
177	*NEW*	*G-490-000-6 Red Sable Brushes*							1				1				1	
178	*NEW*	*Acid Brushes Extra large*							3				3				3	
179	*NEW*	*Acid Brushes small*							2				2				2	
180	*NEW*	*Silicone Wheels*							1				1				1	
181	*NEW*	*Sculpturing wax*							0.36				0.09				0.12	
182	*NEW*	*Artificial Eye*															1	
183	*NEW*	*Black Artificial Eyelashes*															1	
184	*NEW*	*Daro Hydrobond*							1				1				1	
185	*NEW*	*Medical Silicone Adhesive A*							0.05				0.05				0.05	
186	*NEW*	*Extrinsic Tri Fluid*							1				1				1	
187	*NEW*	*Secure II Extra Strength Adhesive*							1				1				1	
188	*NEW*	*ProBond*							0.10				0.10				0.10	
189	*NEW*	*Pros Aide*							1				1				1	
190	*NEW*	*Daro Extra Strength*							1				1				1	
191	*NEW*	*Solvent*							1				1					
192	*NEW*	*Edge Adhesive*							1				1				1	
193	*NEW*	*Mixing Pads large*							0.20				0.20				0.20	
194	*NEW*	*Craniofacial Insert X-line magnet*							3				3				3	
195	*NEW*	*Craniofacial Titanmagnetics Model Analogue*							3				3				3	
196	*NEW*	*Craniofacial Implant Impression Post*							3				3				3	
197	*NEW*	*Craniofacial Implant epitheses magnet*							3				3				3	
198	*NEW*	*Locator attachments (set of 4)*																
199	*NEW*	*Ti Bases Attachment*																
200	*NEW*	*Zirconium Framework*																
201	*NEW*	*Orthognathic splint / stent*			1													
202	*NEW*	*Sealing Kit*							1				1				1	

	A	B	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**21085**		**21085**		**21086**		**21086**		**21087**		**21087**		**21088**		**21088**	
3		***RUC Collaboration Website***																
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: Tab 8** **Specialty: ADA / AAOMS / AAMP**	Impression and custom preparation; oral surgical splint		Impression and custom preparation; oral surgical splint		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; auricular prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; nasal prosthesis		Impression and custom preparation; facial prosthesis		Impression and custom preparation; facial prosthesis	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**010**	**010**	**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 270.49**	**$ 33.48**	**$ 2,030.50**	**$ -**	**$ 422.04**	**$ 41.04**	**$ 2,104.47**	**$ 21.60**	**$ 422.04**	**$ 41.04**	**$ 2,081.03**	**$ 21.60**	**$ -**	**$ -**	**$ 2,407.37**	**$ 21.60**
8		**TOTAL CLINICAL STAFF TIME**	**290.0**	**62.0**	**136.0**	**0.0**	**415.0**	**76.0**	**1108.0**	**60.0**	**415.0**	**76.0**	**1106.0**	**60.0**	**0.0**	**0.0**	**1201.0**	**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**18.0**	**35.0**	**0.0**	**0.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**0.0**	**0.0**	**35.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**170.0**	**0.0**	**136.0**	**0.0**	**89.0**	**0.0**	**671.0**	**0.0**	**89.0**	**0.0**	**653.0**	**0.0**	**0.0**	**0.0**	**731.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**75.0**	**0.0**	**0.0**	**0.0**	**275.0**	**0.0**	**402.0**	**0.0**	**275.0**	**0.0**	**418.0**	**0.0**	**0.0**	**0.0**	**435.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**27.0**	**27.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**16.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
207	**Equipment Code**	**EQUIPMENT**			**2 visits***				**6 visits**				**6 visits**				**6 visits**	
208		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 24.52**	**$ -**	**$ 30.53**	**$ -**	**$ 31.73**	**$ -**	**$ 54.18**	**$ -**	**$ 31.73**	**$ -**	**$ 52.70**	**$ -**	**$ -**	**$ -**	**$ 58.35**	**$ -**
209	**IMAGING EQUIPMENT**																	
210	ER071	x-ray, dental	2				2				2							
211	ED050	Technologist PACS workstation			2				4				4				4	
212	ED005	camera, digital system, 12 megapixel (medical grade)			10				10				10				10	
213	NEW	*Planmeca CBCT Imaging*			10				10				10				10	
214	NEW	*Planmeca Proface Imaging*							10				10				10	
215	**CLINIC EQUIPMENT**																	
216	EQ279	handpiece, slow speed, (Midwest)	10		67				461				443				521	
217	EQ278	handpiece, high speed (Kavo)	30		67				461				443				521	
218	EQ276	delivery unit (Adec)	245		67		364		461		364		443				521	
219	EF039	light, dental, ceiling mount (Adec)	245		67		364		461		364		443				521	
220	EF038	chair, dental (Cascade 1040 - Adec), with upholstery	245		67		364		461		364		443				521	
221	EQ138	instrument pack, medium ($1500 and up)			67				461				443				521	
222	NEW	*3shape Trios Intraoral Scanner*			37				63				60				65	
223	NEW	*Pentamix machine, tips, and cartridge*							63				60				65	
224	NEW	*spectromatch with color kit*							5				5				5	
225	**LAB EQUIPMENT**																	
226	EQ288	ultrasonic cleaning unit	40		**0**				**0**				**0**				**0**	
227	EQ275	compressor, air	245		**0**		364		**0**		364		**0**				**0**	
228	EP082	washout and curing unit (Nevin)	245						30				30				30	
229	EP060	dust collecting unit (Handler)	20		75		25		45		25		45				45	
230	EP029	oven, convection (lab)					60				60							
231	EP066	handpiece, laboratory (Ney)	20		67		25		105		25		105				105	
232	EP065	grinding and polishing unit (Handler)	20		67		25		40		25		40				40	
233	EP080	trimmer, dental model (Buffalo)	10				25		10		25		10				10	
234	EP086	whip mixer	2				2				2							
235	EP085	whip mix combo unit (Vac-U-Spat)	2				2		4		2		4				4	
236	EP079	triad unit	20				25		10		25		10				20	
237	EP074	steamer, portable (Kerr Lab)	10		10		25		55		25		55				55	
238	EP069	light curing unit (Triad 2000)	10				10				10							
239	EP056	articulator (model 96H2 - Hanua)	30		112													
240	NEW	*Lab Scanner & 3Shape*			67				20				20				20	
241	NEW	*SprintRay Pro 2 Bundle 3D Printer System*			67				25				25				25	
242	NEW	*Ivobase*																
243	NEW	*Milling Machine*																
244	NEW	*Zirconium speed furnace*																
245	NEW	*Milling Machine Supply Kit*																
246	NEW	*oven, for facial prosthesis*							**0**				**0**				**0**	
247	NEW	*Facebow*			82													
248	NEW	*Digital Water Bath*			5				5				5				5	
249	NEW	*Sandstorm2 25/50 & 50/100 mic*																
250	NEW	*Retractable Air Gun System*							25				25				25	
251		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																
252																		

CPT Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Visit 8 Median FTF Time	Visit 9 Median FTF Time	Visit 10 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	NFTF Median Time between V7 and 8	NFTF Median Time between V8 and 9	NFTF Median Time between V9 and 10	Total NFTF Time	Total Intra Time of all Visits
21085	2	37	30									**67**	45									**45**	**112**
21076	3	56	51	55								**162**	44	25								**69**	**231**
21077	7	60	60	85	85	70	65	70				**495**	60	60	68	60	60	60				**368**	**863**
21079	6	60	60	50	60	60	55					**345**	45	20	15	10	10					**100**	**445**
21080	7	60	60	60	60	60	45	31				**376**	45	48	60	30	15	10				**208**	**584**
21081	7	60	60	60	60	60	45	30				**375**	57	53	45	30	20	10				**215**	**590**
21082	6	58	60	60	60	60	60					**358**	57	48	30	30	15					**180**	**538**
21083	5	60	60	60	60	54						**294**	45	45	30	15						**135**	**429**
21084	6	60	60	60	50	60	50					**340**	47	47	27	45	13					**178**	**518**
21086	6	63	84	80	90	90	54					**461**	84	93	80	105	52					**413**	**874**
21087	6	60	90	90	75	78	50					**443**	90	90	90	115	45					**430**	**873**
21088	6	65	90	90	110	90	76					**521**	100	90	120	77	60					**447**	**968**
		Times from survey											Times from survey										

21085 BREAKOUT BY SPECIALTY

Specialty	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	Total Intra Time of all Visits
AAMP	3	45	40	44	48	27	**204**
AAOMS	2	20	26	N/A	38	N/A	**84**
COMBO	**3**	**37**	**30**	**30**	**45**	**30**	**172**

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
CPT Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21076	**3**	56	DA in OR for FTF V 2	55					**111**	120	25					**145**	**256**
21077	**7**	60	60	85	85	70	65	70	**495**	120	120	60	60	60	54	**474**	**969**
21079	**6**	60	60	50	60	60	55		**345**	108	20	15	10	10		**163**	**508**
21080	**7**	60	60	60	60	60	45	31	**376**	70	90	60	120	136	10	**486**	**862**
21081	**7**	60	60	60	60	60	45	30	**375**	57	75	90	90	136	10	**458**	**833**
21082	**6**	58	60	60	60	60	60		**358**	55	45	60	30	113		**303**	**661**
21083	**5**	60	60	60	60	54			**294**	60	45	80	15			**200**	**494**
21084	**6**	60	60	60	50	60	50		**340**	60	45	90	90	80		**365**	**705**
21085	**2**	37	30						**67**	No lab tech for this code only						**0**	**67**
21086	**6**	63	84	80	90	90	54		**461**	84	93	80	93	52		**402**	**863**
21087	**6**	60	90	90	75	78	50		**443**	90	90	90	103	45		**418**	**861**
21088	**6**	65	90	90	110	90	76		**521**	100	90	120	65	60		**435**	**956**

Invoice #	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	*Calculation for Price*
	SA048	pack, minimum multi-specialty visit	4.01	pack	
	SA043	pack, cleaning, surgical instruments	11.09	pack	
	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item	
	SB022	gloves, non-sterile	0.3	pair	
	SB029	cap-headcover, patient	0.05	item	
	SB033	mask, surgical	0.43	item	
	SB037	pillow case	0.47	item	
	SB043	towel, professional 13in x 18in	0.04	item	
	SC092	catheter, needle (for CPT 31626)	40.23	item	
	SF053	blade, sharp pointed surgical	1.2	item	
	SF054	wire, orthodontic	0	item	
	SG030	cotton balls, non-sterile	0.02	item	
	SG055	gauze, sterile 4in x 4in	0.19	item	
	SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	
	SJ038	petroleum jelly	0.37	oz	
	SJ061	tongue depressor	0.03	item	
	SJ079	basin, sterile 500cc	3.51	item	
	SJ080	lens cleaner, daily (Allergan)	0.62	ounce	
	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	
56	SJ082	paste, registration	18.59	kit	*1= $111.51 can be used 6 times. CMS price $0*
	SJ083	polyurethane sheets (quantity as rolls)	0	roll	
50	SJ084	teeth set	63.91	set	*63.91 for anterior and posterior set, CMS price $0*
43	SJ085	triad tray material	3.67	pack	*30 pack=109.99, CMS price $0*
48	SJ086	wax, baseplate	128.99	item	*128.99 for 1 box, 250 sheets in a box, we use 4 sheets. CMS price $0*
45	SJ087	wax, boxing	25.79	box	*1lb/box = 25.79, Invoice 45, 52 strips per box. 1 strip is used for this prosthesis. CMS price $0*
	SK024	film, dental	1.73	item	
	SK109	paper, articulating	0.06	item	
	SK114	tissue (Kleenex)	1.87	box	
	SL046	dental impression tray	0.48	item	
	SL047	dental stone powder	3.78	lb	*454 grams = 1 lb, 225 grams to pour one impression and 0.44 to invest for flasking*
	SL081	impression material, alginate (dental)	8.96	lb	*It takes 50 grams to pour 1 impression, 454 grams = 1 pound, 50 divided by 454 = 0.11*
	SL082	impression material, dental putty (per bite block)	2.138	item	
	SL094	mold release agent, silicone spray	0.54	oz	
51	SL150	wax, bite registration wafer	0.37	item	
	SL151	xylenes solvent	0.012	ml	

49	SL205	acylic, dental	277	KIT	*277.00 per kit, 16 capsules per kit. 1 capsule per prosthesis. CMS price $0*
47	SL208	alloy framework, laboratory processing	184.9	item	*184.9 total for 1. CMS price $0*
46	SL228	Greenstick compound	1.90	box	*15 sticks /box=28.49. CMS price = $0*
54	SL230	impression material, final	539.99	cartridge	*25 impressions per cartride. $539.99 for 1 cartridge. 21076 does not make a final impression. CMS price $0.*
42	SL236	reline material, Trusoft	96.99	KIT	*10 relines per kit $96.99 is price of kit. 1 kit divided by 10 relines = 0.1 . Per DOW for visit 3 we do 4 relines for this code. CMS price $0.*
55	SL237	silicone	129.95	lb	*$129.95 per lb. CMS price $0.*
	SM021	sanitizing cloth-wipe (patient)	0.07	item	
14	*NEW*	*Tray Adhesive*	*4.13*	*ml*	*10ml bottle = 41.29*
15	*NEW*	*Ball clasps*	*0.44*	*item*	*100/pk = $43.99*
15	*NEW*	*Disposable Mounting Plates*	*4.28*	*item*	*10/pk = 42.79, use 2 plates per prosthesis, invoice 15*
15	*NEW*	*Pumice*	*4.60*	*lb*	*5lb each = 22.99, $4.598 = 1 lb. Use 100 grams per prosthesis. 1 lb = 454 grams. 100 divided by 454 = 0.22*
16	*NEW*	*Tray covers*	*0.03*	*item*	*1000/box=33.75*
17	*NEW*	*Castone White*	*1.75*	*lb*	*25lb each= 43.79, takes 200 grams to mount the models 200 grams divided by 454 grams (1 lb) = 0.44, another 200 grams to invest for flasking*
17	*NEW*	*rope wax*	*0.47*	*item*	*55 strips/box= 25.99*
31	*NEW*	*Saliva ejectors*	*0.23*	*item*	*100/pk = 23.44, use 1 per visit*
37	*NEW*	*Duplicating Material*	*67.50*	*gallon*	*2 gallon pail = 134.99. for 2 gallons = 15 duplicates, 1 gallon = 7.5 duplicates. 1 gallon divided by 7.5 duplicates = 0.13 for duplicate model*
44	*NEW*	*Pressure indicator paste*	*17.70*	*oz*	*4oz = 70.79*
55	*NEW*	*VST-50 silicone elastomer*	*51.95*	*lb*	*Invoice 55 1 lb = 51.95*
55	*NEW*	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*	*Invoice 55 1 lb = 59.95*
38	*NEW*	*Skin prep-wipe*	*15.95*	*item*	*1=15.95*
22	*NEW*	*Flocking kit*	*41.36*	*kit*	*1kit = 41.36*
24	*NEW*	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*	*kit = 575.00*
22	*NEW*	*Extrinsic Coloration*	*198.86*	*Kit*	*.9 kg kit = 198.86*
25	*NEW*	*Separating Tin Foil*	*1.05*	*oz*	*16 oz = 16.76*
27	*NEW*	*G-490-0-6 Red Sable Brushes*	*2.33*	*brush*	*pack of 6 14.00*
27	*NEW*	*G-490-00-6 Red Sable Brushes*	*2.33*	*brush*	*pack of 6 14.00*
27	*NEW*	*G-490-000-6 Red Sable Brushes*	*2.33*	*brush*	*pack of 6 14.00*
21	*NEW*	*Acid Brushes Extra large*	*0.33*	*brush*	*box of 144 = 47.95*

21	NEW	Acid Brushes small	0.15	brush	box of 144 = 21.95
27	NEW	Silicone Wheels	8.99	item	4 pk = 35.95
23	NEW	Sculpturing wax	89.92	lb	1/2lb = 44.96
29	NEW	Artificial Eye	250.00	item	1=250.00
27	NEW	Black Artificial Eyelashes	5.00	set	set 5.00
57	NEW	Daro Hydrobond	17.10	item	2oz = 17.10
38	NEW	Medical Silicone Adhesive A	17.10	oz	1 oz = 17.20
25	NEW	Extrinsic Tri Fluid	2.85	oz	16 oz = 45.56
26	NEW	Secure II Extra Strength Adhesive	24.50	oz	1 oz 24.50
26	NEW	ProBond	8.50	oz	1 oz 8.50
38	NEW	Pros Aide	14.95	item	1=14.95
38	NEW	Daro Extra Strength	17.75	item	1=17.75
58	NEW	Solvent	2.08	0z.	16 oz - $33.26
33	NEW	Edge Adhesive	16.95	item	15gm = 16.95 = 1 tube
32	NEW	Mixing Pads large	15.98	item	2=31.95
28	NEW	Craniofacial Insert X-line magnet	179	item	individual unit = $179, total for all 3 = $537
28	NEW	Craniofacial Titanmagnetics Model Analogue	49	item	individual unit = $49, total for all 3 = $147
28	NEW	Craniofacial Implant Impression Post	49	item	individual unit - $49, total for all 3 $147
28	NEW	Craniofacial Implant epitheses magnet	95	item	individual unit = $95,, total for all 3 = $285
34	NEW	Locator attachments (set of 4)	426.46	kit	One kit per implant. One kit = $92.49 for locator male processing, $85.99 for locator impression coping, $87.99 for locator female analog, $159.99 for locator abutment. One kit = $426.46 individual implant attachment.
35	NEW	Ti Bases Attachment	48	item	48.00 each
36	NEW	Zirconium Framework	97	set	set = $97, 1 set =$69 for bridge +$28 for stain = $97 total for framework (do not use ti bases in invoice, they are listed separately
39	NEW	Orthognathic splint / stent	1891	item	1=1891.00
52	NEW	Sealing Kit	18.24	oz	4 oz = 72.95

21076											
DA	LT	DA	LT	DA	TOTALS	DA	LT	DA	LT	DA	LT
1	NFTF	Staff in OR	NFTF	3		1	NFTF	2	NFTF	3	NFTF
1				1	2	1		1		1	
1				1	2	1		1		1	
1				1	2	1					
1				1	2	1		1		1	
2				2	4	2		2		2	
1				1	2	1		1		1	
1	1		1	1	4	1	1	1	1	1	1
				14	14			14			
2				2	4			4			
2				8	10			10			
1				1	2			1			
1				1	2			2			
1				1	2	1		1		1	
1				1	2						
1					1						
	1				1						
	1				1		1				
	0.02				0.02		0.02				
	0.02				0.02		0.12				
	3			2	5						
1				1	2	1					
1					1						
	0.5				0.5		0.75				
0.11					0.11						
	1				1						
1					1						

	0.06				**0.06**						
						0.20					
						0.04					
				0.4	**0.4**						
1				1	**2**	1		1		1	
							0.25				
	4				**4**						
	2				**2**						
	0.22				**0.22**		0.22				
1				1	**2**	2		2		2	
	0.88				**0.88**						
1				1	**2**						
	0.13				**0.13**		0.13				
				0.5	**0.5**						

								0.03		0.03	
						1					
						3					
							3				
						3					
							3				

21077										
DA	LT	DA	LT	DA	LT	DA	TOTALS	DA	LT	DA
4	NFTF	5	NFTF	6	NFTF	7		1	NFTF	2
1		1		1		1	7	1		1
1		1		1		1	7	1		1
							1	1		
1		1		1		1	7	1		1
2		2		2		2	14	2		2
1		1		1		1	7	1		1
1	1	1	11	1	1	1	23	1	1	1
							14	4		2
							4	2		2
						10	20	4		4
		1					2	1		
							2	1		1
1		1		1		1	7	1		1
					1		1			
								1		1
								1		
									1	
							1		1	
							0.02		0.02	
							0.12		0.02	
								1		1
							1	1		
								1		
			1				1.75		0.5	
								0.11		
	1						1			
	1						1			

	0.06						**0.06**		0.06	
							0.20			
							0.04			
										0.3
			0.11				**0.11**			
1		1		1		1	**7**	1		1
							0.25			
									4	
									2	
	0.22						**0.44**		0.22	0.22
2		2		2		2	**14**	2		2
	0.88						**0.88**		0.44	
	0.07						**0.07**			
								1		1
							0.13		0.13	
										0.5
			0.02				**0.02**			
			0.02				**0.02**			
					1		**1**			
					0.04		**0.04**			
		0.02					**0.02**			
		0.02					**0.02**			
	1						**1**			
				1			**1**			
				1			**1**			
				1			**1**			
	3						**3**			

	2						**2**
				1.00			**1.00**
0.03							**0.09**
							1
			1				**1**
						1	**1**
					0.05		**0.05**
				1			**1**
						1	**1**
			0.10				**0.10**
						1	**1**
						1	**1**
	1						**1**
						1	**1**
		0.10					**0.10**
							3
							3
							3
							3

21079										
LT	DA	LT	DA	LT	DA	LT	DA	TOTALS	DA	LT
NFTF	3	NFTF	4	NFTF	5	NFTF	6		1	NFTF
	1		1		1		1	6	1	
	1		1		1		1	6	1	
								1		
	1		1		1		1	6	1	
	2		2		2		2	12	2	
	1		1		1		1	6	1	
1	1	1	1	1	1	1	1	11	1	1
	2		2		2		2	14	2	
								4		
	4		4		2		2	20	4	
								1		
	1		1		1		1	6	1	
	1		1		1		1	6	1	
	1		1		1		1	6	1	
								1		
								1		
								1		1
								0.02		
								0.02		
	1		1		1		1	6		
								1		
								1	1	
								0.5		0.5
								0.11	0.11	

								0.06		
	0.3		0.3		0.3		0.2	**1.4**		
	1		1		1		1	**6**	1	
								4		
								2		
	0.22		0.22		0.22		0.22	**1.32**		
	2		2		2		2	**12**	1	
								0.44		
	1		1		1		1	**6**	1	
								0.13		
	0.5		0.5		0.5		0.5	**2.5**		

3

21080											
DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
1		1		1		1		1		1	7
1		1		1		1		1		1	7
1											1
1		1		1		1		1		1	7
2		2		2		2		2		2	14
1		1		1		1		1		1	7
1	1	1	1	1	1	1	1	1	1	1	13
2		2		2		2		2		2	14
4											4
4		2		2		2		2		4	20
1											1
1		1		1		1		1		1	7
1		1		1		1		1		1	7
1		1		1		1		1		1	7
				1							1
					1						1
											1
	0.02										0.02
	0.04										0.04
						3		3			6
1											1
											1
	0.5										1
											0.11
				1							1

	0.06						0.06				**0.12**
0.2											**0.2**
0.04											**0.04**
		0.1									**0.1**
1		1		1		1		1		1	**7**
0.25											**0.25**
					2						**2**
	0.22						0.22				**0.44**
1		1		1		1		1		1	**7**
	0.44						0.44				**0.88**
1		1		1		1		1		1	**7**
	0.13										**0.13**
		0.5						0.5			**1**

3

21081										
DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA
1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6
1		1		1		1		1		1
1		1		1		1		1		1
		1								
1		1		1		1		1		1
2		2		2		2		2		2
1		1		1		1		1		1
1	1	1	1	1	1	1	1	1	1	1
2		2		2		2		2		2
		4								
4		4		2		2		2		2
		1								
		2								
1		1		1		1		1		1
1		1		1		1		1		1
						1				
							1			
			1		1					
			0.02							
			0.04							
								2		2
		1								
		1								
			0.5							
						1				

		0.2								
		0.04								
1		1		1		1		1		1
		0.25								
						2				
			0.22		0.22					
1		1		1		1		1		1
							0.44			
1		1		1		1		1		1
			0.13							

								6	
								1	

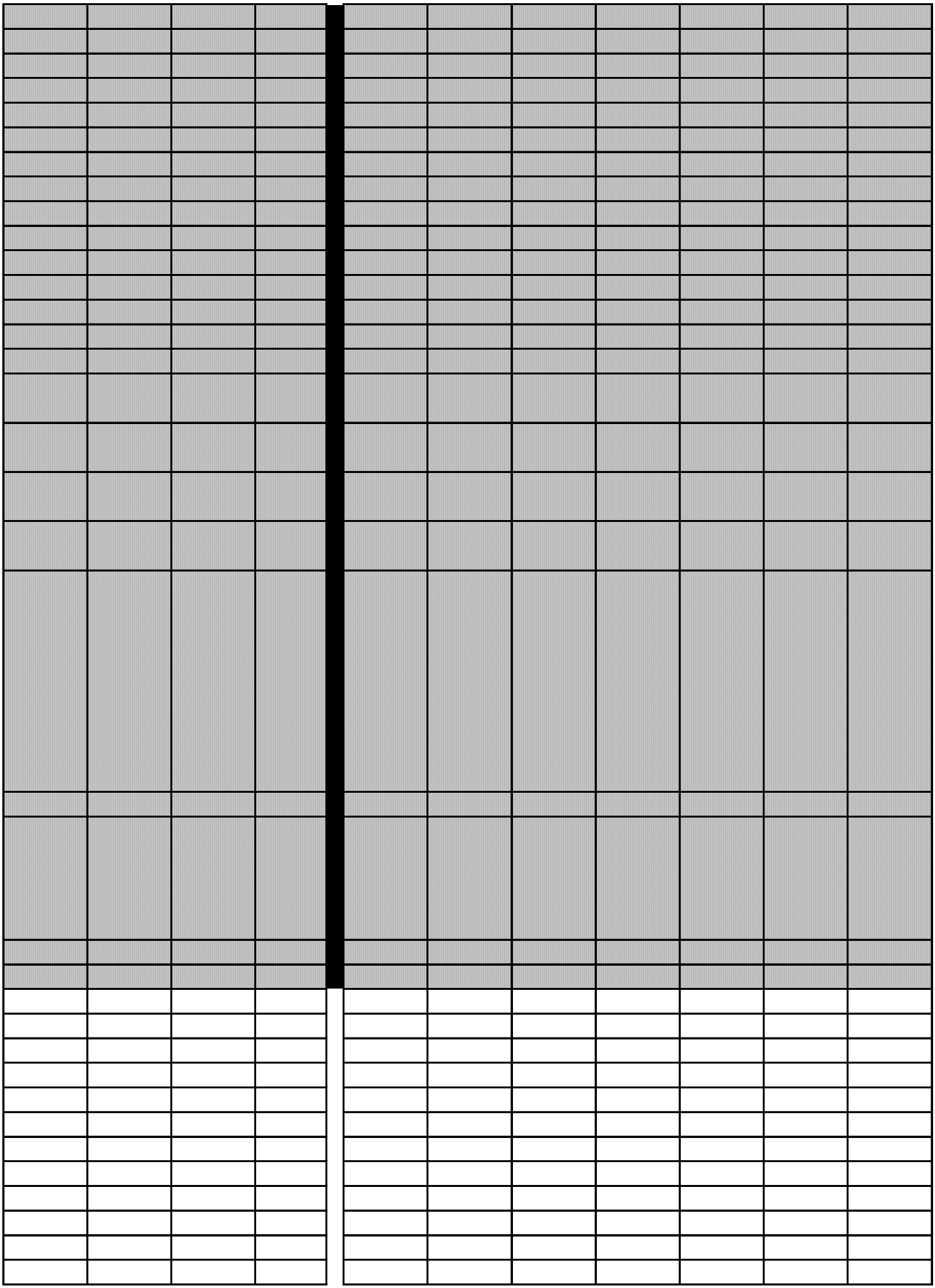
			21082							
LT	DA	TOTALS	DA	LT	DA	LT	DA	LT	DA	LT
NFTF	7		1	NFTF	2	NFTF	3	NFTF	4	NFTF
	1	7	1		1		1		1	
	1	7	1		1		1		1	
		1			1					
	1	7	1		1		1		1	
	2	14	2		2		2		2	
	1	7	1		1		1		1	
1	1	13	1	1	1	1	1	1	1	1
	2	14	2		4		2		2	
		4			4					
	4	20	4		4		2		2	
		1			1					
		2	1		1		1		1	
	1	7	1		1		1		1	
	1	7	1		1		1		1	
		1					1			
		1						1		
		2		1				1		
		0.02				0.02				
		0.04				0.02				
	2	6							2	
		1			1					
		1	1							
		0.5		0.5		0.5				
			0.11							
		1					1			

								1			
		0.2			0.2						
		0.04			0.04						
	1	**7**	1		1		1		1		
		0.25			0.25						
		2						2			
		0.44									
	1	**7**	1		1		1		1		
		0.44						0.44			
	1	**7**	1		1		1		1		
		0.13				0.13					

		6									
		1									

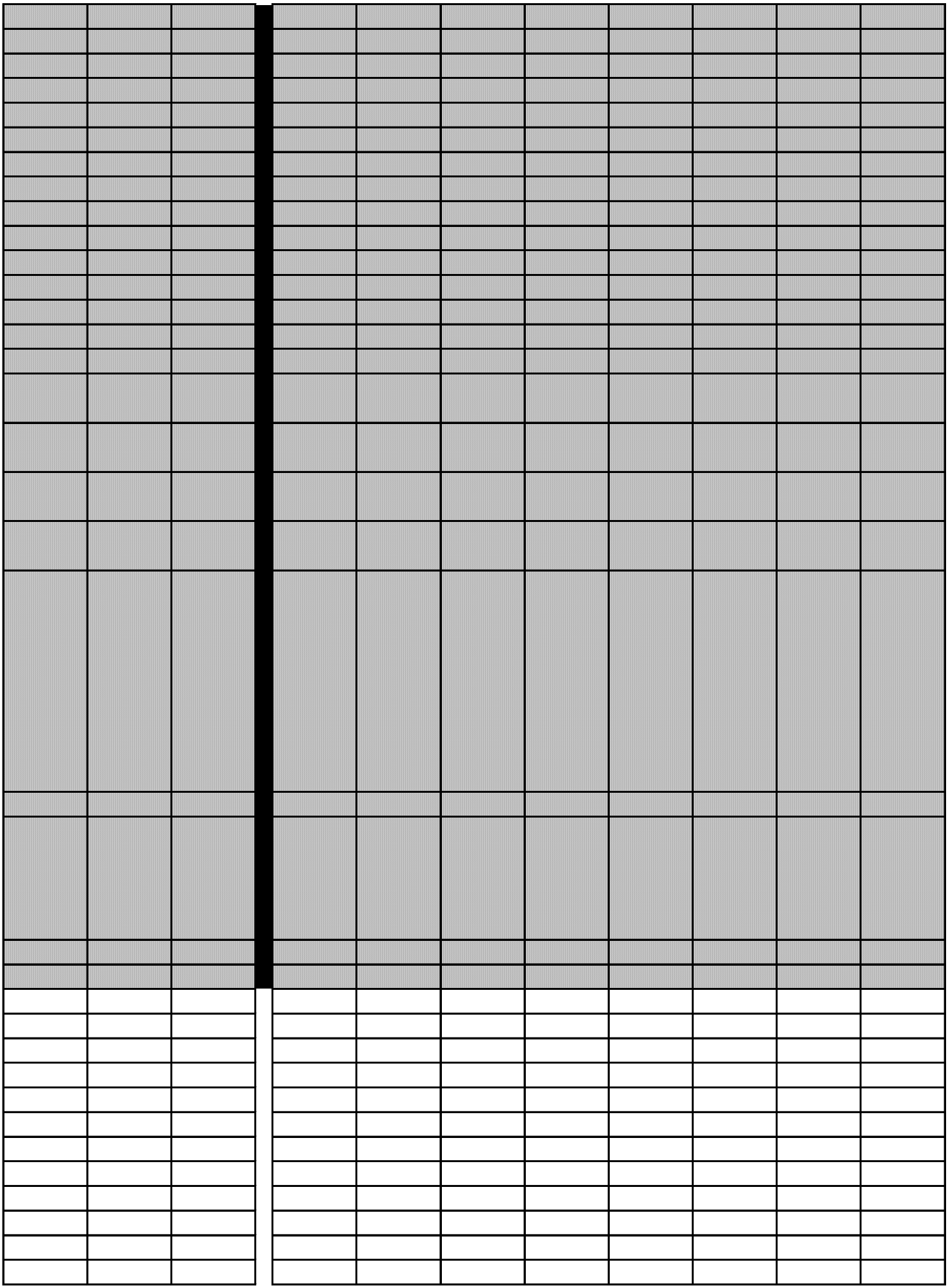
				21083						
DA	LT	DA	TOTALS	DA	LT	DA	LT	DA	LT	DA
5	NFTF	6		1	NFTF	2	NFTF	3	NFTF	4
1		1	6	1		1		1		1
1		1	6	1		1		1		1
			1							
1		1	6	1		1		1		1
2		2	12	2		2		2		2
1		1	6	1		1		1		1
1	1	1	11	1	1	1	1	1	1	1
2		2	14	4		4		2		2
			4			4				
4		4	20	4		4		4		4
			1			1				
1		1	6			2		1		1
1		1	6	1		1		1		1
1		1	6	1		1		1		1
			1					1		
			1						1	
			2		1				1	
			0.02		0.02					
			0.02		0.02					
2		2	6							3
			1			1				
			1							
			1			0.5				
			0.11							
			1					1		

	0.06		**0.06**							
			1					1		
			0.2			0.2				
			0.04			0.04				
1		1	**6**	1		1		1		1
			0.25			0.25				
			2				2			
	0.22		**0.22**							
1		1	**6**	1		1		1		1
	0.44		**0.88**						0.44	
1		1	**6**	1		1		1		1
			0.13				0.13			
		0.5	**0.5**							



												21084	
LT	DA	TOTALS	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	
NFTF	5		1	NFTF	2	NFTF	3	NFTF	4	NFTF			
	1	5	1		1		1		1				
	1	5	1		1		1		1				
	1	5	1		1		1		1				
	2	10	2		2		2		2				
	1	5	1		1		1		1				
1	1	9	1	1	1	1	1	1	1	1			
	2	14	2		4		2		2				
		4			4								
	4	20	4		4		2		2				
		1											
	1	5	1		1		1		1				
	1	5	1		1		1		1				
	1	5	1		1		1		1				
		1							1				
		1								1			
		2		1				1					
		0.02						0.01		0.01			
		0.02				0.02							
	3	6											
		1			1								
			1										
		0.5				0.5							
			0.11										
		1							1				

0.06		**0.06**						0.06		
		1					1			
		0.2			0.2		0.2			
		0.04			0.04					
							0.1			
	1	**5**	1		1		1		1	
		0.25			0.25					
		2								2
0.22		**0.22**						0.22		
	1	**5**	1		1		1		1	
		0.44								0.44
	1	**5**	1		1		1		1	
		0.13				0.13				
	0.5	**0.5**							0.5	



				21085					
DA	LT	DA	TOTALS	DENTAL ASST ONLY - FTF ONLY		TOTALS	DA	LT	DA
5	NFTF	6		Visit 1	Visit 2		1	NFTF	2
1		1	6	1	1	2	1		1
1		1	6	1	1	2	1		1
				1	1	2			1
1		1	6	1	1	2	1		1
2		2	12	2	2	4	2		2
1		1	6				1		1
1	1	1	11				1	1	1
2		2	14	7	7	14	2		4
			4	2	2	4	4		
4		4	20	2	2	4	4		2
				1		1	1		
1		1	6	2	2	4			2
1		1	6				1		1
1		1	6						
			1	1		1			
			1						
			2					1	
			0.02					0.02	
			0.02					0.12	
1		2	3	1	1	2			
			1	1	1	2	1		
			1	2		2			
			0.5	0.125		0.125		0.75	
			0.11	0.125		0.125			
				1		1			
			1	1		1			

	0.06		**0.12**						
			1						
			0.4				0.2		
			0.04				0.04		
			0.1						
1		1	**6**				1		1
			0.25				0.25		
			2						
			0.66					0.22	
	0.22	0.22							
1		1	**6**	1	1	**2**	2		2
			0.88						
	0.44								
1		1	**6**						
			0.13					0.13	
		0.5	**1**						

									0.06
							3		
								3	
							3		
								3	
					1	**1**			

21086										
LT	DA	LT	DA	LT	DA	LT	DA	TOTALS	DA	LT
NFTF	3	NFTF	4	NFTF	5	NFTF	6		1	NFTF
	1		1		1		1	6	1	
	1		1		1		1	6	1	
								1	1	
	1		1		1		1	6	1	
	2		2		2		2	12	2	
	1		1		1		1	6	1	
1	1	1	1	1	1	1	1	11	1	1
	2		2		2		2	14	2	
								4	4	
	2		4		4		4	20	4	
								1	1	
								2	2	
	1		1		1		1	6	1	
								1		1
								0.02		0.02
								0.12		0.12
								1	1	
								0.75		0.75
		1						1		

		0.06						**0.06**		
								0.2	0.2	
								0.04	0.04	
				0.11				**0.11**		
	1		1		1		1	**6**	1	
								0.25	0.25	
								0.22		0.22
	2		2		2		2	**12**	2	
		0.88						**0.88**		
		0.07						**0.07**		
								0.13		0.13
				0.02				**0.02**		
				0.02				**0.02**		
							1	**1**		
			0.04					**0.04**		
			0.02					**0.02**		
					0.02			**0.02**		
		1						**1**		
					1			**1**		
					1			**1**		
					1			**1**		
		3						**3**		

		2						**2**		
					1			**1**		
	0.3							**0.36**		
							1	**1**		
						0.05		**0.05**		
					1			**1**		
							1	**1**		
				0.1				**0.1**		
							1	**1**		
							1	**1**		
		1						**1**		
							1	**1**		
			0.1		0.1			**0.2**		
								3	3	
								3		3
								3	3	
								3		3
						1		**1**		

21087										
DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS	DA
2	NFTF	3	NFTF	4	NFTF	5	NFTF	6		1
1		1		1		1		1	6	1
1		1		1		1		1	6	1
									1	1
1		1		1		1		1	6	1
2		2		2		2		2	12	2
1		1		1		1		1	6	1
1	1	1	1	1	1	1	1	1	11	1
4		2		2		2		2	14	2
									4	4
2		2		4		4		4	20	4
									1	1
									2	2
1		1		1		1		1	6	1
									1	
									0.02	
									0.12	
									1	1
									0.75	
			1						1	

			0.06						**0.06**	
									0.2	0.2
									0.04	0.04
					0.11				**0.11**	
1		1		1		1		1	**6**	1
									0.25	0.25
									0.22	
2		2		2		2		2	**12**	2
			0.88						**0.88**	
			0.07						**0.07**	
									0.13	
					0.02				**0.02**	
					0.02				**0.02**	
								1	**1**	
				0.04					**0.04**	
				0.02					**0.02**	
						0.02			**0.02**	
			1						**1**	
						1			**1**	
						1			**1**	
						1			**1**	
			3						**3**	

			2						**2**	
						1			**1**	
0.06		0.03							**0.09**	
										1
								1	**1**	
							0.05		**0.05**	
						1			**1**	
								1	**1**	
					0.1				**0.1**	
								1	**1**	
								1	**1**	
			1						**1**	
								1	**1**	
				0.1		0.1			**0.2**	
									3	3
									3	
									3	3
									3	
							1		**1**	

21088										
LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
	1		1		1		1		1	6
	1		1		1		1		1	6
										1
	1		1		1		1		1	6
	2		2		2		2		2	12
	1		1		1		1		1	6
1	1	1	1	1	1	1	1	1	1	11
	4		2		2		2		2	14
										4
	2		2		4		4		4	20
										1
										2
	1		1		1		1		1	6
1										1
0.02										0.02
0.12										0.12
										1
1										1
				1						1
				1						1

				0.06						**0.06**
										0.2
										0.04
						0.22				**0.22**
	1		1		1		1		1	**6**
										0.25
0.5										**0.5**
	2		2		2		2		2	**12**
				1						**1**
				0.07						**0.07**
0.26										**0.26**
						0.02				**0.02**
						0.02				**0.02**
									1	**1**
					0.04					**0.04**
					0.02					**0.02**
							0.02			**0.02**
				1						**1**
							1			**1**
							1			**1**
							1			**1**
				3						**3**

				2						**2**
							1			**1**
	0.06		0.06							**0.12**
										1
								1		**1**
									1	**1**
								0.05		**0.05**
							1			**1**
									1	**1**
						0.1				**0.1**
									1	**1**
									1	**1**
									1	**1**
					0.1		0.1			**0.2**
										3
3										**3**
										3
3										**3**
								1		**1**

Invoice #	IMAGING	EQUIPMENT
	ER071	x-ray, dental
	ED050	Technologist PACS workstation
	ED005	camera, digital system, 12 megapixel (medical grade)
1 & 2	NEW	*Planmeca CBCT Imaging*
19	NEW	*Planmeca Proface Imaging*
	CLINIC / EXAM EQUIPMENT	
	EQ279	handpiece, slow speed, (Midwest)
	EQ278	handpiece, high speed (Kavo)
	EQ276	delivery unit (Adec)
	EF039	light, dental, ceiling mount (Adec)
	EF038	chair, dental (Cascade 1040 - Adec), with upholstery
	EQ138	instrument pack, medium ($1500 and up)
3 & 4	NEW	*3shape Trios Intraoral Scanner*
18	NEW	*Pentamix machine, tips, and cartridge*
21	NEW	*spectromatch with color kit*
	LAB EQUIPMENT	
	EQ288	ultrasonic cleaning unit
	EQ275	compressor, air
	EP082	washout and curing unit (Nevin)
	EP060	dust collecting unit (Handler)
	EP029	oven convection (lab)
	EP066	handpiece, laboratory (Ney)
	EP065	grinding and polishing unit (Handler)
	EP080	trimmer, dental model (Buffalo)
	EP086	whip mixer
	EP085	whip mix combo unit (Vac-U-Spat)
	EP079	triad unit
	EP074	steamer, portable (Kerr Lab)
	EP069	light curing unit (Triad 2000)
	EP056	articulator (model 96H2 - Hanua)
6 & 7	NEW	*Lab Scanner & 3Shape*
8	NEW	*SprintRay Pro 2 Bundle 3D Printer System*
9	NEW	*Ivobase*
10 & 11	NEW	*Milling Machine*
12	NEW	*Zirconium speed furnace*

13	NEW	*Milling Machine Supply Kit*
21	NEW	*oven, for facial prosthesis*
59	NEW	*Facebow*
40	NEW	*Digital Water Bath New*
40	NEW	*Sandstorm2 25/50 & 50/100 mic*
40	NEW	*Retractable Air Gun System*

		DA	LT
Formula	**Time per use Assigned by expert panel**	**1**	**NFTF**
TIME USED FOR ONE PATIENT - assigned by expert panel	2	2	
TIME USED FOR ONE PATIENT - assigned by expert panel	10		
TIME USED FOR ONE PATIENT - assigned by expert panel	10	10	
TIME USED FOR ONE PATIENT - assigned by expert panel	10		
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	
can only be used for one ptx at a time during their visits/lab sessions	based on survey time		
TIME USED FOR ONE PATIENT - assigned by expert panel	5		
TIME USED FOR ONE PATIENT - assigned by expert panel	30		
can only be used for one ptx at a time during their visits/lab sessions	based on survey time		
TIME USED FOR ONE PATIENT - assigned by expert panel	30		30
TIME USED FOR ONE PATIENT 090 CODES - assigned by expert panel can only be used for one ptx at a time during their visits/lab sessions - 21085 only	15 based on survey time		15
TIME USED FOR ONE PATIENT 090 CODES - assigned by expert panel can only be used for one ptx at a time during their visits/lab sessions - 21085 only	35 based on survey time		35
TIME USED FOR ONE PATIENT 090 CODES - assigned by expert panel can only be used for one ptx at a time during their visits/lab sessions - 21085 only	20 based on survey time		20
TIME USED FOR ONE PATIENT - assigned by expert panel	10		10
TIME USED FOR ONE PATIENT - assigned by expert panel	2		2
TIME USED FOR ONE PATIENT - assigned by expert panel	10		10
TIME USED FOR ONE PATIENT - assigned by expert panel	5	5	5
can only be used for one ptx at a time during their visits/lab sessions	based on survey time		120
TIME USED FOR ONE PATIENT 090 CODES - assigned by expert panel can only be used for one ptx at a time during their visits/lab sessions - 21085 only	20 / 120 (21081 only) based on survey time		20
TIME USED FOR ONE PATIENT 090 CODES - assigned by expert panel can only be used for one ptx at a time during their visits/lab sessions - 21085 only	25 based on survey time		25
TIME USED FOR ONE PATIENT - assigned by expert panel	55		55
TIME USED FOR ONE PATIENT - assigned by expert panel	60		
TIME USED FOR ONE PATIENT - assigned by expert panel	480		

TIME USED FOR ONE PATIENT - assigned by expert panel	60		
TIME USED FOR ONE PATIENT - assigned by expert panel	120		
can only be used for one ptx at a time during their visits/lab sessions	based on survey time	56	120
TIME USED FOR ONE PATIENT - assigned by expert panel	5		5
TIME USED FOR ONE PATIENT - assigned by expert panel	10		10
TIME USED FOR ONE PATIENT - assigned by expert panel	5		5

21076									
DA	LT	DA	TOTAL TIME ON	DA	LT	DA	LT	DA	LT
Staff in OR	NFTF	3	PE SPREADSHEET	1	NFTF	2	NFTF	3	NFTF
			2	2		2		2	
				10		10		10	
			10	10					
				10					
		55	111	60		60		85	
		55	111	60		60		85	
		55	111	60		60		85	
		55	111	60		60		85	
		55	111	60		60		85	
		55	111	60		60		85	
			56	60					
				60					
			30						
			15		15		15		
			35		35		35		
			20		20		20		
			10		10				
			2		2				
			10		10				
	5	5	20	5	5	5	5	5	5
			120						
			20		20				
			25		25				
			55						

			176						
			5		5				
			10						
			5		5		5		5

	21077								
DA 4	LT NFTF	DA 5	LT NFTF	DA 6	LT NFTF	DA 7	TOTAL TIME ON PE SPREADSHEET	DA 1	LT NFTF
2						2	10		
10						10	50		
							10		
							10		
85		70		65		70	495	60	
85		70		65		70	495	60	
85		70		65		70	495	60	
85		70		65		70	495	60	
85		70		65		70	495	60	
85		70		65		70	495	60	
							60	60	
							60		
		5					5		
	30						30		30
	15						45		15
	35						105		35
	20						60		20
							10		10
	2						4		2
							10		10
5	5	5	5	5	5	5	65	5	5
									108
							20		20
							25		25
									55

									60	60
							5			5
										10
	5		5		5		**30**			5

21079									
DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET
60		50		60		60		55	**345**
60		50		60		60		55	**345**
60		50		60		60		55	**345**
60		50		60		60		55	**345**
60		50		60		60		55	**345**
60		50		60		60		55	**345**
									60
									30
									15
									35
									20
									10
									2
									10
5	5	5	5	5	5	5	5	5	**55**
									108
									20
									25
									55

									120
									5
									10
									5

21080										
DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6
2		2								
10										
10		10								
60		60		60		60		60		45
60		60		60		60		60		45
60		60		60		60		60		45
60		60		60		60		60		45
60		60		60		60		60		45
60		60		60		60		60		45
60										
		60								
			30		30				30	
	15		15			15			15	
			35		35		35		35	
			20		20				20	
	10		10							
	2		2				2		2	
	10									
5	5	5	5	5	5	5	5	5	5	5
	70		90		60		120		136	
	20		20							
	25		25							
			55						55	

						60	120			
			5							
									10	
	5		5		5		5		5	

LT NFTF	DA 7	TOTAL TIME ON PE SPREADSHEET	DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4
		4	2		2		2		
		10	10						
		20			10		10		
	31	376	60		60		60		60
	31	376	60		60		60		60
	31	376	60		60		60		60
	31	376	60		60		60		60
	31	376	60		60		60		60
	31	376	60		60		60		60
		60	60						
		60			60				
		90							
		60				15		15	
		140				35			35
		60				20		20	
		20				10			
		8							
		10				10		10	
5	5	65	5	5	5	5	5	5	5
10		486						90	
		40		120		120			
		50		25		25			
		110							

		180								60
		5					5			
		10								
		25			5		5		5	

21081									
LT NFTF	DA 5	LT NFTF	DA 6	LT NFTF	DA 7	TOTAL TIME ON PE SPREADSHEET	DA 1	LT NFTF	DA 2
						6	2		
						10			
						20	10		
	60		45		30	375	58		60
	60		45		30	375	58		60
	60		45		30	375	58		60
	60		45		30	375	58		60
	60		45		30	375	58		60
	60		45		30	375	58		60
						60	58		
						60			60
		15				45		15	
		35				105		35	
20		20				80		20	
						10			
2						2		2	
						20		10	
5	5	5	5	5	5	65	5	5	5
90		136				316			
		120				360		20	
		25				75		25	
		60				60			
		480				480			

		60				**60**				
90						**150**				
						5				
5		5				**25**			5	

21082									
LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET	DA 1
								2	2
								10	10
	60		60		60		60	358	60
	60		60		60		60	358	60
	60		60		60		60	358	60
	60		60		60		60	358	60
	60		60		60		60	358	60
	60		60		60		60	358	60
								58	60
								60	
						30		30	
15		15						45	
35		35						105	
20		20						60	
10								10	
2								4	
		10						20	
5	5	5	5	5	5	5	5	55	5
	60	60	60	30	60	113		383	
								20	
								25	

	60	60						**120**		
5								**5**		
						10		**10**		
5		5		5		5		**25**		

21083									
LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	TOTAL TIME ON PE SPREADSHEET	DA 1
								2	2
								10	10
	60		60		60		54	294	60
	60		60		60		54	294	60
	60		60		60		54	294	60
	60		60		60		54	294	60
	60		60		60		54	294	60
	60		60		60		54	294	60
								60	60
	5							5	
				30				30	
15		15		15				45	
35		35		35				105	
20		20		20				60	
		10		10				20	
		2		2				4	
10				10				20	
5	5	5	5	5	5	5	5	45	5
				80		15		95	
20								20	
25								25	
			55					55	

			60	80				**140**		
		5						**5**		
						10		**10**		
5		5		5				**15**		

21084										
LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET
	2									4
	10									20
	60		60		50		60		50	340
	60		60		50		60		50	340
	60		60		50		60		50	340
	60		60		50		60		50	340
	60		60		50		60		50	340
	60		60		50		60		50	340
										60
	60									60
				30				30		60
15		15		15						45
35		35				35		35		140
20		20				20		20		80
		10		10						20
		2						2		4
10				10						20
5	5	5	5	5	5	5	5	5	5	55
				90		90		80		260
20										20
25										25
				55				55		110

					50	90				**140**
		5								**5**
								10		**10**
5		5		5		5		5		**25**

21085									
DENTAL ASST ONLY			TOTAL TIME ON PE SPREADSHEET	DA	LT	DA	LT	DA
1 DA	NFTF MD using equipment	2 DA		1	NFTF	2	NFTF	3
2			**2**	2		2		
10			**10**			10		
10			**10**	10				
				10				
37		30	**67**	63		84		80
37		30	**67**	63		84		80
37		30	**67**	63		84		80
37		30	**67**	63		84		80
37		30	**67**	63		84		80
37		30	**67**	63		84		80
37			**37**	63				
				63				
								5
	45	30	**75**		15		15	
37		30	**67**		35		35	
37		30	**67**		20			
					10			
					2			
					10			
5		5	**10**	5	5	5	5	5
37	45	30	**112**					
37		30	**67**		20			
37		30	**67**		25			

37	45		**82**					
5			**5**		5			
					5		5	

21086									
LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET	DA 1	LT NFTF	DA 2
						4	2		2
						10			10
						10	10		
						10	10		
	90		90		54	461	60		90
	90		90		54	461	60		90
	90		90		54	461	60		90
	90		90		54	461	60		90
	90		90		54	461	60		90
	90		90		54	461	60		90
						63	60		
						63	60		
						5			
30						30			
15						45		15	
35						105		35	
20						40		20	
						10		10	
2						4		2	
						10		10	
5	5	5	5	5	5	55	5	5	5
						20		20	
						25		25	

						5			5	
5		5		5		**25**			5	

21087									
LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET	DA 1
								4	2
								10	
								10	10
								10	10
	90		75		78		50	443	65
	90		75		78		50	443	65
	90		75		78		50	443	65
	90		75		78		50	443	65
	90		75		78		50	443	65
	90		75		78		50	443	65
								60	65
								60	65
	5							5	
		30						30	
15		15						45	
35		35						105	
		20						40	
								10	
		2						4	
								10	
5	5	5	5	5	5	5	5	55	5
								20	
								25	

									5	
5		5		5		5			**25**	

21088										
LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET
	2									4
	10									10
										10
										10
	90		90		110		90		76	521
	90		90		110		90		76	521
	90		90		110		90		76	521
	90		90		110		90		76	521
	90		90		110		90		76	521
	90		90		110		90		76	521
										65
										65
			5							5
				30						30
15		15		15						45
35		35		35						105
20				20						40
10										10
2				2						4
10						10				20
5	5	5	5	5	5	5	5	5	5	55
20										20
25										25

5										**5**
5		5		5		5		5		**25**

FACILITY DIRECT PE INPUTS **CPT CODE(S):___21076-21088_____**

SPECIALTY SOCIETY(IES):_ AAMP_____

PRESENTER(S):_Betsy Davis, DMD, MS, Mark Chambers, DMD, MS _____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21076	Impression and custom preparation; surgical obturator prosthesis	090
21077	Impression and custom preparation; orbital prosthesis	090
21079	Impression and custom preparation; interim obturator prosthesis	090
21080	Impression and custom preparation; definitive obturator prosthesis	090
21081	Impression and custom preparation; mandibular resection prosthesis	090
21082	Impression and custom preparation; palatal augmentation prosthesis	090
21083	Impression and custom preparation; palatal lift prosthesis	090
21084	Impression and custom preparation; speech aid prosthesis	090
21086	Impression and custom preparation; auricular prosthesis	090
21087	Impression and custom preparation; nasal prosthesis	090
21088	Impression and custom preparation; facial prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21076	A 72 year old female is referred for custom preparation of a surgical obturator prosthesis prior to removal of a squamous cell carcinoma of the hard palate.
21077	A 65 year old female is referred for custom preparation of an orbital prosthesis following orbital exenteration due to a squamous cell carcinoma.
21079	A 65 year old male is referred for custom preparation of an interim obturator, following resection of a benign maxillary.
21080	A 65 year old male is referred for custom preparation of fabrication of a definitive obturator, following resection of a benign maxillary tumor.
21081	A 75 year old male is referred for custom preparation of a mandibular resection prosthesis, following resection of a mandibular squamous cell carcinoma.
21082	A 72 year old male who had most of his tongue resected for squamous cell carcinoma is referred for custom preparation of a palatal augmentation prosthesis.
21083	An 80 year old male is referred for custom preparation of a palatal lift prosthesis after a stroke.
21084	A 63 year old male with a repaired cleft palate whose velopharyngeal is insufficient is referred for custom preparation of a speech bulb prosthesis.
21086	A 67 year old male is referred for custom preparation of an auricular prosthesis after his ear was surgically removed due to squamous cell carcinoma.
21087	A 62 year old female is referred for custom preparation of a nasal prosthesis after undergoing a total rhinectomy.
21088	A 68 year old female is referred for custom preparation of a facial prosthesis after undergoing a total rhinectomy and orbital exenteration.

FACILITY DIRECT PE INPUTS **CPT CODE(S):___21076-21088_____**
SPECIALTY SOCIETY(IES):_ AAMP_____
PRESENTER(S):_Betsy Davis, DMD, MS, Mark Chambers, DMD, MS _____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Expert Panel made up of experienced dentists, oral maxillofacial surgeons, and maxillofacial prosthetists.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   All codes' facility practice expense inputs for clinical staff activities are going **DOWN** from existing except code 31276. This is due to the change in global period (see question 5 below), however, compelling evidence exists for the entire family of codes.

   1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

There are no changes to the global periods for these codes with the exception of 21076. 21076 was previously valued as a 010 global, however, the expert panel felt this code should have always been a 090 global as it is unlikely to complete the services needed for this type of patient in 10 days.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility for this family of codes. This represents an increase in staff time for 21076 pre time, due to the change in global period.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Pre-Service: 60 minutes Dental Assistant – 090 global standard

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis (prosthesis) with head and neck Surgery Service
- CA002 Coordinate presurgery service (including test results)20 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - Dental assistant verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
  - Comprehensive review of medical history, including a review of medications and underreported herbal supplements that could interfere with treatments.
  - Coordination of Care – works with the H&N navigator to ensure timely appointments between the surgeons, radiation oncologists, oncologists, SLP, and dietitians to ensure timely appointments and a unified treatment plan to optimize swallowing, speaking, chewing, and nutritional outcomes.
- CA003 Schedule space and equipment in facility 8 minutes
  - Posts surgical order with head and neck Service for OR time for insertion of prosthesis.
  - Works with OR staff verifying that the MFP kit will be available during OR.
- CA004 Provide preservice education/obtain consent 20 minutes

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- DA educates patient about procedure format (what to expect), discusses impression/scan
- DA prepares patient and caregivers what to expect.
- DA assesses lifestyle interventions – motivating and assisting patients with smoking and alcohol cessation prior to treatment, which drastically improves recovery and overall outcomes.
- Consents include photographic consent, procedure consent, consent to treat.

- CA005 Complete pre-procedure phone calls and prescription 7 minutes

  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA screens for distress and provides vital emotional support to help patients and families cope with a diagnosis that heavily impacts physical appearance, speech, and eating.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

N/A

c. Post-service period:

N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are dental assistants (DA). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate.

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

N/A

ADDITIONAL INFORMATION

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

FACILITY DIRECT PE INPUTS

CPT CODE(S):___21076-21088_____
SPECIALTY SOCIETY(IES):_ AAMP_____
PRESENTER(S):_Betsy Davis, DMD, MS, Mark Chambers, DMD, MS _____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21076	Impression and custom preparation; surgical obturator prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21076	A 72 year old female is referred for custom preparation of a surgical obturator prosthesis prior to removal of a squamous cell carcinoma of the hard palate.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and lab technicians (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

There are no changes to the global periods for these codes with the exception of 21076. 21076 was previously valued as a 010 global, however, the expert panel felt this code should have always been a 090 global as it is unlikely to complete the services needed for this type of patient in 10 days.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are requesting the standard 090 pre staff times for both the facility and non-facility for this family of codes. This represents an increase in staff time for 21076 pre time, due to the change in global period.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are three face to face visits with the patient for this code, however, only the first and third visit are counted for purposes of practice expense because the second visit the dental assistant goes to the OR to assist during the procedure, thus it does not occur in the non-facility setting. During the first and third face to face visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit 1 = 3 minute standard + 2 vitals visit 3 = 3 minute standard. **TOTAL 6 minutes for vitals appears on the PE spreadsheet for 21076.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with Head & Neck Service
- CA002 Coordinate pre-surgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - Dental assistant verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include procedure consent and consent to treat.
- CA005 Complete pre-procedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.

- DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21076:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel								
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21076	3	56	DA in OR for FTF V 2	55					111	120	25					145	256

Total staff time as appears on PE Spreadsheet for 21076:

Pre time = 35 minutes
Intra time = 182 Dental Assistant total, 145 lab technician total

- **Pre intra time** = 22 minutes (11 minutes x 2 FTF visits)
- **Intra time** = 111 minutes for DA, 145 minutes for LT (corresponds to table above)
- **Post intra time** = 49 minutes (26 minutes FTF v 1 + 23 minutes FTF v 3)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (56 minutes survey time)– DA and MD/DMD present

- The DA and MD/DMD work together to obtain cone beam radiograph.
- DA will make the digital scan of the maxillary and mandibular arches using the TRIOS scanner.
- DA will mix dental materials for an impression and for a bite registration.
- DA hands dentist the shade and tooth selection mold guide.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the intraoral wound / open cavity during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

- DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 120 minutes– corresponds to table above- Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT mounts the maxillary and mandibular arches with authorization from the MD/DMD. The LT waxes the immediate surgical prosthesis and shows it to the MD/DMD. The wax up prosthesis is flasked, the wax is boiled out and methyl methacrylate is injected into the flask. The flask is placed through a curing cycle. The LT deflasks the immediate surgical prosthesis, trims and adjusts it and polishes it. The LT shows it to the MD/DMD for evaluation. After the approval of the MD/DMD, the LT disinfects the prosthesis and puts it in a labeled sealed bag for the OR. **The expert Panel recommends 120 minutes for these activities.**

Visit #2 FTF: 0 Minutes

There is no allowed dental assistant time for visit #2 because they are in the OR and staff time is covered by the facility costs / fee.

NFTF between Visit 2 and 3: 25 minutes Lab Tech

The LT consults with MD/DMD about the fit of the surgical prosthesis. The LT boxes up the models and patient's laboratory materials and works with DA to log it into the storage of models for patients. Each state has a law concerning the length of time patient's models must be stored. Typically, it is around 3 years. **Expert Panel recommends 25 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (55 minutes survey time) – DA and MD/DMD present.

- DA disposes of the packing material from the patient's defect appropriately.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).

- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. f you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

							21076					
						DA	LT	DA	LT	DA	TOTALS
Invoice #	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	*Calculation for Price*	1	NFTF	Staff in OR	NFTF	3	
	SA048	pack, minimum multi-specialty visit	4.01	pack		1				1	2
	SA043	pack, cleaning, surgical instruments	11.09	pack		1				1	2
	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1				1	2
	SB022	gloves, non-sterile	0.3	pair							
	SB029	cap-headcover, patient	0.05	item		1				1	2
	SB033	mask, surgical	0.43	item		2				2	4

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	SB037	pillow case	0.47	item								
	SB043	towel, professional 13in x 18in	0.04	item			1				1	**2**
	SC092	catheter, needle (for CPT 31626)	40.23	item								
	SF053	blade, sharp pointed surgical	1.2	item			1	1		1	1	**4**
	SF054	wire, orthodontic	0	item								
	SG030	cotton balls, non-sterile	0.02	item							14	**14**
	SG055	gauze, sterile 4in x 4in	0.19	item			2				2	**4**
	SG081	applicator, cotton-tipped, sterile, 6in	0.06	item			2				8	**10**
	SJ038	petroleum jelly	0.37	oz			1				1	**2**
	SJ061	tongue depressor	0.03	item			1				1	**2**
	SJ079	basin, sterile 500cc	3.51	item			1				1	**2**
	SJ080	lens cleaner, daily (Allergan)	0.62	ounce								
	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item			1				1	**2**
56	SJ082	paste, registration	18.59	kit	*1= $111.51 can be used 6 times. CMS price $0*		1					**1**
	SJ083	polyurethane sheets (quantity as rolls)	0	roll								
50	SJ084	teeth set	63.91	set	*63.91 for anterior and posterior set, CMS price $0*			1				**1**
43	SJ085	triad tray material	3.67	pack	*30 pack=109.99, CMS price $0*			1				**1**
48	SJ086	wax, baseplate	128.99	item	*128.99 for 1 box, 250 sheets in a box, we use 4 sheets. CMS price $0*			0.02				**0.02**
45	SJ087	wax, boxing	25.79	box	*1lb/box = 25.79, Invoice 45, 52 strips per box. 1 strip is used for this prosthesis. CMS price $0*			0.02				**0.02**
	SK024	film, dental	1.73	item								
	SK109	paper, articulating	0.06	item				3			2	**5**
	SK114	tissue (Kleenex)	1.87	box			1				1	**2**
	SL046	dental impression tray	0.48	item			1					**1**
	SL047	dental stone powder	3.78	lb	*454 grams = 1 lb, 225 grams to pour one impression and 0.44 to invest for flasking*			0.5				**0.5**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	SL081	impression material, alginate (dental)	8.96	lb	*It takes 50 grams to pour 1 impression, 454 grams = 1 pound, 50 divided by 454 = 0.11*		0.11					**0.11**
	SL082	impression material, dental putty (per bite block)	2.138	item								
	SL094	mold release agent, silicone spray	0.54	oz				1				**1**
51	SL150	wax, bite registration wafer	0.37	item			1					**1**
	SL151	xylenes solvent	0.012	ml								
49	SL205	acylic, dental	277	KIT	*277.00 per kit, 16 capsules per kit. 1 capsule per prosthesis. CMS price $0*			0.06				**0.06**
47	SL208	alloy framework, laboratory processing	184.9	item	*184.9 total for 1. CMS price $0*							
46	SL228	Greenstick compound	1.90	box	*15 sticks /box=28.49. CMS price = $0*							
54	SL230	impression material, final	539.99	cartridge	*25 impressions per cartride. $539.99 for 1 cartridge. 21076 does not make a final impression. CMS price $0.*							
42	SL236	reline material, Trusoft	96.99	KIT	*10 relines per kit $96.99 is price of kit. 1 kit divided by 10 relines = 0.1 . Per DOW for visit 3 we do 4 relines for this code. CMS price $0.*						0.4	**0.4**
55	SL237	silicone	129.95	lb	*$129.95 per lb. CMS price $0.*							
	SM021	sanitizing cloth-wipe (patient)	0.07	item			1				1	**2**
14	*NEW*	*Tray Adhesive*	*4.13*	*ml*	*10ml bottle = 41.29*							
15	*NEW*	*Ball clasps*	*0.44*	*item*	*100/pk = $43.99*			4				**4**
15	*NEW*	*Disposable Mounting Plates*	*4.28*	*item*	*10/pk = 42.79, use 2 plates per prosthesis, invoice 15*			2				**2**
15	*NEW*	*Pumice*	*4.60*	*lb*	*5lb each = 22.99, $4.598 = 1 lb. Use 100 grams per prosthesis. 1 lb = 454 grams. 100 divided by 454 = 0.22*			0.22				**0.22**
16	*NEW*	*Tray covers*	*0.03*	*item*	*1000/box=33.75*		1				1	**2**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17	NEW	Castone White	1.75	lb	25lb each= 43.79, takes 200 grams to mount the models 200 grams divided by 454 grams (1 lb) = 0.44, another 200 grams to invest for flasking			0.88				0.88
17	NEW	rope wax	0.47	item	55 strips/box= 25.99								
31	NEW	Saliva ejectors	0.23	item	100/pk = 23.44, use 1 per visit		1				1	2
37	NEW	Duplicating Material	67.50	gallon	2 gallon pail = 134.99. for 2 gallons = 15 duplicates, 1 gallon = 7.5 duplicates. 1 gallon divided by 7.5 duplicates = 0.13 for duplicate model			0.13				0.13
44	NEW	Pressure indicator paste	17.70	oz	4oz = 70.79						0.5	0.5
55	NEW	VST-50 silicone elastomer	51.95	lb	Invoice 55 1 lb = 51.95							
55	NEW	VST-50 HD Silicone Elastomer	59.95	lb	Invoice 55 1 lb = 59.95							
38	NEW	Skin prep-wipe	15.95	item	1=15.95							
22	NEW	Flocking kit	41.36	kit	1kit = 41.36							
24	NEW	Functional Intrinsic Coloration, w/ thixo agent	575	Kit	kit = 575.00							
22	NEW	Extrinsic Coloration	198.86	Kit	.9 kg kit = 198.86							
25	NEW	Separating Tin Foil	1.05	oz	16 oz = 16.76							
27	NEW	G-490-0-6 Red Sable Brushes	2.33	brush	pack of 6 14.00							
27	NEW	G-490-00-6 Red Sable Brushes	2.33	brush	pack of 6 14.00							
27	NEW	G-490-000-6 Red Sable Brushes	2.33	brush	pack of 6 14.00							
21	NEW	Acid Brushes Extra large	0.33	brush	box of 144 = 47.95							
21	NEW	Acid Brushes small	0.15	brush	box of 144 = 21.95							
27	NEW	Silicone Wheels	8.99	item	4 pk = 35.95							
23	NEW	Sculpturing wax	89.92	lb	1/2lb = 44.96							
29	NEW	Artificial Eye	250.00	item	1=250.00							
27	NEW	Black Artificial Eyelashes	5.00	set	set 5.00							
57	NEW	Daro Hydrobond	17.10	item	2oz = 17.10							
38	NEW	Medical Silicone Adhesive A	17.10	oz	1 oz = 17.20							
25	NEW	Extrinsic Tri Fluid	2.85	oz	16 oz = 45.56							

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

26	NEW	Secure II Extra Strength Adhesive	24.50	oz	1 oz 24.50							
26	NEW	ProBond	8.50	oz	1 oz 8.50							
38	NEW	Pros Aide	14.95	item	1=14.95							
38	NEW	Daro Extra Strength	17.75	item	1=17.75							
58	NEW	Solvent	2.08	0z.	16 oz - $33.26							
33	NEW	Edge Adhesive	16.95	item	15gm = 16.95 = 1 tube							
32	NEW	Mixing Pads large	15.98	item	2=31.95							
28	NEW	Craniofacial Insert X-line magnet	179	item	individual unit = $179, total for all 3 = $537							
28	NEW	Craniofacial Titanmagnetics Model Analogue	49	item	individual unit = $49, total for all 3 = $147							
28	NEW	Craniofacial Implant Impression Post	49	item	individual unit - $49, total for all 3 $147							
28	NEW	Craniofacial Implant epitheses magnet	95	item	individual unit = $95,, total for all 3 = $285							
34	NEW	Locator attachments (set of 4)	426.46	kit	One kit per implant. One kit = $92.49 for locator male processing, $85.99 for locator impression coping, $87.99 for locator female analog, $159.99 for locator abutment. One kit = $426.46 individual implant attachment.							
35	NEW	Ti Bases Attachment	48	item	48.00 each							
36	NEW	Zirconium Framework	97	set	set = $97, 1 set =$69 for bridge +$28 for stain = $97 total for framework (do not use ti bases in invoice, they are listed separately							
39	NEW	Orthognathic splint / stent	1891	item	1=1891.00							
52	NEW	Sealing Kit	18.24	oz	4 oz = 72.95							

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21076					
		DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	Staff in OR	NFTF	3	
IMAGING EQUIPMENT							
ER071	x-ray, dental						
ED050	Technologist PACS workstation	2					**2**
ED005	camera, digital system, 12 megapixel (medical grade)						
NEW	*Planmeca CBCT Imaging*	10					**10**
NEW	*Planmeca Proface Imaging*						
CLINIC / EXAM EQUIPMENT							
EQ279	handpiece, slow speed, (Midwest)	56				55	**111**
EQ278	handpiece, high speed (Kavo)	56				55	**111**
EQ276	delivery unit (Adec)	56				55	**111**
EF039	light, dental, ceiling mount (Adec)	56				55	**111**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	56				55	**111**
EQ138	instrument pack, medium ($1500 and up)	56				55	**111**
NEW	*3shape Trios Intraoral Scanner*	56					**56**
NEW	*Pentamix machine, tips, and cartridge*						
NEW	*spectromatch with color kit*						
LAB EQUIPMENT							
EQ288	ultrasonic cleaning unit						
EQ275	compressor, air						
EP082	washout and curing unit (Nevin)		30				**30**
EP060	dust collecting unit (Handler)		15				**15**
EP029	oven convection (lab)						
EP066	handpiece, laboratory (Ney)		35				**35**
EP065	grinding and polishing unit (Handler)		20				**20**
EP080	trimmer, dental model (Buffalo)		10				**10**

EP086	whip mixer						
EP085	whip mix combo unit (Vac-U-Spat)		2				**2**
EP079	triad unit		10				**10**
EP074	steamer, portable (Kerr Lab)	5	5		5	5	**20**
EP069	light curing unit (Triad 2000)						
EP056	articulator (model 96H2 - Hanua)		120				**120**
NEW	*Lab Scanner & 3Shape*		20				**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25				**25**
NEW	*Ivobase*		55				**55**
NEW	*Milling Machine*						
NEW	*Zirconium speed furnace*						
NEW	*Milling Machine Supply Kit*						
NEW	*oven, for facial prosthesis*						
NEW	*Facebow*	56	120				**176**
NEW	*Digital Water Bath New*		5				**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*		10				**10**
NEW	*Retractable Air Gun System*		5				**5**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

    Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

    No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

	($1500 and up)			
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Ivobase*	TIME USED FOR ONE PATIENT - assigned by expert panel	55	Typically, labs use acrylic that takes 55 minutes per manufacturer instructions. You start with a flask and place it in cold water, it has to be heated for curing (45 minutes) and then slowly has to be brought down, and the flask is cooled in cold water (10 additional minutes, totaling 55).
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.

NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21076_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21077	Impression and custom preparation; orbital prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21077	A 65 year old female is referred for custom preparation of an orbital prosthesis following orbital exenteration due to a squamous cell carcinoma.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and lab technicians (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and non-facility

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SEVEN** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 7 FTF visits. **TOTAL 21 minutes for vitals appears on the PE spreadsheet for 21077.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis Head & Neck Service
- CA002 Coordinate pre-surgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - Dental assistant verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete pre-procedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls Head & Neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

    b. Service period (includes pre, intra and post):

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21077:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21077	7	60	60	85	85	70	65	70	495	120	120	60	60	60	54	474	969

Total staff time as appears on PE Spreadsheet for 21077:

Pre time = 35 minutes
Intra time = 748 Dental Assistant total, 474 lab technician total

- **Pre intra time** = 77 minutes (11 minutes x 7 FTF visits)
- **Intra time** = 495 minutes for DA, 474 minutes for LT (corresponds to table above)
- **Post intra time** = 176 minutes (26 minutes FTF v 1 + 26 minutes FTF v 2, 3, 4, and 7 + 23 minutes FTF v 5 and 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes survey time) DA and MD/DMD present

- The DA and MD/DMD work together to obtain cone beam radiograph.
- DA Obtains cone beam radiograph and Pro-face imaging
- DA will mix final impression dental materials for an impression.
- DA will monitor Bunsen burner/water bath for safety.
- DA will scan the impression with the Trios scanner.
- Chairside Assistance: Hand instruments and materials (implant components) to the dentist during exam and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray–2 minute (expert panel time)
  - DA reviews imaging with doctor and verifies uploading into chart
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - Dental Assistant sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the file format and will have the maxillary and mandibular arches files 3D printed with the 3D SprintRay printer.
  - Dental assistant scans images into PACS.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.

- DA documents their portion of visit into EMR.
- Before the next appointment, the DA verifies that the custom tray is fabricated.

NFTF between Visit 1 and 2: 120 minutes Lab Tech

With an order from the MD/DMD, the LT boxes and pours the final impression. After setting of the dental stone, the LT separates the model/cast from the impression and trims the master model/stone. The LT fabricates a wax base to outline the extent of prosthesis. The LT customizes the stock globe to match the patient's contralateral eye. The LT consults with MD/DMD for approval. The LT makes a wax base which is what the prosthesis will be built on. The LT consults with MD/DMD about implant framework. The LT fabricates implant framework and shows it to MD/DMD. The LT disinfects the implant framework to be ready for patient's visit. **The expert panel recommends 120 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (60 minutes survey time) DA and MD/DMD present

- DA monitors the Bunsen burner for safety.
- DA hands the implant verification framework jig to the MD/DMD.
- DA takes pictures as directed by MD/DMD concerning gaze of globe (eye).
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). The DA assists MD/DMD in measurement of gaze of prosthesis to natural eye.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (26 minutes – w/ imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)

  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the extraoral healed/closed defect or wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA scans images into PACS.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 2 and 3: 120 minutes Lab Tech

The LT consults with MD/DMD about the gaze and initial setting of the gaze. Both the MD/DMD and LT review photographs or soft tissue imaging (Pro-face) and decide on what areas need to be developed. The LT incorporates the implant framework within the prosthesis. The LT fine tunes the initial wax up of the upper and lower eyelids and the inner canthus wax up with the landmarks that the MD/DMD did during the FTF visit. The LT smooths the wax up. After consulting with MD/DMD, it is decided that the wax up is acceptable for the patient's next visit. The LT will disinfect the wax up and ensure it is ready for the patient's next visit. **The expert panel recommends 120 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (85 minutes survey time) DA and MD/DMD present

- DA will monitor the Bunsen burner for safety.
- DA will take photos as the MD/DMDs direction. Multiple photographs are made to evaluate the gaze of the globe. The assistant prints out a picture with the wax up in place, places a transparent sheet over it, and measures from the center of the nose to the center of the pupil of the natural eye and then measures from the center of the nose to the center of the pupil of the prosthesis to verify that the globe of the prosthesis is accurate.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. With the approval of the MD/DMD, the dental assistant hands the patient the mirror and the patient evaluates the wax up.

Post Intra (26 minutes – w/ imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the extraoral healed/closed defect or wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA scans images into PACS.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 60 minutes Lab Tech

The LT consults with MD/DMD about that the gaze of the globe is finalized. Both the MD/DMD and LT review photographs or soft tissue imaging (Pro-face) and decide on what areas need to be developed. At this stage, the eyelids, inner canthus, and lateral canthus of the eye are initially set. Both the MD/DMD and LT verify that the center portion is acceptable. After consulting with MD/DMD, it is decided that the wax up is acceptable for the patient's next visit. The LT will disinfect the wax up and ensure it is ready for the patient's next visit. **The expert panel recommends 60 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed process for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (85 minutes survey time) DA and MD/DMD present

- DA will monitor the Bunsen burner for safety.
- DA will take multiple photographs/facial scans during the visit. Multiple photographs are made to evaluate the gaze of the globe and upper and lower eyelid. The assistant prints out a picture with the wax up in place, places a transparent sheet over it, and measures from the center of the nose to the center of the pupil of the natural eye and then measures from the center of the nose to the center of the pupil of the prosthesis to verify that the globe of the prosthesis is accurate. Measurements are taken for the upper and lower eyelids.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). Dental assistant aids MD/DMD in measurement of anatomic landmarks.
- DA hands the MD/DMD the Spectro-match.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands the patient a mirror to evaluate the wax up.

Post Intra (26 minutes – w/ imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the extraoral healed/closed defect or wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA scans images into PACS.

- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 60 minutes Lab Tech

The LT consults with MD/DMD that the wax up is completed. The LT sculpts in skin texture and finalizes the margins of the prosthesis. The LT consults with MD/DMD that the wax pattern is ready for investing. With MD/DMD's approval, the LT invests the wax-up in a flask, boils out the wax, , and applies the appropriate separating materials so it is ready for the intrinsic coloration. The LT shows it to the MD/DMD for approval. **The expert panel recommends 60 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (70 minutes survey time) DA and MD/DMD present

- DA will have all the intrinsic coloration dental material available.
- DA aids MD/DMD the difference in spectromatch shade and custom characterization of color.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). Dental assistant refills the color palate as needed.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.

- Safety Tracking: Document sterilization logs and maintain strict infection control protocols

- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the extraoral healed/closed defect or wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 60 minutes Lab Tech

With the approval of the MD/DMD, the LT injects base shade silicone elastomer into mold with the intrinsic characterization. The MD/DMD reviews the sites which need a softer silicone and the sites which need a harder silicone. The LT puts the flasks under pressure and puts a C-clamp on it. The LT puts mold in oven for curing. After curing, LT breaks out the mold and cleans and trims the prosthesis. Verifies passive fit on model with implants. **The expert panel recommends 60 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (65 minutes based on survey time) DA and MD/DMD present

- DA will mix dental materials as needed.
- The DA verifies the safety of the dental materials (extrinsic solvent).
- DA cleans the color palate as the MD/DMD directs.
- DA has all the extrinsic coloration set available and sets up the color palate.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. The DA, with the approval of the MD/DMD hands the mirror to the patient to evaluate the prosthesis.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the extraoral healed/closed defect or wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NTFT between Visit 6 and 7: 54 minutes Lab Tech

LT seals prosthesis for appropriate curing and setting of coloration. The LT completes the documentation of dental materials used in the prosthesis to be put into EMR. The shade selection of the base shade is recorded, and the LT keeps small samples of the intrinsic coloration is kept in patient's box. **The expert panel recommends 54 minutes for these activities.**

Visit #7 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (70 minutes survey time) DA and MD/DMD present

- DA will mix dental materials if needed.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).

- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hand patient the mirror to show the patient the prosthesis.
- The DA verifies home care instructions and answers all of the patient's questions.
- DA reviews places to purchase the adhesive with the patient.
- DA takes final photographs with order from MD/DMD.

Post Intra (26 minutes – w/ imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning extraoral healed/closed defect or wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA scans images into PACS.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants)(L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

							21077													
							DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Invoice #	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	*Calculation for Price*		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
	SA048	pack, minimum multi-specialty visit	4.01	pack			1		1		1		1		1		1		1	7

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	SA043	pack, cleaning, surgical instruments	11.09	pack		1		1		1		1		1		1		1	**7**
	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1													**1**
	SB022	gloves, non-sterile	0.3	pair															
	SB029	cap-headcover, patient	0.05	item		1		1		1		1		1		1		1	**7**
	SB033	mask, surgical	0.43	item		2		2		2		2		2		2		2	**14**
	SB037	pillow case	0.47	item															
	SB043	towel, professional 13in x 18in	0.04	item		1		1		1		1		1		1		1	**7**
	SC092	catheter, needle (for CPT 31626)	40.23	item															
	SF053	blade, sharp pointed surgical	1.2	item		1	1	1	1	1	1	1	1	1	11	1	1	1	**23**
	SF054	wire, orthodontic	0	item															
	SG030	cotton balls, non-sterile	0.02	item				14											**14**
	SG055	gauze, sterile 4in x 4in	0.19	item				4											**4**
	SG081	applicator, cotton-tipped, sterile, 6in	0.06	item				10										10	**20**
	SJ038	petroleum jelly	0.37	oz				1						1					**2**
	SJ061	tongue depressor	0.03	item				2											**2**
	SJ079	basin, sterile 500cc	3.51	item		1		1		1		1		1		1		1	**7**
	SJ080	lens cleaner, daily (Allergan)	0.62	ounce													1		**1**
	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item															
56	SJ082	paste, registration	18.59	kit	*1= $111.51 can be used 6 times. CMS price $0*														
	SJ083	polyurethane sheets (quantity as rolls)	0	roll															
50	SJ084	teeth set	63.91	set	*63.91 for anterior and posterior set, CMS price $0*														
43	SJ085	triad tray material	3.67	pack	*30 pack=109.99, CMS price $0*		1												**1**
48	SJ086	wax, baseplate	128.99	item	*128.99 for 1 box, 250 sheets in a box, we use 4 sheets. CMS price $0*		0.02												**0.02**
45	SJ087	wax, boxing	25.79	box	*1lb/box = 25.79, Invoice 45, 52 strips per box. 1 strip is used for this prosthesis. CMS price $0*		0.12												**0.12**
	SK024	film, dental	1.73	item															
	SK109	paper, articulating	0.06	item															
	SK114	tissue (Kleenex)	1.87	box		1													**1**
	SL046	dental impression tray	0.48	item															
	SL047	dental stone powder	3.78	lb	*454 grams = 1 lb, 225 grams to pour one impression and 0.44 to invest for flasking*		0.75								1				**1.75**
	SL081	impression material, alginate (dental)	8.96	lb	*It takes 50 grams to pour 1 impression, 454 grams = 1*														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

					pound, 50 divided by 454 = 0.11														
	SL082	impression material, dental putty (per bite block)	2.138	item									1						**1**
	SL094	mold release agent, silicone spray	0.54	oz									1						**1**
51	SL150	wax, bite registration wafer	0.37	item															
	SL151	xylenes solvent	0.012	ml															
49	SL205	acylic, dental	277	KIT	*277.00 per kit, 16 capsules per kit. 1 capsule per prosthesis. CMS price $0*								0.06						**0.06**
47	SL208	alloy framework, laboratory processing	184.9	item	*184.9 total for 1. CMS price $0*														
46	SL228	Greenstick compound	1.90	box	*15 sticks /box=28.49. CMS price = $0*	0.20													**0.20**
54	SL230	impression material, final	539.99	cartridge	*25 impressions per cartride. $539.99 for 1 cartridge. 21076 does not make a final impression. CMS price $0.*	0.04													**0.04**
42	SL236	reline material, Trusoft	96.99	KIT	*10 relines per kit $96.99 is price of kit. 1 kit divided by 10 relines = 0.1 . Per DOW for visit 3 we do 4 relines for this code. CMS price $0.*														
55	SL237	silicone	129.95	lb	*$129.95 per lb. CMS price $0.*										0.11				**0.11**
	SM021	sanitizing cloth-wipe (patient)	0.07	item		1		1		1		1		1		1		1	**7**
14	*NEW*	*Tray Adhesive*	*4.13*	*ml*	*10ml bottle = 41.29*		0.25												**0.25**
15	*NEW*	*Ball clasps*	*0.44*	*item*	*100/pk = $43.99*														
15	*NEW*	*Disposable Mounting Plates*	*4.28*	*item*	*10/pk = 42.79, use 2 plates per prosthesis, invoice 15*														
15	*NEW*	*Pumice*	*4.60*	*lb*	*5lb each = 22.99, $4.598 = 1 lb. Use 100 grams per prosthesis. 1 lb = 454 grams. 100 divided by 454 = 0.22*		0.22						0.22						**0.44**
16	*NEW*	*Tray covers*	*0.03*	*item*	*1000/box=33.75*	2		2		2		2		2		2		2	**14**
17	*NEW*	*Castone White*	*1.75*	*lb*	*25lb each= 43.79, takes 200 grams to mount the models 200 grams divided by 454 grams (1 lb) = 0.44, another 200 grams to invest for flasking*								0.88						**0.88**
17	*NEW*	*rope wax*	*0.47*	*item*	*55 strips/box= 25.99*								0.07						**0.07**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

31	NEW	Saliva ejectors	0.23	item	100/pk = 23.44, use 1 per visit														
37	NEW	Duplicating Material	67.50	gallon	2 gallon pail = 134.99. for 2 gallons = 15 duplicates, 1 gallon = 7.5 duplicates. 1 gallon divided by 7.5 duplicates = 0.13 for duplicate model		0.13												0.13
44	NEW	Pressure indicator paste	17.70	oz	4oz = 70.79														
55	NEW	VST-50 silicone elastomer	51.95	lb	Invoice 55 1 lb = 51.95										0.02				0.02
55	NEW	VST-50 HD Silicone Elastomer	59.95	lb	Invoice 55 1 lb = 59.95										0.02				0.02
38	NEW	Skin prep-wipe	15.95	item	1=15.95												1		1
22	NEW	Flocking kit	41.36	kit	1kit = 41.36												0.04		0.04
24	NEW	Functional Intrinsic Coloration, w/ thixo agent	575	Kit	kit = 575.00									0.02					0.02
22	NEW	Extrinsic Coloration	198.86	Kit	.9 kg kit = 198.86									0.02					0.02
25	NEW	Separating Tin Foil	1.05	oz	16 oz = 16.76								1						1
27	NEW	G-490-0-6 Red Sable Brushes	2.33	brush	pack of 6 14.00											1			1
27	NEW	G-490-00-6 Red Sable Brushes	2.33	brush	pack of 6 14.00											1			1
27	NEW	G-490-000-6 Red Sable Brushes	2.33	brush	pack of 6 14.00											1			1
21	NEW	Acid Brushes Extra large	0.33	brush	box of 144 = 47.95								3						3
21	NEW	Acid Brushes small	0.15	brush	box of 144 = 21.95								2						2
27	NEW	Silicone Wheels	8.99	item	4 pk = 35.95											1.00			1.00
23	NEW	Sculpturing wax	89.92	lb	1/2lb = 44.96			0.03		0.03		0.03							0.09
29	NEW	Artificial Eye	250.00	item	1=250.00	1													1
27	NEW	Black Artificial Eyelashes	5.00	set	set 5.00										1				1
57	NEW	Daro Hydrobond	17.10	item	2oz = 17.10													1	1
38	NEW	Medical Silicone Adhesive A	17.10	oz	1 oz = 17.20												0.05		0.05
25	NEW	Extrinsic Tri Fluid	2.85	oz	16 oz = 45.56											1			1
26	NEW	Secure II Extra Strength Adhesive	24.50	oz	1 oz 24.50													1	1
26	NEW	ProBond	8.50	oz	1 oz 8.50										0.10				0.10
38	NEW	Pros Aide	14.95	item	1=14.95													1	1
38	NEW	Daro Extra Strength	17.75	item	1=17.75													1	1
58	NEW	Solvent	2.08	0z.	16 oz - $33.26								1						1
33	NEW	Edge Adhesive	16.95	item	15gm = 16.95 = 1 tube													1	1
32	NEW	Mixing Pads large	15.98	item	2=31.95									0.10					0.10
28	NEW	Craniofacial Insert X-line magnet	179	item	individual unit = $179, total for all 3 = $537	3													3
28	NEW	Craniofacial Titanmagnetics Model Analogue	49	item	individual unit = $49, total for all 3 = $147		3												3
28	NEW	Craniofacial Implant Impression Post	49	item	individual unit - $49, total for all 3 $147	3													3
28	NEW	Craniofacial Implant epitheses magnet	95	item	individual unit = $95,, total for all 3 = $285		3												3

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

34	NEW	Locator attachments (set of 4)	426.46	kit	One kit per implant. One kit = $92.49 for locator male processing, $85.99 for locator impression coping, $87.99 for locator female analog, $159.99 for locator abutment. One kit = $426.46 individual implant attachment.													
35	NEW	Ti Bases Attachment	48	item	48.00 each													
36	NEW	Zirconium Framework	97	set	set = $97, 1 set =$69 for bridge +$28 for stain = $97 total for framework (do not use ti bases in invoice, they are listed separately													
39	NEW	Orthognathic splint / stent	1891	item	1=1891.00													
52	NEW	Sealing Kit	18.24	oz	4 oz = 72.95													

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21077													
		DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
IMAGING EQUIPMENT															
ER071	x-ray, dental														
ED050	Technologist PACS workstation	2		2		2		2						2	**10**
ED005	camera, digital system, 12 megapixel (medical grade)	10		10		10		10						10	**50**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Planmeca CBCT Imaging*	10													**10**
NEW	*Planmeca Proface Imaging*	10													**10**
CLINIC / EXAM EQUIPMENT															
EQ279	handpiece, slow speed, (Midwest)	60		60		85		85		70		65		70	**495**
EQ278	handpiece, high speed (Kavo)	60		60		85		85		70		65		70	**495**
EQ276	delivery unit (Adec)	60		60		85		85		70		65		70	**495**
EF039	light, dental, ceiling mount (Adec)	60		60		85		85		70		65		70	**495**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		85		85		70		65		70	**495**
EQ138	instrument pack, medium ($1500 and up)	60		60		85		85		70		65		70	**495**
NEW	*3shape Trios Intraoral Scanner*	60													**60**
NEW	*Pentamix machine, tips, and cartridge*	60													**60**
NEW	*spectromatch with color kit*									5					**5**
LAB EQUIPMENT															
EQ288	ultrasonic cleaning unit														
EQ275	compressor, air														
EP082	washout and curing unit (Nevin)								30						**30**
EP060	dust collecting unit (Handler)		15		15				15						**45**
EP029	oven convection (lab)														
EP066	handpiece, laboratory (Ney)		35		35				35						**105**
EP065	grinding and polishing unit (Handler)		20		20				20						**60**
EP080	trimmer, dental model (Buffalo)		10												**10**
EP086	whip mixer														
EP085	whip mix combo unit (Vac-U-Spat)		2						2						**4**
EP079	triad unit		10												**10**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	5	5	**65**
EP069	light curing unit (Triad 2000)														
EP056	articulator (model 96H2 - Hanua)														
NEW	*Lab Scanner & 3Shape*		20												**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25												**25**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Ivobase*														
NEW	*Milling Machine*														
NEW	*Zirconium speed furnace*														
NEW	*Milling Machine Supply Kit*														
NEW	*oven, for facial prosthesis*														
NEW	*Facebow*														
NEW	*Digital Water Bath New*		5												**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*														
NEW	*Retractable Air Gun System*		5		5		5		5		5		5		**30**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
NEW	*Planmeca Proface Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*spectromatch with color kit*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Measuring skin tone and have to input calculation on computer and will give you the color formula.
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.

24.	NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the file from the Trios to the 3D printer for a dental model.
	NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
	NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
	NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21077_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21079	Impression and custom preparation; interim obturator prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21079	A 65 year old male is referred for custom preparation of an interim obturator, following resection of a benign maxillary.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and lab technicians (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21079.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DAcoordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include procedure consent and consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls H&N nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.
  -

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21079:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21079	6	60	60	50	60	60	55		345	108	20	15	10	10		163	508

Total staff time as appears on PE Spreadsheet for 21079:

Pre time = 35 minutes
Intra time = 549 Dental Assistant total, 163 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 345 minutes for DA, 163 minutes for LT (corresponds to table above)
- **Post intra time** = 138 minutes (23 minutes x all visits)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA will mix dental materials for an impression and for a bite registration.
- DA scans the immediate surgical obturator.
- DA hands dentist the shade and mold of tooth selection.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 1 and 2: 108 minutes Lab Tech

The LT pours the impressions, separates the model/cast from the impression and trims the cast. The LT duplicates the model / cast so a record of the postsurgical result is recorded. The LT mounts the models on the articulator (which is a piece of equipment that simulates the maxillary and mandibular relationship with facebow). The LT consults with the MD/DMD. The MD/DMD reviews the prosthetic design with the laboratory technician. On the mounted models, the LT adds the wire clasping, the teeth and reviews the waxup with the MD/DMD. The LT flasks, boils out, and injects the methyl methacrylate into the flask. The flask is placed through a curing cycle. After curing, the LT deflasks the prosthesis

and trims and adjusts and polishes the interim obturator prosthesis. The LT shows the MD/DMD the interim obturator and disinfects the interim obturator for delivery. **The expert panel recommends 108 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA loads the acrylic bur in the handpiece so it is ready for the MD/DMD to use.
- DA mixes dental materials (Trusoft reline material) under the direction of the MD/DMD.
- After each reline, the dental assistant cleans the reline material off of the patient's face.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)

- The DA is cleaning the intraoral wound / open cavity wound during this time.

- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 2 and 3: 20 minutes Lab Tech

The LT logs the patient's models and laboratory materials. **The expert panel recommends 20 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (50 minutes) DA and MD/DMD present

- DA loads the acrylic bur in the handpiece so it is ready for the MD/DMD to use.
- DA mixes dental materials (Trusoft reline material) under the direction of the MD/DMD.
- After each reline, the dental assistant cleans the reline material off of the patient's face
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Upon an order from the MD/DMD, the dental assistant disinfects the prosthesis, removes the soft tissue liner, pumices and polishes the prosthesis and disinfects the prosthesis.
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)

- Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
- PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
- Safety Tracking: Document sterilization logs and maintain strict infection control protocols

- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 15 minutes Lab Tech

The LT puts the patient's models into the archive room. **The expert panel recommends 15 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA loads the acrylic bur in the handpiece so it is ready for the MD/DMD to use.
- Upon an order from the MD/DMD, the dental assistant disinfects the prosthesis, removes the soft tissue liner, pumices and polishes the prosthesis and disinfects the prosthesis.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- After each reline, the dental assistant cleans the reline material off of the patient's face
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).

- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 10 minutes Lab Tech

The LT verifies that no additional changes are needed with the patient's dental materials for the prosthesis. **The expert panel recommends 10 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA loads the acrylic bur in the handpiece so it is ready for the MD/DMD to use.
- Upon an order from the MD/DMD, the dental assistant disinfects the prosthesis, removes the soft tissue liner, pumices and polishes the prosthesis and disinfects the prosthesis.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- After each reline, the dental assistant cleans the reline material off of the patient's face
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 10 minutes Lab Tech

The LT verifies that no additional documentation is needed for the patient's prosthesis. **The expert panel recommends 10 minutes for these activities.**

Visit #6 Dental Assistant

Pre Intra (11 minutes)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (55 minutes) DA and MD/DMD present

- DA loads the acrylic bur in the handpiece so it is ready for the MD/DMD to use.
- Upon an order from the MD/DMD, the dental assistant disinfects the prosthesis, removes the soft tissue liner, pumices and polishes the prosthesis and disinfects the prosthesis.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- After each reline, the dental assistant cleans the reline material off of the patient's face
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Upon an order from the MD/DMD, the dental assistant disinfects the prosthesis, removes the soft tissue liner, pumices and polishes the prosthesis and disinfects the prosthesis.
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)

- The DA puts in the order for the next appointment for the appropriate appointment type and time.
- DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21079											
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	6
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	6
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item	1											1
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	6
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	12
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	6
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	11
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	4		2		2		2		2		2	14
SG055	gauze, sterile 4in x 4in	0.19	item	2		2									4
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		4		4		2		2	20
SJ038	petroleum jelly	0.37	oz	1											1
SJ061	tongue depressor	0.03	item	1		1		1		1		1		1	6
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	6
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1		1	6
SJ082	paste, registration	18.59	kit	1											1
SJ083	polyurethane sheets (quantity as rolls)	0	roll												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SJ084	teeth set	63.91	set		1										1
SJ085	triad tray material	3.67	pack		1										1
SJ086	wax, baseplate	128.99	item		0.02										0.02
SJ087	wax, boxing	25.79	box		0.02										0.02
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item	1		1		1		1		1		1	6
SK114	tissue (Kleenex)	1.87	box	1											1
SL046	dental impression tray	0.48	item	1											1
SL047	dental stone powder	3.78	lb		0.5										0.5
SL081	impression material, alginate (dental)	8.96	lb	0.11											0.11
SL082	impression material, dental putty (per bite block)	2.138	item												
SL094	mold release agent, silicone spray	0.54	oz												
SL150	wax, bite registration wafer	0.37	item												
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT		0.06										0.06
SL208	alloy framework, laboratory processing	184.9	item												
SL228	Greenstick compound	1.90	box												
SL230	impression material, final	539.99	cartridge												
SL236	reline material, Trusoft	96.99	KIT			0.3		0.3		0.3		0.3		0.2	1.4
SL237	silicone	129.95	lb												
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	6
NEW	*Tray Adhesive*	*4.13*	*ml*												
NEW	*Ball clasps*	*0.44*	*item*		4										4
NEW	*Disposable Mounting Plates*	*4.28*	*item*		2										2
NEW	*Pumice*	*4.60*	*lb*		0.22	0.22		0.22		0.22		0.22		0.22	1.32
NEW	*Tray covers*	*0.03*	*item*	2		2		2		2		2		2	12
NEW	*Castone White*	*1.75*	*lb*		0.44										0.44
NEW	*rope wax*	*0.47*	*item*												
NEW	*Saliva ejectors*	*0.23*	*item*	1		1		1		1		1		1	6
NEW	*Duplicating Material*	*67.50*	*gallon*		0.13										0.13
NEW	*Pressure indicator paste*	*17.70*	*oz*			0.5		0.5		0.5		0.5		0.5	2.5
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*												
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Skin prep-wipe	15.95	item												
NEW	Flocking kit	41.36	kit												
NEW	Functional Intrinsic Coloration, w/ thixo agent	575	Kit												
NEW	Extrinsic Coloration	198.86	Kit												
NEW	Separating Tin Foil	1.05	oz												
NEW	G-490-0-6 Red Sable Brushes	2.33	brush												
NEW	G-490-00-6 Red Sable Brushes	2.33	brush												
NEW	G-490-000-6 Red Sable Brushes	2.33	brush												
NEW	Acid Brushes Extra large	0.33	brush												
NEW	Acid Brushes small	0.15	brush												
NEW	Silicone Wheels	8.99	item												
NEW	Sculpturing wax	89.92	lb												
NEW	Artificial Eye	250.00	item												
NEW	Black Artificial Eyelashes	5.00	set												
NEW	Daro Hydrobond	17.10	item												
NEW	Medical Silicone Adhesive A	17.10	oz												
NEW	Extrinsic Tri Fluid	2.85	oz												
NEW	Secure II Extra Strength Adhesive	24.50	oz												
NEW	ProBond	8.50	oz												
NEW	Pros Aide	14.95	item												
NEW	Daro Extra Strength	17.75	item												
NEW	Solvent	2.08	0z.												
NEW	Edge Adhesive	16.95	item												
NEW	Mixing Pads large	15.98	item												
NEW	Craniofacial Insert X-line magnet	179	item												
NEW	Craniofacial Titanmagnetics Model Analogue	49	item												
NEW	Craniofacial Implant Impression Post	49	item												
NEW	Craniofacial Implant epitheses magnet	95	item												
NEW	Locator attachments (set of 4)	426.46	kit												
NEW	Ti Bases Attachment	48	item												
NEW	Zirconium Framework	97	set												
NEW	Orthognathic splint / stent	1891	item												
NEW	Sealing Kit	18.24	oz												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code.

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21079											
		DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
IMAGING EQUIPMENT													
ER071	x-ray, dental												
ED050	Technologist PACS workstation												
ED005	camera, digital system, 12 megapixel (medical grade)												
NEW	*Planmeca CBCT Imaging*												
NEW	*Planmeca Proface Imaging*												
CLINIC / EXAM EQUIPMENT													
EQ279	handpiece, slow speed, (Midwest)	60		60		50		60		60		55	**345**
EQ278	handpiece, high speed (Kavo)	60		60		50		60		60		55	**345**
EQ276	delivery unit (Adec)	60		60		50		60		60		55	**345**
EF039	light, dental, ceiling mount (Adec)	60		60		50		60		60		55	**345**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		50		60		60		55	**345**
EQ138	instrument pack, medium ($1500 and up)	60		60		50		60		60		55	**345**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*3shape Trios Intraoral Scanner*	60											**60**
NEW	*Pentamix machine, tips, and cartridge*												
NEW	*spectromatch with color kit*												
LAB EQUIPMENT													
EQ288	ultrasonic cleaning unit												
EQ275	compressor, air												
EP082	washout and curing unit (Nevin)		30										**30**
EP060	dust collecting unit (Handler)		15										**15**
EP029	oven convection (lab)												
EP066	handpiece, laboratory (Ney)		35										**35**
EP065	grinding and polishing unit (Handler)		20										**20**
EP080	trimmer, dental model (Buffalo)		10										**10**
EP086	whip mixer												
EP085	whip mix combo unit (Vac-U-Spat)		2										**2**
EP079	triad unit		10										**10**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	**55**
EP069	light curing unit (Triad 2000)												
EP056	articulator (model 96H2 - Hanua)		108										**108**
NEW	*Lab Scanner & 3Shape*		20										**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25										**25**
NEW	*Ivobase*		55										**55**
NEW	*Milling Machine*												
NEW	*Zirconium speed furnace*												
NEW	*Milling Machine Supply Kit*												
NEW	*oven, for facial prosthesis*												
NEW	*Facebow*	60	60										**120**
NEW	*Digital Water Bath New*		5										**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*		10										**10**
NEW	*Retractable Air Gun System*		5										**5**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

	96H2 - Hanua)			
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Ivobase*	TIME USED FOR ONE PATIENT - assigned by expert panel	55	Typically, labs use acrylic that takes 55 minutes per manufacturer instructions. You start with a flask and place it in cold water, it has to be heated for curing (45 minutes) and then slowly has to be brought down, and the flask is cooled in cold water (10 additional minutes, totaling 55).
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21079_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21080	Impression and custom preparation; definitive obturator prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21080	A 65 year old male is referred for custom preparation of fabrication of a definitive obturator, following resection of a benign maxillary tumor.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SEVEN** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 7 FTF visits. **TOTAL 21 minutes for vitals appears on the PE spreadsheet for 21080.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DA coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls H&N nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the LT (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21080:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel								
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21080	7	60	60	60	60	60	45	31	376	70	90	60	120	136	10	486	862

Total staff time as appears on PE Spreadsheet for 21080:

Pre time = 35 minutes
Intra time = 620 Dental Assistant total, 486 LT total

- **Pre intra time** = 77 minutes (11 minutes x 7 FTF visits)
- **Intra time** = 376 minutes for DA, 486 minutes for LT (corresponds to table above)
- **Post intra time** = 167 minutes (26 minutes FTF v 1 and 2, 23 minutes FTF v 3, 4, 5, 6, 7)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute

Intra (60 minutes) DA and MD/DMD present

- DA will take photos as the MD/DMDs direction.
- DA and MD/DMD obtain cone beam radiograph
- DA will make the scan of the maxillary and mandibular arches and the interim obturator.
- DA will mix dental materials for an impression and for a bite registration.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. Shows patient pictures and examples of an obturator. Assists MD/DMD in oral hygiene instruction.

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes
- CA026 Clean equipment (medium instrument pack), 15 minutes
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, intraoral wounds –1 minute
- CA032 Scan exam into PACS –1 minute
    - Dental Assistant sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to digital file and will have the maxillary and mandibular arches digital files 3D printed with the SprintRay printer.
    - DA scans image into PACs.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.
    - Before the next appointment, the dental assistant verifies that the custom tray is fabricated.

NFTF between Visit 1 and 2: 70 minutes Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT pours the preliminary impression upon an order from the MD/DMD. Upon setting of the dental stone, the LT separates the model/cast from the impression, trims the model, and shows it to the MD/DMD. The LT upon order from MD/DMD fabricates the custom tray. After approval of the MD/DMD, the LT disinfects the custom tray and bags it for according to protocol and gives it to the DA. A verification index is made to verify proper orientation of dental implants. **The expert panel recommends 70 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA takes periapical radiographs of locator attachments for bone level documentation.
- DA will take photos as the MD/DMDs direction.
- DA monitors the Bunsen burner flame during border molding and during the use of the tissue wax for safety.
- DA monitors the water bath so as not to overheat.
- DA will mix dental materials for a final impression and for a bite registration.
- Chairside Assistance: Hand instruments (locator impression posts) and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes – w/ imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)

  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the intraoral wound / open cavity during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA scans images into PACS.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 2 and 3: 90 minutes Lab Tech

The LT with an order from the MD/DMD boxes and pours the final impression. After setting, the LT separates the master cast/model from the impression and trims land area and shows it to MD/DMD. The LT and MD/DMD discuss master cast/model and LT duplicates model. On the original model, the laboratory technician puts in the appropriate housing for the implants and waxes the record base. The LT shows it to the MD/DMD. With an order from the MD/DMD, the LT flasks, boils out the wax pattern and injects or packs the methyl methacrylate material into the mold within the flask. The LT places it within the curing unit. After curing, the LT breaks out the heat processed record base and trims and pumices and polishes the record base. The LT seats the record base on the duplicated master cast/model to verify engagement of the housing with the implants and a passive fit. The LT shows the MD/DMD the heat processed record base with the implant housing and shows the record base on the duplicated model. After approval of the MD/DMD, the LT disinfects the record base of the obturator for patient use. **The expert panel recommends 90 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (60 minutes)

- DA assists MD/DMD in having the patient eat yogurt/drink water.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- DA will get yogurt/water for patient to eat to determine if there is a leak in the heat processed record base.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 60 minutes Lab Tech

If the record base needs any changes and with an order from the MD/DMD, the LT will make appropriate changes to the record base as dictated by the clinical situation, including converting the deficit area into heat cured methyl methacrylate if needed. With an order from the MD/DMD, the LT places the occlusal rim and disinfects the prosthesis for the next patient visit. **The expert panel recommends 60 minutes for these activities**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA mixes dental materials (bite materials) under the direction of the MD/DMD.
- DA monitors the Bunsen burner flame during the adjustment of the occlusal rims.
- DA hands dentist the shade guide and tooth mold selection guide.
- DA holds the fox plane in place in the patient's mouth so MD/DMD can evaluate if the occlusal rims are parallel to the interpupillary line and the ala tragus line.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.

- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 120 minutes Lab Tech

The LT will be mounting the models on an articulator, consulting the MD/DMD about occlusal scheme and setting the teeth. After setting, the LT shows them to the MD/DMD for final approval. **The expert panel recommends 120 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. Dental assistant hands patient a mirror to evaluate the mockup of the prosthesis. Dental assistant works with the patient to evaluate the mockup appearance within the patient's facial features.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.

- PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
- Safety Tracking: Document sterilization logs and maintain strict infection control protocols

- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 136 minutes Lab Tech

LT invests the obturator, boils out the wax portion and packs it with heat cured methyl methacrylate and cures it. After processing, the LT breaks out the obturator from the flask, trims it, performs laboratory remount, and polishes it. **The expert panel recommends 136 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (45 minutes) DA and MD/DMD present

- DA mixes dental materials under the direction of the MD/DMD.
- DA has acrylic bur in handpiece.
- DA hands patient yogurt/water upon MD/DMD's direction for final evaluation that there is not a leak.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 6 and 7: 10 minutes Lab Tech

Boxes up patient's models and materials are logged for storage with the DA. **The expert panel recommends 10 minutes for these activities.**

Visit #7 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (PE standard)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, financial). 1 minute (PE standard)

Intra (31 minutes) DA and MD/DMD present

- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). DA helps MD/DMD in adjusting the occlusion of the prosthesis.
- DA gets water/food for the patient to eat during the visit to determine if there is any leakage of the obturator.

- DA aids MD/DMD in taking final photographs.
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (PE standard)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral wound / open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and LTs (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21080													
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1		1	7
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1		1	7
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item			1											1
SB022	gloves, non-sterile	0.3	pair														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1		1	**7**
SB033	mask, surgical	0.43	item	2		2		2		2		2		2		2	**14**
SB037	pillow case	0.47	item														
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1		1	**7**
SC092	catheter, needle (for CPT 31626)	40.23	item														
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	1	1	**13**
SF054	wire, orthodontic	0	item														
SG030	cotton balls, non-sterile	0.02	item	2		2		2		2		2		2		2	**14**
SG055	gauze, sterile 4in x 4in	0.19	item			4											**4**
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		2		2		2		2		4	**20**
SJ038	petroleum jelly	0.37	oz			1											**1**
SJ061	tongue depressor	0.03	item	1		1		1		1		1		1		1	**7**
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1		1	**7**
SJ080	lens cleaner, daily (Allergan)	0.62	ounce														
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1		1		1	**7**
SJ082	paste, registration	18.59	kit							1							**1**
SJ083	polyurethane sheets (quantity as rolls)	0	roll														
SJ084	teeth set	63.91	set								1						**1**
SJ085	triad tray material	3.67	pack		1												**1**
SJ086	wax, baseplate	128.99	item				0.02										**0.02**
SJ087	wax, boxing	25.79	box				0.04										**0.04**
SK024	film, dental	1.73	item														
SK109	paper, articulating	0.06	item									3		3			**6**
SK114	tissue (Kleenex)	1.87	box			1											**1**
SL046	dental impression tray	0.48	item	1													**1**
SL047	dental stone powder	3.78	lb		0.5		0.5										**1**
SL081	impression material, alginate (dental)	8.96	lb	0.11													**0.11**
SL082	impression material, dental putty (per bite block)	2.138	item														
SL094	mold release agent, silicone spray	0.54	oz														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL150	wax, bite registration wafer	0.37	item							1							**1**
SL151	xylenes solvent	0.012	ml														
SL205	acylic, dental	277	KIT				0.06						0.06				**0.12**
SL208	alloy framework, laboratory processing	184.9	item														
SL228	Greenstick compound	1.90	box			0.2											**0.2**
SL230	impression material, final	539.99	cartridge			0.04											**0.04**
SL236	reline material, Trusoft	96.99	KIT					0.1									**0.1**
SL237	silicone	129.95	lb														
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1		1	**7**
NEW	*Tray Adhesive*	*4.13*	*ml*			0.25											**0.25**
NEW	*Ball clasps*	*0.44*	*item*														
NEW	*Disposable Mounting Plates*	*4.28*	*item*								2						**2**
NEW	*Pumice*	*4.60*	*lb*				0.22						0.22				**0.44**
NEW	*Tray covers*	*0.03*	*item*	1		1		1		1		1		1		1	**7**
NEW	*Castone White*	*1.75*	*lb*				0.44						0.44				**0.88**
NEW	*rope wax*	*0.47*	*item*														
NEW	*Saliva ejectors*	*0.23*	*item*	1		1		1		1		1		1		1	**7**
NEW	*Duplicating Material*	*67.50*	*gallon*				0.13										**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*					0.5						0.5			**1**
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*														
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*														
NEW	*Skin prep-wipe*	*15.95*	*item*														
NEW	*Flocking kit*	*41.36*	*kit*														
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*														
NEW	*Extrinsic Coloration*	*198.86*	*Kit*														
NEW	*Separating Tin Foil*	*1.05*	*oz*														
NEW	*G-490-0-6 Red Sable Brushes*	*2.33*	*brush*														
NEW	*G-490-00-6 Red Sable Brushes*	*2.33*	*brush*														
NEW	*G-490-000-6 Red Sable Brushes*	*2.33*	*brush*														
NEW	*Acid Brushes Extra large*	*0.33*	*brush*														
NEW	*Acid Brushes small*	*0.15*	*brush*														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Silicone Wheels	8.99	item														
NEW	Sculpturing wax	89.92	lb														
NEW	Artificial Eye	250.00	item														
NEW	Black Artificial Eyelashes	5.00	set														
NEW	Daro Hydrobond	17.10	item														
NEW	Medical Silicone Adhesive A	17.10	oz														
NEW	Extrinsic Tri Fluid	2.85	oz														
NEW	Secure II Extra Strength Adhesive	24.50	oz														
NEW	ProBond	8.50	oz														
NEW	Pros Aide	14.95	item														
NEW	Daro Extra Strength	17.75	item														
NEW	Solvent	2.08	0z.														
NEW	Edge Adhesive	16.95	item														
NEW	Mixing Pads large	15.98	item														
NEW	Craniofacial Insert X-line magnet	179	item														
NEW	Craniofacial Titanmagnetics Model Analogue	49	item														
NEW	Craniofacial Implant Impression Post	49	item														
NEW	Craniofacial Implant epitheses magnet	95	item														
NEW	Locator attachments (set of 4)	426.46	kit	3													3
NEW	Ti Bases Attachment	48	item														
NEW	Zirconium Framework	97	set														
NEW	Orthognathic splint / stent	1891	item														
NEW	Sealing Kit	18.24	oz														

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21080													
		DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	LT NFTF	DA 7	TOTAL TIME ON PE SPREADSHEET
IMAGING EQUIPMENT															
ER071	x-ray, dental														
ED050	Technologist PACS workstation	2		2											**4**
ED005	camera, digital system, 12 megapixel (medical grade)	10													**10**
NEW	*Planmeca CBCT Imaging*	10		10											**20**
NEW	*Planmeca Proface Imaging*														
CLINIC / EXAM EQUIPMENT															
EQ279	handpiece, slow speed, (Midwest)	60		60		60		60		60		45		31	**376**
EQ278	handpiece, high speed (Kavo)	60		60		60		60		60		45		31	**376**
EQ276	delivery unit (Adec)	60		60		60		60		60		45		31	**376**
EF039	light, dental, ceiling mount (Adec)	60		60		60		60		60		45		31	**376**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		60		60		60		45		31	**376**
EQ138	instrument pack, medium ($1500 and up)	60		60		60		60		60		45		31	**376**
NEW	*3shape Trios Intraoral Scanner*	60													**60**
NEW	*Pentamix machine, tips, and cartridge*			60											**60**
NEW	*spectromatch with color kit*														
LAB EQUIPMENT															
EQ288	ultrasonic cleaning unit														
EQ275	compressor, air														
EP082	washout and curing unit (Nevin)				30		30				30				**90**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EP060	dust collecting unit (Handler)		15		15			15			15				**60**
EP029	oven convection (lab)														
EP066	handpiece, laboratory (Ney)				35		35		35		35				**140**
EP065	grinding and polishing unit (Handler)				20		20				20				**60**
EP080	trimmer, dental model (Buffalo)		10		10										**20**
EP086	whip mixer														
EP085	whip mix combo unit (Vac-U-Spat)		2		2				2		2				**8**
EP079	triad unit		10												**10**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	5	5	**65**
EP069	light curing unit (Triad 2000)														
EP056	articulator (model 96H2 - Hanua)		70		90		60		120		136		10		**486**
NEW	*Lab Scanner & 3Shape*		20		20										**40**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25		25										**50**
NEW	*Ivobase*				55						55				**110**
NEW	*Milling Machine*														
NEW	*Zirconium speed furnace*														
NEW	*Milling Machine Supply Kit*														
NEW	*oven, for facial prosthesis*														
NEW	*Facebow*							60	120						**180**
NEW	*Digital Water Bath New*				5										**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*										10				**10**
NEW	*Retractable Air Gun System*		5		5		5		5		5				**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side

				up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Ivobase*	TIME USED FOR ONE PATIENT - assigned by expert panel	55	Typically, labs use acrylic that takes 55 minutes per manufacturer instructions. You start with a flask and place it in cold water, it has to be heated for curing (45 minutes) and then slowly has to be brought down, and the flask is cooled in cold water (10 additional minutes, totaling 55).
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

24.	NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21080_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21081	Impression and custom preparation; mandibular resection prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21081	A 75 year old male is referred for custom preparation of a mandibular resection prosthesis, following resection of a mandibular squamous cell carcinoma.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SEVEN** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 7 FTF visits. **TOTAL 21 minutes for vitals appears on the PE spreadsheet for 21081.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck Service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21081:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel								
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21081	7	60	60	60	60	60	45	30	375	57	75	90	90	136	10	458	833

Total staff time as appears on PE Spreadsheet for 21081:

Pre time = 35 minutes
Intra time = 622 Dental Assistant total, 458 lab technician total

- **Pre intra time** = 77 minutes (11 minutes x 7 FTF visits)
- **Intra time** = 375 minutes for DA, 458 minutes for LT (corresponds to table above)
- **Post intra time** = 170 minutes (26 minutes v 1, 2 and 3, 23 minutes FTF v 4, 5, 6, 7)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA will take photos as the MD/DMDs direction.
- DA will have models of the resection prosthesis to show the patient.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the intraoral healed surgical site during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NFTF between Visit 1 and 2: 57 minutes Lab Tech

The laboratory LT and orders all of the implant components for the laboratory supplies. The LT verifies that the appropriate screw drivers/screws/impression posts, laboratory analogs are present. **The expert panel recommends 57 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA and MD/DMD obtain cone beam radiograph
- DA will make a scan of the maxillary arch.
- DA will mix final impression dental materials for an impression and for a bite registration.
- DA monitors the Bunsen burner flame during border molding.
- DA monitors the water bath so as not to overheat.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)

- CA028 Review /read post procedure x ray –2 minute (expert panel time)
    - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical site during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.
    - DA verifies OR date with head and neck Scheduler

NFTF between Visit 2 and 3: 75 minutes Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT pours the final impression with dental stone per order from MD/DMD. After the stone sets, the LT separates the master model, trims the master model, and shows it to the MD/DMD for final approval. With an order from the MD/DMD, the LT fabricates the triad framework. The purpose of the framework is to verify that the master cast/model is passive. **The expert panel recommends 75 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA takes periapical radiographs to verify passive fit of implant verification framework.
- DA verifies implant type and size to make certain framework is passive.
- DA mixes dental materials under the direction of the MD/DMD.

- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the intraoral healed surgical site during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 3 and 4: 90 minutes Lab Tech

The LT disinfects the GC resin framework. With an order from the MD/DMD, the LT fabricated a fixed endosseous screw retained record base with an occlusal rim. The GC resin framework is the foundation for the fixed endosseous screw retained record base. **The expert panel recommends 90 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA monitors the Bunsen burner flame during adjustment of the occlusal rims.
- DA has the shade guide and tooth mold guide ready for the dentist.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical site during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NFTF between Visit 4 and 5: 90 minutes Lab Tech

With an order from the MD/DMD, the LT disinfects the fixed endosseous screw retained record base, mounts the models and shows mounting to the MD/DMD. With an order from the MD/DMD, the LT arranges the teeth for the esthetic tryin. The LT consults with MD/DMD concerning the mockup and makes any changes the MD/DMD recommends. The LT disinfects the prosthesis for try-in at next visit. **The expert panel recommends 90 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA monitors Bunsen burner for safety during mockup tryin.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands mirror to patient with MD/DMD's approval. Dental assistant works with patient to verify the patient is satisfied with the mockup.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.

- Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the intraoral healed surgical site during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 136 minutes Lab Tech

The LT receives order from MD/DMD to take the prosthesis to completion. The LT finishes waxing and festooning the prosthesis. The LT picks the appropriate scan bodies and scans the upper and lower models (casts) and bite into the software. The LT with the MD/DMD prosthetic design virtually plans the resection prosthesis. The LT shows it to the MD/DMD for approval. The LT submits design for the milling machine. The milling machine mills prosthesis in zirconium oxide. The LT places the zirconium framework in the oven for sintering. After removal from the oven, the LT verifies the fit/contour/shade of the zirconium framework. The LT adds porcelain (tooth and gum porcelain) and glazes the zirconium framework. The LT shows it to the MD/DMD. The LT cements the titanium bases to the framework. The LT shows it to the MD/DMD. **The expert panel recommends 136 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (45 minutes) DA and MD/DMD are present

- DA has the torque wrench ready for the MD/DMD.
- DA mixes dental materials (teloi to go into the access holes) under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments, including implant components and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.

- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. Dental assistant will hand mirror to patient to show them the prosthesis in the mouth.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical site during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 6 and 7: 10 minutes Lab Tech

LT boxes up patient's models and materials are logged for storage with the DA. **The expert panel recommends 10 minutes for these activities.**

Visit #7 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed process for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (30 minutes) DA and MD/DMD are present

- DA has the highspeed and low speed handpieces ready for an adjustment along with the zirconium polishing kit with porcelain paste.

- DA holds model of patient's mouth as MD/DMD explains oral hygiene of the prosthesis. During this time, the dental assistant will show them the sonicare and the water flosser.
- DA aids MD/DMD in the taking of final photographs.
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments. Dental assistant helps MD/DMD in the occlusal adjustment with suctioning.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical site during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face anfd non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21081													
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1		1	7
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1		1	7

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SB006	drape, non-sterile, sheet 40in x 60in	0.13	item			1											**1**
SB022	gloves, non-sterile	0.3	pair														
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1		1	**7**
SB033	mask, surgical	0.43	item	2		2		2		2		2		2		2	**14**
SB037	pillow case	0.47	item														
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1		1	**7**
SC092	catheter, needle (for CPT 31626)	40.23	item														
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	1	1	**13**
SF054	wire, orthodontic	0	item														
SG030	cotton balls, non-sterile	0.02	item	2		2		2		2		2		2		2	**14**
SG055	gauze, sterile 4in x 4in	0.19	item			4											**4**
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		2		2		2		2		4	**20**
SJ038	petroleum jelly	0.37	oz			1											**1**
SJ061	tongue depressor	0.03	item			2											**2**
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1		1	**7**
SJ080	lens cleaner, daily (Allergan)	0.62	ounce														
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1		1		1	**7**
SJ082	paste, registration	18.59	kit							1							**1**
SJ083	polyurethane sheets (quantity as rolls)	0	roll														
SJ084	teeth set	63.91	set								1						**1**
SJ085	triad tray material	3.67	pack				1		1								**2**
SJ086	wax, baseplate	128.99	item				0.02										**0.02**
SJ087	wax, boxing	25.79	box				0.04										**0.04**
SK024	film, dental	1.73	item														
SK109	paper, articulating	0.06	item									2		2		2	**6**
SK114	tissue (Kleenex)	1.87	box			1											**1**
SL046	dental impression tray	0.48	item			1											**1**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL047	dental stone powder	3.78	lb				0.5										**0.5**
SL081	impression material, alginate (dental)	8.96	lb														
SL082	impression material, dental putty (per bite block)	2.138	item														
SL094	mold release agent, silicone spray	0.54	oz														
SL150	wax, bite registration wafer	0.37	item							1							**1**
SL151	xylenes solvent	0.012	ml														
SL205	acylic, dental	277	KIT														
SL208	alloy framework, laboratory processing	184.9	item														
SL228	Greenstick compound	1.90	box			0.2											**0.2**
SL230	impression material, final	539.99	cartridge			0.04											**0.04**
SL236	reline material, Trusoft	96.99	KIT														
SL237	silicone	129.95	lb														
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1		1	**7**
NEW	*Tray Adhesive*	*4.13*	*ml*			0.25											**0.25**
NEW	*Ball clasps*	*0.44*	*item*														
NEW	*Disposable Mounting Plates*	*4.28*	*item*							2							**2**
NEW	*Pumice*	*4.60*	*lb*				0.22		0.22								**0.44**
NEW	*Tray covers*	*0.03*	*item*	1		1		1		1		1		1		1	**7**
NEW	*Castone White*	*1.75*	*lb*								0.44						**0.44**
NEW	*rope wax*	*0.47*	*item*														
NEW	*Saliva ejectors*	*0.23*	*item*	1		1		1		1		1		1		1	**7**
NEW	*Duplicating Material*	*67.50*	*gallon*				0.13										**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*														
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*														
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*														
NEW	*Skin prep-wipe*	*15.95*	*item*														
NEW	*Flocking kit*	*41.36*	*kit*														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Functional Intrinsic Coloration, w/ thixo agent	575	Kit														
NEW	Extrinsic Coloration	198.86	Kit														
NEW	Separating Tin Foil	1.05	oz														
NEW	G-490-0-6 Red Sable Brushes	2.33	brush														
NEW	G-490-00-6 Red Sable Brushes	2.33	brush														
NEW	G-490-000-6 Red Sable Brushes	2.33	brush														
NEW	Acid Brushes Extra large	0.33	brush														
NEW	Acid Brushes small	0.15	brush														
NEW	Silicone Wheels	8.99	item														
NEW	Sculpturing wax	89.92	lb														
NEW	Artificial Eye	250.00	item														
NEW	Black Artificial Eyelashes	5.00	set														
NEW	Daro Hydrobond	17.10	item														
NEW	Medical Silicone Adhesive A	17.10	oz														
NEW	Extrinsic Tri Fluid	2.85	oz														
NEW	Secure II Extra Strength Adhesive	24.50	oz														
NEW	ProBond	8.50	oz														
NEW	Pros Aide	14.95	item														
NEW	Daro Extra Strength	17.75	item														
NEW	Solvent	2.08	0z.														
NEW	Edge Adhesive	16.95	item														
NEW	Mixing Pads large	15.98	item														
NEW	Craniofacial Insert X-line magnet	179	item														
NEW	Craniofacial Titanmagnetics Model Analogue	49	item														
NEW	Craniofacial Implant Impression Post	49	item														
NEW	Craniofacial Implant	95	item														

	epitheses magnet																
NEW	*Locator attachments (set of 4)*	*426.46*	*kit*														
NEW	*Ti Bases Attachment*	*48*	*item*										6				**6**
NEW	*Zirconium Framework*	*97*	*set*										1				**1**
NEW	*Orthognathic splint / stent*	*1891*	*item*														
NEW	*Sealing Kit*	*18.24*	*oz*														

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1

cleaning brush, instruments		item	1
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench		

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21081													
		DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	NFTF	7	
IMAGING EQUIPMENT															
ER071	x-ray, dental														
ED050	Technologist PACS workstation	2		2		2									**6**
ED005	camera, digital system, 12 megapixel (medical grade)	10													**10**
NEW	*Planmeca CBCT Imaging*			10		10									**20**
NEW	*Planmeca Proface Imaging*														
CLINIC / EXAM EQUIPMENT															
EQ279	handpiece, slow speed, (Midwest)	60		60		60		60		60		45		30	**375**
EQ278	handpiece, high speed (Kavo)	60		60		60		60		60		45		30	**375**
EQ276	delivery unit (Adec)	60		60		60		60		60		45		30	**375**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EF039	light, dental, ceiling mount (Adec)	60		60		60		60		60		45		30	**375**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		60		60		60		45		30	**375**
EQ138	instrument pack, medium ($1500 and up)	60		60		60		60		60		45		30	**375**
NEW	*3shape Trios Intraoral Scanner*	60													**60**
NEW	*Pentamix machine, tips, and cartridge*			60											**60**
NEW	*spectromatch with color kit*														
LAB EQUIPMENT															
EQ288	ultrasonic cleaning unit														
EQ275	compressor, air														
EP082	washout and curing unit (Nevin)														
EP060	dust collecting unit (Handler)				15		15				15				**45**
EP029	oven convection (lab)														
EP066	handpiece, laboratory (Ney)				35			35			35				**105**
EP065	grinding and polishing unit (Handler)				20		20		20		20				**80**
EP080	trimmer, dental model (Buffalo)				10										**10**
EP086	whip mixer														
EP085	whip mix combo unit (Vac-U-Spat)								2						**2**
EP079	triad unit				10		10								**20**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	5	5	**65**
EP069	light curing unit (Triad 2000)														
EP056	articulator (model 96H2 - Hanua)						90		90		136				**316**
NEW	*Lab Scanner & 3Shape*		120		120						120				**360**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25		25						25				**75**
NEW	*Ivobase*														
NEW	*Milling Machine*										60				**60**
NEW	*Zirconium speed furnace*										480				**480**
NEW	*Milling Machine Supply Kit*										60				**60**
NEW	*oven, for facial prosthesis*														
NEW	*Facebow*							60	90						**150**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Digital Water Bath New*				5										**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*														
NEW	*Retractable Air Gun System*		5		5		5		5		5				**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.

NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

				the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	120 (21081 only)	21081 is unique in that the time it takes to design a zirconium prosthesis is 1 to 4 hours. Expert panel agreed that it took 120 minutes to design the resection prosthesis which will be milled, so 120 minutes is our assigned time for this code only (21081) because that is the typical time needed to design the prosthesis.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Milling Machine*	TIME USED FOR ONE PATIENT - assigned by expert panel	60	The actual active milling time for a full-arch zirconium framework ranges from 45 to 90 minutes on a 5-axis CAD/CAM mill. The typical time from the expert panel was 60 minutes.

NEW	*Zirconium speed furnace*	TIME USED FOR ONE PATIENT - assigned by expert panel	480	Typically, the 21081 resection prosthesis is a full arch prosthesis of the mandible. Curing (sintering) a full-arch zirconia framework in a dental furnace typically takes 8 hours using conventional cycles. Because full-arch restorations have high mass, "low and slow" heating and controlled cooling are required to prevent micro-fractures and warping.
NEW	*Milling Machine Supply Kit*	TIME USED FOR ONE PATIENT - assigned by expert panel	60	Corresponds to the time the milling machine is in use. These pieces of equipment go into the mill and do the actual milling.
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21081_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21082	Impression and custom preparation; palatal augmentation prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21082	A 72 year old male who had most of his tongue resected for squamous cell carcinoma is referred for custom preparation of a palatal augmentation prosthesis.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are requesting the standard 090 pre staff times for both the facility and nonfacility

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21082.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DA coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.

- DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21082:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21082	6	58	60	60	60	60	60		358	55	45	60	30	113		303	661

Total staff time as appears on PE Spreadsheet for 21082:

Pre time = 35 minutes
Intra time = 565 Dental Assistant total, 303 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 358 minutes for DA, 303 minutes for LT (corresponds to table above)
- **Post intra time** = 141 minutes (26 minutes FTF v 1 + 23 minutes FTF v 2, 3, 4, 5, 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (58 minutes) DA and MD/DMD are present

- DA and MD / DMD obtain cone beam radiograph
- DA will make the scan of the maxillary and mandibular arches.
- DA will mix dental materials for an impression and for a bite registration.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

- DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 55 total Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT collaborates with the MD/DMD on prosthetic design of the major connector of the prosthesis along with the palatal molding, rests, clasps, and major connector design. The LT fabricates the custom tray of triad material. The LT consults with doctor to verify that the custom tray is acceptable. **The expert panel recommends 55 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA observes Bunsen burner/water bath for safety.
- DA mixes final impression dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). Dental assistant assists MD/DMD as MD/DMD performs rest preps.
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.

- Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 2 and 3: 45 minutes total Lab Tech

The LT boxes and pours the final impression. The LT trims the master cast/model. Both the MD/DMD and LT evaluate the master cast/model for accuracy. The LT scans the master cast/model into a secure icloud to have a record of the patient's master cast/model. The LT reviews the framework design with MD/DMD. The LT either scans the master cast/model and sends to an outside laboratory for milling of the framework or the LT boxes the master model/cast with work authorization and federal expresses to outside laboratory for milling. When the framework comes back from the outside laboratory, the framework is evaluated with the MD/DMD present. **The expert panel recommends 45 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA observes Bunsen burner/water bath for safety.
- DA mixes dental materials (bite registration) under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.

- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 60 minutes total Lab Tech

The LT will be mounting the models on an articulator, consulting the MD/DMD about occlusal scheme and setting the teeth. After setting, the LT shows them to the MD/DMD for final approval. **The expert panel recommends 60 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA observes Bunsen burner/water bath for safety.

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands patient a mirror to evaluate the mockup of the prosthesis.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 30 minutes total Lab Tech

The LT redefines the palatal augmentation. The LT smooths the palatal augmentation without any dents or rough patches. The LT makes the delineation between each speech zone more pronounced. Additions are added per the MD/DMD work authorization. **The expert panel recommends 30 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 113 minutes total Lab Tech

With an order from the MD/DMD, the LT finalizes wax up on the articulator. With approval from the MD/DMD, the LT flasks the models. The flasks are boiled out. The wax residue is removed with clean hot boiling water. Methyl Methacrylate is injected into the flasks and the flasks are placed in the curing unit. After curing, the LT deflasks the prosthesis. The LT trims the excess methyl methacrylate and does a laboratory remount. After final adjustments, the LT polishes the prosthesis. The LT disinfects the prosthesis. **The expert panel recommends 113 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands patient the mirror so they see the prosthesis in their mouth.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the intraoral healed surgical wound (hard and soft palate, pharyngeal area, and tongue and mandibular arch) during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

    See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21082											
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	6
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	6
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item			1									1
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	6
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	12
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	6
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	11
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	2		4		2		2		2		2	14
SG055	gauze, sterile 4in x 4in	0.19	item			4									4
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		2		2		4		4	20
SJ038	petroleum jelly	0.37	oz			1									1
SJ061	tongue depressor	0.03	item	1		1		1		1		1		1	6
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	6
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1		1	6
SJ082	paste, registration	18.59	kit					1							1
SJ083	polyurethane sheets (quantity as rolls)	0	roll												
SJ084	teeth set	63.91	set						1						1
SJ085	triad tray material	3.67	pack		1				1						2
SJ086	wax, baseplate	128.99	item				0.02								0.02
SJ087	wax, boxing	25.79	box				0.02								0.02
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item							2		2		2	6

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SK114	tissue (Kleenex)	1.87	box			1									**1**
SL046	dental impression tray	0.48	item	1											**1**
SL047	dental stone powder	3.78	lb		0.5		0.5								**1**
SL081	impression material, alginate (dental)	8.96	lb	0.11											**0.11**
SL082	impression material, dental putty (per bite block)	2.138	item												
SL094	mold release agent, silicone spray	0.54	oz												
SL150	wax, bite registration wafer	0.37	item					1							**1**
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT										0.06		**0.06**
SL208	alloy framework, laboratory processing	184.9	item					1							**1**
SL228	Greenstick compound	1.90	box			0.2									**0.2**
SL230	impression material, final	539.99	cartridge			0.04									**0.04**
SL236	reline material, Trusoft	96.99	KIT												
SL237	silicone	129.95	lb												
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	**6**
NEW	*Tray Adhesive*	*4.13*	*ml*			0.25									**0.25**
NEW	*Ball clasps*	*0.44*	*item*												
NEW	*Disposable Mounting Plates*	*4.28*	*item*						2						**2**
NEW	*Pumice*	*4.60*	*lb*										0.22		**0.22**
NEW	*Tray covers*	*0.03*	*item*	1		1		1		1		1		1	**6**
NEW	*Castone White*	*1.75*	*lb*						0.44				0.44		**0.88**
NEW	*rope wax*	*0.47*	*item*												
NEW	*Saliva ejectors*	*0.23*	*item*	1		1		1		1		1		1	**6**
NEW	*Duplicating Material*	*67.50*	*gallon*				0.13								**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*											0.5	**0.5**
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*												
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*												
NEW	*Skin prep-wipe*	*15.95*	*item*												
NEW	*Flocking kit*	*41.36*	*kit*												
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*												
NEW	*Extrinsic Coloration*	*198.86*	*Kit*												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Separating Tin Foil	1.05	oz												
NEW	G-490-0-6 Red Sable Brushes	2.33	brush												
NEW	G-490-00-6 Red Sable Brushes	2.33	brush												
NEW	G-490-000-6 Red Sable Brushes	2.33	brush												
NEW	Acid Brushes Extra large	0.33	brush												
NEW	Acid Brushes small	0.15	brush												
NEW	Silicone Wheels	8.99	item												
NEW	Sculpturing wax	89.92	lb												
NEW	Artificial Eye	250.00	item												
NEW	Black Artificial Eyelashes	5.00	set												
NEW	Daro Hydrobond	17.10	item												
NEW	Medical Silicone Adhesive A	17.10	oz												
NEW	Extrinsic Tri Fluid	2.85	oz												
NEW	Secure II Extra Strength Adhesive	24.50	oz												
NEW	ProBond	8.50	oz												
NEW	Pros Aide	14.95	item												
NEW	Daro Extra Strength	17.75	item												
NEW	Solvent	2.08	0z.												
NEW	Edge Adhesive	16.95	item												
NEW	Mixing Pads large	15.98	item												
NEW	Craniofacial Insert X-line magnet	179	item												
NEW	Craniofacial Titanmagnetics Model Analogue	49	item												
NEW	Craniofacial Implant Impression Post	49	item												
NEW	Craniofacial Implant epitheses magnet	95	item												
NEW	Locator attachments (set of 4)	426.46	kit												
NEW	Ti Bases Attachment	48	item												
NEW	Zirconium Framework	97	set												
NEW	Orthognathic splint / stent	1891	item												
NEW	Sealing Kit	18.24	oz												

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21082											
		DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
IMAGING EQUIPMENT													
ER071	x-ray, dental												
ED050	Technologist PACS workstation	2											2
ED005	camera, digital system, 12 megapixel (medical grade)												
NEW	*Planmeca CBCT Imaging*	10											10
NEW	*Planmeca Proface Imaging*												
CLINIC / EXAM EQUIPMENT													
EQ279	handpiece, slow speed, (Midwest)	58		60		60		60		60		60	358
EQ278	handpiece, high speed (Kavo)	58		60		60		60		60		60	358
EQ276	delivery unit (Adec)	58		60		60		60		60		60	358
EF039	light, dental, ceiling mount (Adec)	58		60		60		60		60		60	358
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	58		60		60		60		60		60	358
EQ138	instrument pack, medium ($1500 and up)	58		60		60		60		60		60	358
NEW	*3shape Trios Intraoral Scanner*	58											58
NEW	*Pentamix machine, tips, and cartridge*			60									60
NEW	*spectromatch with color kit*												
LAB EQUIPMENT													

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EQ288	ultrasonic cleaning unit												
EQ275	compressor, air												
EP082	washout and curing unit (Nevin)										30		**30**
EP060	dust collecting unit (Handler)		15		15		15						**45**
EP029	oven convection (lab)												
EP066	handpiece, laboratory (Ney)		35		35		35						**105**
EP065	grinding and polishing unit (Handler)		20		20		20						**60**
EP080	trimmer, dental model (Buffalo)				10								**10**
EP086	whip mixer												
EP085	whip mix combo unit (Vac-U-Spat)		2		2								**4**
EP079	triad unit		10				10						**20**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	**55**
EP069	light curing unit (Triad 2000)												
EP056	articulator (model 96H2 - Hanua)					60	60	60	30	60	113		**383**
NEW	*Lab Scanner & 3Shape*		20										**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25										**25**
NEW	*Ivobase*												
NEW	*Milling Machine*												
NEW	*Zirconium speed furnace*												
NEW	*Milling Machine Supply Kit*												
NEW	*oven, for facial prosthesis*												
NEW	*Facebow*					60	60						**120**
NEW	*Digital Water Bath New*				5								**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*										10		**10**
NEW	*Retractable Air Gun System*		5		5		5		5		5		**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side

				up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

24.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21082_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?
    N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:
    N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.
    N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21083	Impression and custom preparation; palatal lift prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21083	An 80 year old male is referred for custom preparation of a palatal lift prosthesis after a stroke.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and lab technicians (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are requesting the standard 090 pre staff times for both the facility and nonfacility

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **FIVE** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 5 FTF visits. **TOTAL 15 minutes for vitals appears on the PE spreadsheet for 21083.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - Dental assistant verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.

- DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21083:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21083	5	60	60	60	60	54			294	60	45	80	15			200	494

Total staff time as appears on PE Spreadsheet for 21083:

Pre time = 35 minutes
Intra time = 467 Dental Assistant total, 200 lab technician total

- **Pre intra time** = 55 minutes (11 minutes x 5 FTF visits)
- **Intra time** = 294 minutes for DA, 200 minutes for LT (corresponds to table above)
- **Post intra time** = 118 minutes (26 minutes FTF v 1 + 23 minutes FTF v 2, 3, 4, 5)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA and MD/DMD obtain cone beam radiograph
- DA will make the scan of the maxillary and mandibular arches.
- DA assists MD/DMD in oral testing of tongue and soft palate function, speech intelligibility testing, and physical assessment of velopharyngeal complex to determine movement of soft palate, lateral pharyngeal walls and posterior pharyngeal wall, and testing of the gag response.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the hard and soft palate and pharyngeal area during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

- DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 60 minutes total Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT collaborates with the MD/DMD on prosthetic design of the major connector of the prosthesis along with the lift, rests, clasps, and major connector design. The LT fabricates the custom tray of triad material. The LT consults with doctor to verify that the custom tray is acceptable. **Expert panel recommends 60 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA observes Bunsen burner/water bath for safety.
- DA mixes final impression dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.

- Safety Tracking: Document sterilization logs and maintain strict infection control protocols

- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the hard and soft palate and pharyngeal area during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 2 and 3: 45 minutes total Lab Tech

The LT boxes and pours the final impression. The LT trims the master cast/model. Both the MD/DMD and LT evaluate the master cast/model for accuracy. The LT scans the master cast/model into a secure icloud to have a record of the patient's master cast/model. The LT reviews the framework design with MD/DMD. The LT either scans the master cast/model and sends across internet to an outside laboratory for milling of the framework or the LT boxes the master model/cast with work authorization and federal expresses to outside laboratory for milling.When the framework comes back from the outside laboratory, the framework is evaluated with the MD/DMD present. Adjustments are made per the MD/DMD instruction. **Expert panel recommends 45 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA observes the Bunsen burner/water bath for safety.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal area during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 80 minutes Lab Tech

The LT reviews the altered cast and inspects the altered cast with the MD/DMD. The LT boxes and pours the altered cast into dental stone. The new master cast/model is then trimmed and evaluated with the MD/DMD. After the new master cast/model has been approved by the MD/DMD, the LT waxes in the lift portion. The wax up of the lift portion is approved by the MD/DMD. The master cast/model with the waxed lift portion is flasked, boiled out to remove the wax, and the lift portion is then converted into heat cured methyl methacrylate. The flask with the packed methyl methacrylate must be processed with heat so the uncured methyl methacrylate becomes a cured methyl methacrylate. After it is cured, the LT deflasks the prosthesis and trims and polishes the prosthesis. The LT reviews the prosthesis with the MD/DMD to verify no porosity, appropriate finish of methyl methacrylate at finish line. The LT makes any changes as dictated by MD/DMD. The prosthesis is then disinfected prior to the patient's visit. The LT then gives it to the dental assistant to have ready for the patient's visit.
Expert panel recommends 80 minutes for these activities.

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA mixes dental materials under the direction of the MD/DMD.

- Chairside Assistance: Hand instruments and materials (articulating paper) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands patient the mirror to evaluate prothesis in mouth and evaluate facial appearance.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal area during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 15 minutes total Lab Tech

The LT reviews the effectiveness of the prosthesis with the MD/DMD. The LT boxes up the patient's models and logs them for storage. **Expert panel recommends 15 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (54 minutes) DA and MD/DMD are present

- DA has the acrylic bur in the handpiece ready for the MD/DMD.
- Chairside Assistance: Hand instruments and materials (pressure indicating paste) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal area during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21083									
				DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1	**5**
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1	**5**
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item										
SB022	gloves, non-sterile	0.3	pair										
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1	**5**
SB033	mask, surgical	0.43	item	2		2		2		2		2	**10**
SB037	pillow case	0.47	item										
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1	**5**
SC092	catheter, needle (for CPT 31626)	40.23	item										
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	**9**
SF054	wire, orthodontic	0	item										
SG030	cotton balls, non-sterile	0.02	item	4		4		2		2		2	**14**
SG055	gauze, sterile 4in x 4in	0.19	item			4							**4**
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		4		4		4	**20**
SJ038	petroleum jelly	0.37	oz			1							**1**
SJ061	tongue depressor	0.03	item			2		1		1		1	**5**
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1	**5**
SJ080	lens cleaner, daily (Allergan)	0.62	ounce										
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1	**5**
SJ082	paste, registration	18.59	kit					1					**1**
SJ083	polyurethane sheets (quantity as rolls)	0	roll										
SJ084	teeth set	63.91	set						1				**1**
SJ085	triad tray material	3.67	pack		1				1				**2**
SJ086	wax, baseplate	128.99	item		0.02								**0.02**
SJ087	wax, boxing	25.79	box		0.02								**0.02**
SK024	film, dental	1.73	item										
SK109	paper, articulating	0.06	item							3		3	**6**
SK114	tissue (Kleenex)	1.87	box			1							**1**
SL046	dental impression tray	0.48	item										
SL047	dental stone powder	3.78	lb			0.5							**0.5**
SL081	impression material, alginate (dental)	8.96	lb										
SL082	impression material, dental putty (per bite block)	2.138	item										
SL094	mold release agent, silicone spray	0.54	oz										
SL150	wax, bite registration wafer	0.37	item					1					**1**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL151	xylenes solvent	0.012	ml										
SL205	acylic, dental	277	KIT								0.06		**0.06**
SL208	alloy framework, laboratory processing	184.9	item					1					**1**
SL228	Greenstick compound	1.90	box			0.2							**0.2**
SL230	impression material, final	539.99	cartridge			0.04							**0.04**
SL236	reline material, Trusoft	96.99	KIT										
SL237	silicone	129.95	lb										
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1	**5**
NEW	*Tray Adhesive*	*4.13*	*ml*			0.25							**0.25**
NEW	*Ball clasps*	*0.44*	*item*										
NEW	*Disposable Mounting Plates*	*4.28*	*item*				2						**2**
NEW	*Pumice*	*4.60*	*lb*								0.22		**0.22**
NEW	*Tray covers*	*0.03*	*item*	1		1		1		1		1	**5**
NEW	*Castone White*	*1.75*	*lb*						0.44				**0.44**
NEW	*rope wax*	*0.47*	*item*										
NEW	*Saliva ejectors*	*0.23*	*item*	1		1		1		1		1	**5**
NEW	*Duplicating Material*	*67.50*	*gallon*				0.13						**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*									0.5	**0.5**
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*										
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*										
NEW	*Skin prep-wipe*	*15.95*	*item*										
NEW	*Flocking kit*	*41.36*	*kit*										
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*										
NEW	*Extrinsic Coloration*	*198.86*	*Kit*										
NEW	*Separating Tin Foil*	*1.05*	*oz*										
NEW	*G-490-0-6 Red Sable Brushes*	*2.33*	*brush*										
NEW	*G-490-00-6 Red Sable Brushes*	*2.33*	*brush*										
NEW	*G-490-000-6 Red Sable Brushes*	*2.33*	*brush*										
NEW	*Acid Brushes Extra large*	*0.33*	*brush*										
NEW	*Acid Brushes small*	*0.15*	*brush*										
NEW	*Silicone Wheels*	*8.99*	*item*										
NEW	*Sculpturing wax*	*89.92*	*lb*										
NEW	*Artificial Eye*	*250.00*	*item*										
NEW	*Black Artificial Eyelashes*	*5.00*	*set*										

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Daro Hydrobond	17.10	item										
NEW	Medical Silicone Adhesive A	17.10	oz										
NEW	Extrinsic Tri Fluid	2.85	oz										
NEW	Secure II Extra Strength Adhesive	24.50	oz										
NEW	ProBond	8.50	oz										
NEW	Pros Aide	14.95	item										
NEW	Daro Extra Strength	17.75	item										
NEW	Solvent	2.08	0z.										
NEW	Edge Adhesive	16.95	item										
NEW	Mixing Pads large	15.98	item										
NEW	Craniofacial Insert X-line magnet	179	item										
NEW	Craniofacial Titanmagnetics Model Analogue	49	item										
NEW	Craniofacial Implant Impression Post	49	item										
NEW	Craniofacial Implant epitheses magnet	95	item										
NEW	Locator attachments (set of 4)	426.46	kit										
NEW	Ti Bases Attachment	48	item										
NEW	Zirconium Framework	97	set										
NEW	Orthognathic splint / stent	1891	item										
NEW	Sealing Kit	18.24	oz										

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21083

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

		DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	
IMAGING EQUIPMENT											
ER071	x-ray, dental										
ED050	Technologist PACS workstation	2									**2**
ED005	camera, digital system, 12 megapixel (medical grade)										
NEW	*Planmeca CBCT Imaging*	10									**10**
NEW	*Planmeca Proface Imaging*										
CLINIC / EXAM EQUIPMENT											
EQ279	handpiece, slow speed, (Midwest)	60		60		60		60		54	**294**
EQ278	handpiece, high speed (Kavo)	60		60		60		60		54	**294**
EQ276	delivery unit (Adec)	60		60		60		60		54	**294**
EF039	light, dental, ceiling mount (Adec)	60		60		60		60		54	**294**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		60		60		54	**294**
EQ138	instrument pack, medium ($1500 and up)	60		60		60		60		54	**294**
NEW	*3shape Trios Intraoral Scanner*	60									**60**
NEW	*Pentamix machine, tips, and cartridge*			5							**5**
NEW	*spectromatch with color kit*										
LAB EQUIPMENT											
EQ288	ultrasonic cleaning unit										
EQ275	compressor, air										
EP082	washout and curing unit (Nevin)						30				**30**
EP060	dust collecting unit (Handler)		15		15		15				**45**
EP029	oven convection (lab)										
EP066	handpiece, laboratory (Ney)		35		35		35				**105**
EP065	grinding and polishing unit (Handler)		20		20		20				**60**
EP080	trimmer, dental model (Buffalo)				10		10				**20**
EP086	whip mixer										
EP085	whip mix combo unit (Vac-U-Spat)				2		2				**4**
EP079	triad unit		10				10				**20**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	**45**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EP069	light curing unit (Triad 2000)										
EP056	articulator (model 96H2 - Hanua)						80		15		**95**
NEW	*Lab Scanner & 3Shape*		20								**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25								**25**
NEW	*Ivobase*					55					**55**
NEW	*Milling Machine*										
NEW	*Zirconium speed furnace*										
NEW	*Milling Machine Supply Kit*										
NEW	*oven, for facial prosthesis*										
NEW	*Facebow*					60	80				**140**
NEW	*Digital Water Bath New*				5						**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*								10		**10**
NEW	*Retractable Air Gun System*		5		5		5				**15**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc. This patient has had a stroke, making positioning challenging.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21083_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.	
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.	
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).	
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.	
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.	
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.	
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.	
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.	
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time		

NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Ivobase*	TIME USED FOR ONE PATIENT - assigned by expert panel	55	Typically, labs use acrylic that takes 55 minutes per manufacturer instructions. You start with a flask and place it in cold water, it has to be heated for curing (45 minutes) and then slowly has to be brought down, and the flask is cooled in cold water (10 additional minutes, totaling 55).
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register,

maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21084	Impression and custom preparation; speech aid prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21084	A 63 year old male with a repaired cleft palate whose velopharyngeal is insufficient is referred for custom preparation of a speech bulb prosthesis.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21084.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - Dental assistant verifies appropriate equipment is operational and supplies are ordered. Dental assistant coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21084:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21084	6	60	60	60	50	60	50		340	60	45	90	90	80		365	705

Total staff time as appears on PE Spreadsheet for 21084:

Pre time = 35 minutes
Intra time = 550 Dental Assistant total, 365 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 340 minutes for DA, 365 minutes for LT (corresponds to table above)
- **Post intra time** = 144 minutes (26 minutes FTF v 1 and 2 + 23 minutes FTF v 3, 4, 5, 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA and MD/DMD obtains cone beam radiograph
- DA will make the scan of the maxillary and mandibular arches.
- DA will mix dental materials for an impression and for a bite registration.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the hard and soft palate and pharyngeal during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NFTF between Visit 1 and 2: 60 minutes total Lab Tech

After the models have been printed, the LT performs post processing of the 3D printed models including washing with isopropyl alcohol (IPA 99%) to remove excess resin from the model, drying of the model, removal of the printed supports (rafts/scaffolding) on the model, post curing of the model, finishing and quality control. The LT collaborates with the MD/DMD on prosthetic design of the major connector of the prosthesis along with the lift, rests, clasps, and major connector design. The LT fabricates the custom tray of triad material. The LT consults with doctor to verify that the custom tray is acceptable. **The expert panel recommends 60 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA obtains CBCT image / periapical radiographs of abutment teeth
- DA observes the Bunsen burner and water bath for safety.
- DA will mix final impression dental materials for an impression and for a bite registration.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)

- CA028 Review /read post procedure x ray –2 minute (expert panel time)
    - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.
    - DA verifies OR date with head and neck Scheduler

NFTF between Visit 2 and 3: 45 minutes Lab Tech

The LT boxes and pours the final impression. The LT trims the master cast/model. Both the MD/DMD and LT evaluate the master cast/model for accuracy. The LT scans the master cast/model into a secure icloud to have a record of the patient's master cast/model. The LT reviews the framework design with MD/DMD. The LT either scans the master cast/model and sends to an outside laboratory for milling of the framework or the LT boxes the master model/cast with work authorization and federal expresses to outside laboratory for milling. When the framework comes back from the outside laboratory, the framework is evaluated with the MD/DMD present. **The expert panel recommends 45 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA observes the Bunsen burner/water bath for safety.
- DA mixes dental materials (reline material) under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.

- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 90 minutes Lab Tech

The LT reviews the altered cast and inspects the altered cast with the MD/DMD. The LT boxes and pours the altered cast into dental stone. The new master cast/model is then trimmed and evaluated with the MD/DMD. After the new master cast/model has been approved by the MD/DMD, the LT duplicates the master cast/model. The MD/DMD waxes in the soft palate t portion. The wax up of the soft palate portion is approved by the MD/DMD. The master cast/model with the waxed soft palate portion is flasked, boiled out to remove the wax, and the soft portion is then converted into heat cured methyl methacrylate. The flask with the packed methyl methacrylate must be processed with heat so the uncured methyl methacrylate becomes a cured methyl methacrylate. After it is cured, the LT deflasks the prosthesis and trims and polishes the prosthesis. The LT reviews the prosthesis with the MD/DMD to verify no porosity, appropriate finish of methyl methacrylate at finish line. The LT makes any changes as dictated by MD/DMD. The prosthesis is then disinfected prior to the patient's visit. The LT then gives it to the DA to have ready for the patient's visit. **The expert panel recommends 90 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (50 minutes) DA and MD/DMD present

- DA mixes dental materials (reline material, bite registration) under the direction of the MD/DMD.
- DA hands the dentist the shade guide and tooth mold selection guide to MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 90 minutes Lab Tech

The LT pours the pickup impression and mounts the maxillary and mandibular models with the maxillomandibular relationship or bite recording. The LT consults with MD/DMD about the mounting. With an order from the MD/DMD, the LT sets the teeth in the partial edentulous span of the prosthesis. The setup is reviewed with the MD/DMD and LT. The prosthesis is then disinfected prior to the patient's visit. The LT then gives it to the DA to have ready for the patient's visit. **The expert panel recommends 90 minutes for these activities.**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD present

- DA observes Bunsen burner/water bath for safety.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials (articulating paper) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. The dental assistant hands the patient the mirror so patient can see the prosthesis in their mouth.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the hard and soft palate and pharyngeal during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NFTF between Visit 5 and 6: 80 minutes Lab Tech

The LT and MD/DMD evaluates the final wax up and the LT with an order from the MD/DMD flasks and processes the partial edentulous span into a heat cured methyl methacrylate material. The flask is boiled out, cleaned, and packed with methyl methacrylate. The flask is then cured. After curing the LT breaks out the prosthesis, trims, adjusts and polishes the prosthesis. The prosthesis is shown to the MD/DMD who gives his final approval. **The expert panel recommends 80 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (50 minutes) DA and MD/DMD present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials (articulating paper) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Oral Management: Use suction hoses, water sprays, and other instruments to keep the patient's mouth clear and dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. AD hands the patient a mirror so the patient can see the prosthesis in their mouth.
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)

- The DA is cleaning the hard and soft palate and pharyngeal during this time.

- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21084											
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFT F	2	NFT F	3	NFT F	4	NFT F	5	NFT F	6	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	6
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	6
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item												
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	6
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	12
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	6
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	11
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	2		4		2		2		2		2	14
SG055	gauze, sterile 4in x 4in	0.19	item			4									4
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		4		2		2		4		4	20
SJ038	petroleum jelly	0.37	oz												
SJ061	tongue depressor	0.03	item	1		1		1		1		1		1	6
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	6
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1		1		1		1		1		1	**6**
SJ082	paste, registration	18.59	kit							1					**1**
SJ083	polyurethane sheets (quantity as rolls)	0	roll												
SJ084	teeth set	63.91	set								1				**1**
SJ085	triad tray material	3.67	pack		1				1						**2**
SJ086	wax, baseplate	128.99	item						0.01		0.01				**0.02**
SJ087	wax, boxing	25.79	box				0.02								**0.02**
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item									1		2	**3**
SK114	tissue (Kleenex)	1.87	box			1									**1**
SL046	dental impression tray	0.48	item	1											**1**
SL047	dental stone powder	3.78	lb				0.5								**0.5**
SL081	impression material, alginate (dental)	8.96	lb	0.11											**0.11**
SL082	impression material, dental putty (per bite block)	2.138	item												
SL094	mold release agent, silicone spray	0.54	oz												
SL150	wax, bite registration wafer	0.37	item							1					**1**
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT						0.06				0.06		**0.12**
SL208	alloy framework, laboratory processing	184.9	item					1							**1**
SL228	Greenstick compound	1.90	box			0.2		0.2							**0.4**
SL230	impression material, final	539.99	cartridge			0.04									**0.04**
SL236	reline material, Trusoft	96.99	KIT					0.1							**0.1**
SL237	silicone	129.95	lb												
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	**6**
NEW	*Tray Adhesive*	*4.13*	*ml*			0.25									**0.25**
NEW	*Ball clasps*	*0.44*	*item*												
NEW	*Disposable Mounting Plates*	*4.28*	*item*								2				**2**
NEW	*Pumice*	*4.60*	*lb*						0.22				0.22	0.22	**0.66**
NEW	*Tray covers*	*0.03*	*item*	1		1		1		1		1		1	**6**
NEW	*Castone White*	*1.75*	*lb*								0.44		0.44		**0.88**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	rope wax	0.47	item												
NEW	Saliva ejectors	0.23	item	1		1		1		1		1		1	**6**
NEW	Duplicating Material	67.50	gallon				0.13								**0.13**
NEW	Pressure indicator paste	17.70	oz							0.5				0.5	**1**
NEW	VST-50 silicone elastomer	51.95	lb												
NEW	VST-50 HD Silicone Elastomer	59.95	lb												
NEW	Skin prep-wipe	15.95	item												
NEW	Flocking kit	41.36	kit												
NEW	Functional Intrinsic Coloration, w/ thixo agent	575	Kit												
NEW	Extrinsic Coloration	198.86	Kit												
NEW	Separating Tin Foil	1.05	oz												
NEW	G-490-0-6 Red Sable Brushes	2.33	brush												
NEW	G-490-00-6 Red Sable Brushes	2.33	brush												
NEW	G-490-000-6 Red Sable Brushes	2.33	brush												
NEW	Acid Brushes Extra large	0.33	brush												
NEW	Acid Brushes small	0.15	brush												
NEW	Silicone Wheels	8.99	item												
NEW	Sculpturing wax	89.92	lb												
NEW	Artificial Eye	250.00	item												
NEW	Black Artificial Eyelashes	5.00	set												
NEW	Daro Hydrobond	17.10	item												
NEW	Medical Silicone Adhesive A	17.10	oz												
NEW	Extrinsic Tri Fluid	2.85	oz												
NEW	Secure II Extra Strength Adhesive	24.50	oz												
NEW	ProBond	8.50	oz												
NEW	Pros Aide	14.95	item												
NEW	Daro Extra Strength	17.75	item												
NEW	Solvent	2.08	0z.												
NEW	Edge Adhesive	16.95	item												
NEW	Mixing Pads large	15.98	item												
NEW	Craniofacial Insert X-line magnet	179	item												
NEW	Craniofacial Titanmagnetics Model Analogue	49	item												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Craniofacial Implant Impression Post*	*49*	*item*												
NEW	*Craniofacial Implant epitheses magnet*	*95*	*item*												
NEW	*Locator attachments (set of 4)*	*426.46*	*kit*												
NEW	*Ti Bases Attachment*	*48*	*item*												
NEW	*Zirconium Framework*	*97*	*set*												
NEW	*Orthognathic splint / stent*	*1891*	*item*												
NEW	*Sealing Kit*	*18.24*	*oz*												

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1

autoclave bag	item	1
autoclave tape	yd	0.33
enzymatic detergent	oz	1
cleaning brush, instruments	item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

		21084											
		DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET
IMAGING EQUIPMENT													
ER071	x-ray, dental												
ED050	Technologist PACS workstation	2		2									4
ED005	camera, digital system, 12 megapixel (medical grade)												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Planmeca CBCT Imaging*	10		10									**20**
NEW	*Planmeca Proface Imaging*												
CLINIC / EXAM EQUIPMENT													
EQ279	handpiece, slow speed, (Midwest)	60		60		60		50		60		50	**340**
EQ278	handpiece, high speed (Kavo)	60		60		60		50		60		50	**340**
EQ276	delivery unit (Adec)	60		60		60		50		60		50	**340**
EF039	light, dental, ceiling mount (Adec)	60		60		60		50		60		50	**340**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		60		60		50		60		50	**340**
EQ138	instrument pack, medium ($1500 and up)	60		60		60		50		60		50	**340**
NEW	*3shape Trios Intraoral Scanner*	60											**60**
NEW	*Pentamix machine, tips, and cartridge*			60									**60**
NEW	*spectromatch with color kit*												
LAB EQUIPMENT													
EQ288	ultrasonic cleaning unit												
EQ275	compressor, air												
EP082	washout and curing unit (Nevin)						30				30		**60**
EP060	dust collecting unit (Handler)		15		15		15						**45**
EP029	oven convection (lab)												
EP066	handpiece, laboratory (Ney)		35		35				35		35		**140**
EP065	grinding and polishing unit (Handler)		20		20				20		20		**80**
EP080	trimmer, dental model (Buffalo)				10		10						**20**
EP086	whip mixer												
EP085	whip mix combo unit (Vac-U-Spat)				2						2		**4**
EP079	triad unit		10				10						**20**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	**55**
EP069	light curing unit (Triad 2000)												
EP056	articulator (model 96H2 - Hanua)						90		90		80		**260**
NEW	*Lab Scanner & 3Shape*		20										**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25										**25**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Ivobase*						55				55		**110**
NEW	*Milling Machine*												
NEW	*Zirconium speed furnace*												
NEW	*Milling Machine Supply Kit*												
NEW	*oven, for facial prosthesis*												
NEW	*Facebow*							50	90				**140**
NEW	*Digital Water Bath New*				5								**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*										10		**10**
NEW	*Retractable Air Gun System*		5		5		5		5		5		**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.

NEW	*SprintRay Pro 2 Bundle 3D System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Ivobase*	TIME USED FOR ONE PATIENT - assigned by expert panel	55	Typically, labs use acrylic that takes 55 minutes per manufacturer instructions. You start with a flask and place it in cold water, it has to be heated for curing (45 minutes) and then slowly has to be brought down, and the flask is cooled in cold water (10 additional minutes, totaling 55).
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Sandstorm2 25/50 & 50/100 mic*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The expert panel agreed that the sandblaster is used at least 10 minutes in order to remove stone and plaster from the prosthesis during the deflasking. Used to provide rough surface to enhance bonding for implant prosthesis.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?

CPT CODE(S):__21084_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21085	Impression and custom preparation; oral surgical splint	010

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21085	1) A 65 year old female is referred for custom preparation of oral surgical splints prior to removal of an odontogenic tumor and reconstruction of the right posterior mandible. 2) A 16 year old female with a dental facial deformity is referred for custom preparation of oral surgical splints prior to corrective jaw surgery for a dental facial deformity.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists.

21085 is unique in this family for several reasons:

1) It is the only 010 global code. The rest of the family are 090 globals.
2) It is the only code in the family that was surveyed by both oral maxillofacial surgeons (AAOMS), and maxillofacial prosthodontists (AAMP). The rest of the family was only surveyed by AAMP.
3) Oral maxillofacial surgeons are the dominant provider of this service, thus their typical practice patterns are reflected in our work and PE recommendations for this code.
4) 21085 is the only code that has a SINGLE staff type – a dental assistant. It was determined that having a lab technician was not typical based on the dominant provider type as noted above.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your

reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

No

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery and maxillofacial prosthodontics.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors: 1. **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of ocular, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis,
DMD, MS, Mark Chambers, DMD, MS,
Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor
George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There is only one staff type involved in 21085. The typical clinical staff for this code is a dental assistant (DA). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

There is no change to the global period for this code.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **TWO** face to face visits with the patient for 21085. During FTF visit **ONE**, the DA takes the full array of five vitals: BP, weight, height, BMI, and heart rate**,** thus we are requesting 5 minutes for FTF patient visit **ONE**. During FTF visit **TWO the DA only takes three vitals,** BP, heart rate, and oxygen saturation as there may be illness that could change those results while other vitals, like weight, height, and BMI are unlikely to change within the 10 day global period. We are requesting 3 minutes for FTF visits TWO. **TOTAL 8 minutes for vitals appears on the PE spreadsheet for 21085.**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis,
DMD, MS, Mark Chambers, DMD, MS,
Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor
George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

We are not requesting any pre-clinical staff time for this code as is standard for 010 globals.

    b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the surgical splint begins and extends throughout the global period (10 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the surgical splint and postoperative care during the global period (10 days).

The clinical staff type performing services during the intra service period is a dental assistant (DA). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

No post service time is requested because when the surgical splint is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" capture the DA time as "post intra time".

Visit summary for 21085:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21085	2	37	30						67	No lab tech for this code only						0	67

Total staff time as appears on PE Spreadsheet for 21085:

Pre time = 0 minutes (see Q10.a)
Intra time = 136 Dental Assistant total
- **Pre intra time** = 24 minutes (13 minutes FTF v 1 + 11 minutes FTF v 2)
- **Intra time** = 67 minutes for DA
- **Post intra time** = 45 minutes (25 minutes FTF v 1 + 20 minutes FTF v 2)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF: 37 minutes total Dental Assistant

Pre Intra (13 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The dental assistant does the initial assessment of the medical history, medications, and allergies. 3 minutes. (PE standard)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis,
DMD, MS, Mark Chambers, DMD, MS,
Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor
George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- CA010 Obtain vital signs – take vitals BP, weight, height, BMI, and heart rate. 5 minutes. (PE standard)
- CA012 Review requisition, assess for special needs - The staff reviews the type of clinical and laboratory supplies needed for the surgical splint, verifying safety of equipment and having radiographs on computer screen for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verifies appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for surgical splint type matches order of oral and maxillofacial surgeon and that all paperwork has been signed by patient (procedural consents, photographic consents, photographic consents, financial). 1 minute (PE standard)

Intra (37 minutes) DA and MD/DMD present

- DA assists MD 100% during the FTF visit.
- DA and MD/DMD take the cone beam image.
- All images are taken with the digital camera.
- DA and MD discuss skeletal measurements and facial measurements and the DA records them.
- DA mixes impression material.
- DA softens wax for wax bite.

Post Intra (25 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray (Reviews imaging with doctor and verifies uploading into chart) –2 minute (expert panel time)
- CA032 Scan exam into PACS –1 minute (PE standard)
    - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to digital file and will have the maxillary and mandibular arches digital files 3D printed with the SprintRay printer.
    - DA scans in image to PACs.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis,
DMD, MS, Mark Chambers, DMD, MS,
Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor
George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The dental assistant does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the surgical splint, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for surgical splint type matches order of oral and maxillofacial surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (30 minutes) DA and MD/DMD are present

- DA assists MD 100% during the FTF visit.
- During this visit the splint is tried for fit.
- If adjustments are needed, DA gets trimmer ready and assists in making any necessary adjustments.

Post Intra (20 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, dental assistant chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the surgical splint is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

100%

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

				21085		
				DENTAL ASST ONLY - FTF ONLY		TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	Visit 1	Visit 2	
SA048	pack, minimum multi-specialty visit	4.01	pack	1	1	2
SA043	pack, cleaning, surgical instruments	11.09	pack	1	1	2
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item	1	1	2
SB022	gloves, non-sterile	0.3	pair			
SB029	cap-headcover, patient	0.05	item	1	1	2
SB033	mask, surgical	0.43	item	2	2	4
SB037	pillow case	0.47	item			
SB043	towel, professional 13in x 18in	0.04	item			
SC092	catheter, needle (for CPT 31626)	40.23	item			
SF053	blade, sharp pointed surgical	1.2	item			
SF054	wire, orthodontic	0	item			
SG030	cotton balls, non-sterile	0.02	item	7	7	14
SG055	gauze, sterile 4in x 4in	0.19	item	2	2	4
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	2	2	4
SJ038	petroleum jelly	0.37	oz	1		1
SJ061	tongue depressor	0.03	item	2	2	4
SJ079	basin, sterile 500cc	3.51	item			
SJ080	lens cleaner, daily (Allergan)	0.62	ounce			
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item			
SJ082	paste, registration	18.59	kit	1		1
SJ083	polyurethane sheets (quantity as rolls)	0	roll			
SJ084	teeth set	63.91	set			
SJ085	triad tray material	3.67	pack			
SJ086	wax, baseplate	128.99	item			
SJ087	wax, boxing	25.79	box			
SK024	film, dental	1.73	item			
SK109	paper, articulating	0.06	item	1	1	2
SK114	tissue (Kleenex)	1.87	box	1	1	2
SL046	dental impression tray	0.48	item	2		2

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL047	dental stone powder	3.78	lb	0.125		**0.125**
SL081	impression material, alginate (dental)	8.96	lb	0.125		**0.125**
SL082	impression material, dental putty (per bite block)	2.138	item			
SL094	mold release agent, silicone spray	0.54	oz	1		**1**
SL150	wax, bite registration wafer	0.37	item	1		**1**
SL151	xylenes solvent	0.012	ml			
SL205	acylic, dental	277	KIT			
SL208	alloy framework, laboratory processing	184.9	item			
SL228	Greenstick compound	1.90	box			
SL230	impression material, final	539.99	cartridge			
SL236	reline material, Trusoft	96.99	KIT			
SL237	silicone	129.95	lb			
SM021	sanitizing cloth-wipe (patient)	0.07	item			
NEW	*Tray Adhesive*	*4.13*	*ml*			
NEW	*Ball clasps*	*0.44*	*item*			
NEW	*Disposable Mounting Plates*	*4.28*	*item*			
NEW	*Pumice*	*4.60*	*lb*			
NEW	*Tray covers*	*0.03*	*item*	1	1	**2**
NEW	*Castone White*	*1.75*	*lb*			
NEW	*rope wax*	*0.47*	*item*			
NEW	*Saliva ejectors*	*0.23*	*item*			
NEW	*Duplicating Material*	*67.50*	*gallon*			
NEW	*Pressure indicator paste*	*17.70*	*oz*			
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*			
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*			
NEW	*Skin prep-wipe*	*15.95*	*item*			
NEW	*Flocking kit*	*41.36*	*kit*			
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*			
NEW	*Extrinsic Coloration*	*198.86*	*Kit*			
NEW	*Separating Tin Foil*	*1.05*	*oz*			
NEW	*G-490-0-6 Red Sable Brushes*	*2.33*	*brush*			
NEW	*G-490-00-6 Red Sable Brushes*	*2.33*	*brush*			
NEW	*G-490-000-6 Red Sable Brushes*	*2.33*	*brush*			

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Acid Brushes Extra large	0.33	brush			
NEW	Acid Brushes small	0.15	brush			
NEW	Silicone Wheels	8.99	item			
NEW	Sculpturing wax	89.92	lb			
NEW	Artificial Eye	250.00	item			
NEW	Black Artificial Eyelashes	5.00	set			
NEW	Daro Hydrobond	17.10	item			
NEW	Medical Silicone Adhesive A	17.10	oz			
NEW	Extrinsic Tri Fluid	2.85	oz			
NEW	Secure II Extra Strength Adhesive	24.50	oz			
NEW	ProBond	8.50	oz			
NEW	Pros Aide	14.95	item			
NEW	Daro Extra Strength	17.75	item			
NEW	Solvent	2.08	0z.			
NEW	Edge Adhesive	16.95	item			
NEW	Mixing Pads large	15.98	item			
NEW	Craniofacial Insert X-line magnet	179	item			
NEW	Craniofacial Titanmagnetics Model Analogue	49	item			
NEW	Craniofacial Implant Impression Post	49	item			
NEW	Craniofacial Implant epitheses magnet	95	item			
NEW	Locator attachments (set of 4)	426.46	kit			
NEW	Ti Bases Attachment	48	item			
NEW	Zirconium Framework	97	set			
NEW	Orthognathic splint / stent	1891	item		1	1
NEW	Sealing Kit	18.24	oz			

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Because there is no lab technician for 21085, any equipment used during inter-visit/lab session times is used by the physician.

		21085			
		DENTAL ASST ONLY			TOTAL TIME ON PE SPREADSHEET
		Visit 1 DA	NFTF MD using equipment	Visit 2 DA	
IMAGING EQUIPMENT					
ER071	x-ray, dental				
ED050	Technologist PACS workstation	2			**2**
ED005	camera, digital system, 12 megapixel (medical grade)	10			**10**
NEW	*Planmeca CBCT Imaging*	10			**10**
NEW	*Planmeca Proface Imaging*				
CLINIC / EXAM EQUIPMENT					
EQ279	handpiece, slow speed, (Midwest)	37		30	**67**
EQ278	handpiece, high speed (Kavo)	37		30	**67**
EQ276	delivery unit (Adec)	37		30	**67**
EF039	light, dental, ceiling mount (Adec)	37		30	**67**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	37		30	**67**
EQ138	instrument pack, medium ($1500 and up)	37		30	**67**
NEW	*3shape Trios Intraoral Scanner*	37			**37**
NEW	*Pentamix machine, tips, and cartridge*				
NEW	*spectromatch with color kit*				
LAB EQUIPMENT					
EQ288	ultrasonic cleaning unit				

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EQ275	compressor, air				
EP082	washout and curing unit (Nevin)				
EP060	dust collecting unit (Handler)		45	30	**75**
EP029	oven convection (lab)				
EP066	handpiece, laboratory (Ney)	37		30	**67**
EP065	grinding and polishing unit (Handler)	37		30	**67**
EP080	trimmer, dental model (Buffalo)				
EP086	whip mixer				
EP085	whip mix combo unit (Vac-U-Spat)				
EP079	triad unit				
EP074	steamer, portable (Kerr Lab)	5		5	**10**
EP069	light curing unit (Triad 2000)				
EP056	articulator (model 96H2 - Hanua)	37	45	30	**112**
NEW	*Lab Scanner & 3Shape*	37		30	**67**
NEW	*SprintRay Pro 2 Bundle 3D printer System*	37		30	**67**
NEW	*Ivobase*				
NEW	*Milling Machine*				
NEW	*Zirconium speed furnace*				
NEW	*Milling Machine Supply Kit*				
NEW	*oven, for facial prosthesis*				
NEW	*Facebow*	37	45		**82**
NEW	*Digital Water Bath New*	5			**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*				
NEW	*Retractable Air Gun System*				

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

    Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis,
DMD, MS, Mark Chambers, DMD, MS,
Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor
George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Because there is no lab technician for 21085, any equipment used during inter-visit/lab session times is used by the physician.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal

				anatomy/function or swelling etc.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
LAB EQUIPMENT				
EP060	dust collecting unit (Handler)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EP066	handpiece, laboratory (Ney)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EP065	grinding and polishing unit (Handler)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the surgical splint. The steam cleans the surgical splint during fabrication process.
EP056	articulator (model 96H2 - Hanua)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Lab Scanner & 3Shape*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Facebow*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21085_____
SPECIALTY SOCIETY(IES):__ADA, AAOMS, AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS, Lionel M. Candelaria, DDS, FACS – ADA RUC Advisor George L Grillon, DMD, FACS – ADA Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?
    N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:
    N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.
    N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21086	Impression and custom preparation; auricular prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21086	A 67 year old male is referred for custom preparation of an auricular prosthesis after his ear was surgically removed due to squamous cell carcinoma.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21086.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DA coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete pre-procedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21086:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21086	6	63	84	80	90	90	54		461	84	93	80	93	52		402	863

Total staff time as appears on PE Spreadsheet for 21086:

Pre time = 35 minutes
Intra time = 671 Dental Assistant total, 402 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 461 minutes for DA, 402 minutes for LT (corresponds to table above)
- **Post intra time** = 144 minutes (26 minutes FTF v 1 and 2 + 23 minutes FTF v 3, 4, 5, 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (63 minutes) DA and MD/DMD are present

- DA and MD/DMD obtain cone beam radiograph and Proface imaging
  DA scans the contralateral ear.
- DA will mix dental materials for a final impression.
- Chairside Assistance: Hand instruments and materials (dental implant components) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 84 minutes Lab Tech

With an order from the MD/DMD, the LT boxes and pours the final impression. After setting the dental stone, the LT separates the model/cast from the impression and trims the master model/stone. The LT fabricates a wax base to outline extent of prosthesis. From the imaging (proface), the 3D contralateral ear is "flipped" and 3D printed. The 3D printed ear is converted into wax. The LT fabricates a wax base which the prosthesis will be built on. With input from the MD/DMD, the wax pattern into position on the master cast with the wax base. The LT consults with MD/DMD about implant verification framework. The LT shows template and wax up to MD/DMD for approval. The LT disinfects the implant verification to be ready for patient's visit. **The expert panel recommends 84 minutes for these activities.**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (84 minutes) DA and MD/DMD are present

- DA assists MD/DMD in verification of implant verification framework.
- DA monitors the Bunsen burner.
- DA takes photographs as directed by MD/DMD.
- DA mixes dental materials as needed under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the wax up prosthesis and disinfects the prosthesis after use.

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.

- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.
    - DA verifies OR date with head and neck Scheduler

NFTF between Visit 2 and 3: 93 minutes total Lab Tech

The LT consults with MD/DMD about wax up and compares it to soft tissue imaging preop and photographs. Both the MD/DMD and LT review photographs and/or soft tissue imaging (Proface) and decide on what areas need to be developed. After reviewing the initial position on the master cast (model) with the MD/DMD, the LT begins waxing and adjusting as directed by MD/DMD with the incorporation of the implant framework within the wax pattern.. After consulting with MD/DMD, it is decided that the wax up is acceptable for the patient's next visit. The LT will disinfect the wax up and make certain that it is ready for the patient's next visit. **The expert panel recommends 93 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (80 minutes) DA and MD/DMD are present

- DA monitors the Bunsen burner for safety.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). DA hands the spectromatch to the MD/DMD for color measurement.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. Dental assistant hands mirror to patient to evaluate waxup.
- DA cleans the wax up prosthesis and disinfects the prosthesis after initial use.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.

- Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the healed wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 80 minutes Lab Tech

The LT consults with MD/DMD that the wax up is completed. The LT sculpts in skin texture and finalizes the margins of the prosthesis. The LT reviews imaging/photographs with the MD/DMD. The LT consults with MD/DMD that the wax pattern is ready for investing. With MD/DMD's approval, the LT shows the base flask to MD/DMD for approval. With the approval of the MD/DMD, the LT does the helix portion pour and shows it to the MD/DMD for approval. Then, the LT does the counter pour of the flask. The LT boils out the wax pattern and applies the appropriate materials so it is ready for the intrinsic coloration. The LT shows it to the MD/DMD for approval. **The expert panel recommends 80 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA has the intrinsic coloration palate ready for the MD/DMD.
- DA replaces coloration supplies as needed.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the waxup prosthesis and disinfects the wax up prosthesis after initial removal.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)

- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 93 minutes total Lab Tech

The MD/DMD reviews the LT the location of the soft and harder silicones so the prosthesis will be realistic. With the approval of the MD/DMD, the LT injects base shade silicone elastomer into mold with the intrinsic characterization. Injection of silicone for an auricular prosthesis is different than the other extraoral prostheses. The other prosthesis has a 2-piece mold. The auricular prosthesis has a 3-piece mold and requires more time to inject and it's more precise. The LT puts the flasks under pressure and puts a C-clamp on it. The LT puts mold in oven for curing. After curing, breaks out the mold, cleans and trims the prosthesis. Verifies passive fit on model with implants. **The expert panel recommends 93 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA has the extrinsic coloration materials ready for extrinsic characterization.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). The dental assistant aids the MD/DMD in cleaning of the implants.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 52 minutes Lab Tech

LT seals prosthesis for appropriate curing and setting of coloration. The LT completes the documentation of dental materials used in the prosthesis to be put into EMR. The shade selection of the base shade is recorded, and the LT keeps small samples of the intrinsic coloration is kept in patient's box. **The expert panel recommends 52 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (54 minutes) DA and MD/DMD are present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands the mirror to the patient to evaluate the prosthesis.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)

- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
  - The DA is cleaning the healed wound during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet. We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21086											
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS
Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	6
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	6
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item			1									1
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	6
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	12
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	6
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	11
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	2		4		2		2		2		2	14

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SG055	gauze, sterile 4in x 4in	0.19	item	4											**4**
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		2		2		4		4		4	**20**
SJ038	petroleum jelly	0.37	oz	1											**1**
SJ061	tongue depressor	0.03	item			2									**2**
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	**6**
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item												
SJ082	paste, registration	18.59	kit												
SJ083	polyurethane sheets (quantity as rolls)	0	roll												
SJ084	teeth set	63.91	set												
SJ085	triad tray material	3.67	pack		1										**1**
SJ086	wax, baseplate	128.99	item		0.02										**0.02**
SJ087	wax, boxing	25.79	box		0.12										**0.12**
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item												
SK114	tissue (Kleenex)	1.87	box	1											**1**
SL046	dental impression tray	0.48	item												
SL047	dental stone powder	3.78	lb		0.75										**0.75**
SL081	impression material, alginate (dental)	8.96	lb												
SL082	impression material, dental putty (per bite block)	2.138	item												
SL094	mold release agent, silicone spray	0.54	oz						1						**1**
SL150	wax, bite registration wafer	0.37	item												
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT						0.06						**0.06**
SL208	alloy framework, laboratory processing	184.9	item												
SL228	Greenstick compound	1.90	box	0.2											**0.2**
SL230	impression material, final	539.99	cartridge	0.04											**0.04**
SL236	reline material, Trusoft	96.99	KIT												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL237	silicone	129.95	lb								0.11				**0.11**
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	**6**
NEW	*Tray Adhesive*	*4.13*	*ml*	0.25											**0.25**
NEW	*Ball clasps*	*0.44*	*item*												
NEW	*Disposable Mounting Plates*	*4.28*	*item*												
NEW	*Pumice*	*4.60*	*lb*		0.22										**0.22**
NEW	*Tray covers*	*0.03*	*item*	2		2		2		2		2		2	**12**
NEW	*Castone White*	*1.75*	*lb*						0.88						**0.88**
NEW	*rope wax*	*0.47*	*item*						0.07						**0.07**
NEW	*Saliva ejectors*	*0.23*	*item*												
NEW	*Duplicating Material*	*67.50*	*gallon*		0.13										**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*												
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*								0.02				**0.02**
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*								0.02				**0.02**
NEW	*Skin prep-wipe*	*15.95*	*item*											1	**1**
NEW	*Flocking kit*	*41.36*	*kit*							0.04					**0.04**
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*							0.02					**0.02**
NEW	*Extrinsic Coloration*	*198.86*	*Kit*									0.02			**0.02**
NEW	*Separating Tin Foil*	*1.05*	*oz*						1						**1**
NEW	*G-490-0-6 Red Sable Brushes*	*2.33*	*brush*									1			**1**
NEW	*G-490-00-6 Red Sable Brushes*	*2.33*	*brush*									1			**1**
NEW	*G-490-000-6 Red Sable Brushes*	*2.33*	*brush*									1			**1**
NEW	*Acid Brushes Extra large*	*0.33*	*brush*						3						**3**
NEW	*Acid Brushes small*	*0.15*	*brush*						2						**2**
NEW	*Silicone Wheels*	*8.99*	*item*									1			**1**
NEW	*Sculpturing wax*	*89.92*	*lb*			0.06		0.3							**0.36**
NEW	*Artificial Eye*	*250.00*	*item*												
NEW	*Black Artificial Eyelashes*	*5.00*	*set*												
NEW	*Daro Hydrobond*	*17.10*	*item*											1	**1**
NEW	*Medical Silicone Adhesive A*	*17.10*	*oz*										0.05		**0.05**
NEW	*Extrinsic Tri Fluid*	*2.85*	*oz*									1			**1**
NEW	*Secure II Extra Strength Adhesive*	*24.50*	*oz*											1	**1**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	ProBond	8.50	oz								0.1				0.1
NEW	Pros Aide	14.95	item											1	1
NEW	Daro Extra Strength	17.75	item											1	1
NEW	Solvent	2.08	0z.						1						1
NEW	Edge Adhesive	16.95	item											1	1
NEW	Mixing Pads large	15.98	item							0.1		0.1			0.2
NEW	Craniofacial Insert X-line magnet	179	item	3											3
NEW	Craniofacial Titanmagnetics Model Analogue	49	item		3										3
NEW	Craniofacial Implant Impression Post	49	item	3											3
NEW	Craniofacial Implant epitheses magnet	95	item		3										3
NEW	Locator attachments (set of 4)	426.46	kit												
NEW	Ti Bases Attachment	48	item												
NEW	Zirconium Framework	97	set												
NEW	Orthognathic splint / stent	1891	item												
NEW	Sealing Kit	18.24	oz										1		1

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2

gown, patient	item	1
pillow case	item	1
cover, thermometer probe	item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, cleaning, surgical instruments	**SA043**	**pack**	**1**
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21086											
		DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
		1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
IMAGING EQUIPMENT													
ER071	x-ray, dental												

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ED050	Technologist PACS workstation	2		2									**4**
ED005	camera, digital system, 12 megapixel (medical grade)			10									**10**
NEW	*Planmeca CBCT Imaging*	10											**10**
NEW	*Planmeca Proface Imaging*	10											**10**
CLINIC / EXAM EQUIPMENT													
EQ279	handpiece, slow speed, (Midwest)	63		84		80		90		90		54	**461**
EQ278	handpiece, high speed (Kavo)	63		84		80		90		90		54	**461**
EQ276	delivery unit (Adec)	63		84		80		90		90		54	**461**
EF039	light, dental, ceiling mount (Adec)	63		84		80		90		90		54	**461**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	63		84		80		90		90		54	**461**
EQ138	instrument pack, medium ($1500 and up)	63		84		80		90		90		54	**461**
NEW	*3shape Trios Intraoral Scanner*	63											**63**
NEW	*Pentamix machine, tips, and cartridge*	63											**63**
NEW	*spectromatch with color kit*					5							**5**
LAB EQUIPMENT													
EQ288	ultrasonic cleaning unit												
EQ275	compressor, air												
EP082	washout and curing unit (Nevin)						30						**30**
EP060	dust collecting unit (Handler)		15		15		15						**45**
EP029	oven convection (lab)												
EP066	handpiece, laboratory (Ney)		35		35		35						**105**
EP065	grinding and polishing unit (Handler)		20				20						**40**
EP080	trimmer, dental model (Buffalo)		10										**10**
EP086	whip mixer												
EP085	whip mix combo unit (Vac-U-Spat)		2				2						**4**
EP079	triad unit		10										**10**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	**55**
EP069	light curing unit (Triad 2000)												
EP056	articulator (model 96H2 - Hanua)												
NEW	*Lab Scanner & 3Shape*		20										**20**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25										**25**
NEW	*Ivobase*												
NEW	*Milling Machine*												
NEW	*Zirconium speed furnace*												
NEW	*Milling Machine Supply Kit*												
NEW	*oven, for facial prosthesis*												
NEW	*Facebow*												
NEW	*Digital Water Bath New*		5										**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*												
NEW	*Retractable Air Gun System*		5		5		5		5		5		**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc..
NEW	*Planmeca Proface Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine,*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

	tips, and cartridge			
NEW	*spectromatch with color kit*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Measuring skin tone and have to input calculation on computer and will give you the color formula.
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21086_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21087	Impression and custom preparation; nasal prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21087	A 62 year old female is referred for custom preparation of a nasal prosthesis after undergoing a total rhinectomy.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21087.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DA coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21087:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21087	6	60	90	90	75	78	50		443	90	90	90	103	45		418	861

Total staff time as appears on PE Spreadsheet for 21087:

Pre time = 35 minutes
Intra time = 653 Dental Assistant total, 418 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 443 minutes for DA, 418 minutes for LT (corresponds to table above)
- **Post intra time** = 144 minutes (26 Minutes FTF v 1 and 2 + 23 minutes FTF v 3, 4, 5, 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (60 minutes) DA and MD/DMD are present

- DA and MD/DMD obtain a cone beam radiograph and Proface imaging.
- DA scans the defect.
- A will mix dental materials for a final impression.
- Chairside Assistance: Hand instruments and materials (implant components) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 90 minutes Lab Tech

With an order from the MD/DMD, the LT boxes and pours the final impression. After setting the dental stone, the LT separates the model/cast from the impression and trims the master model/stone. The LT fabricates a wax base to outline extent of prosthesis. From the imaging (proface), the preop virtual image is evaluated to determine if the tumor changed the shape of the nose. IF the tumor has changed the shape of the nose, the LT virtually sculpts the nose to try to get it to its

original shape. The LT works with the MD/DMD to finalize the shape. The pattern is 3D printed and converted into wax. The LT fabricates a wax base which the prosthesis will be built on. With input from the MD/DMD, the wax pattern into position on the master cast with the wax base. The LT consults with MD/DMD about implant verification framework template. The LT shows implant verification template and wax up to MD/DMD for approval. The LT disinfects the implant template to be ready for patient's visit. **The expert panel recommends 90 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA assists MD/DMD in verification of implant verification framework.
- DA monitors the Bunsen burner.
- DA takes photographs as directed by MD/DMD
- A mixes dental materials as needed under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials (implant components) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal Management: Use suction hoses, and other instruments to keep the patient's nasal cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)

- The DA reviews imaging with doctor and verifies uploading into chart.

- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 2 and 3: 90 minutes Lab Tech

The LT consults with MD/DMD about the wax up and compares it to soft tissue imaging preop and photographs. Both the MD/DMD and LT reviews photographs or soft tissue imaging (Proface) and decide on what areas need to be develop. The LT incorporates the implant framework within the wax pattern as directed by MD/DMD. The LT smooths the wax pattern and makes changes as directed by the MD/DMD. After consulting with MD/DMD, it is decided that the wax up is acceptable for the patient's next visit. The LT will disinfect the wax up and make certain that it is ready for the patient's next visit. **The expert panel recommends 90 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA monitors the Bunsen burner for safety.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). DA hands the spectromatch to the MD/DMD for color measurement.
- Nasal Management: Use suction hoses, and other instruments to keep the patient's nasal cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands the mirror to the patient for evaluation of the wax pattern.

- DA cleans the wax up prosthesis and disinfects after use.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 90 minutes Lab Tech

The LT consults with MD/DMD that the wax up is completed. The LT sculpts in skin texture and finalizes the margins of the prosthesis. The LT consults with MD/DMD that the wax pattern is ready for investing. With MD/DMD's approval, the LT shows the base flask to MD/DMD for approval. With the approval of the MD/DMD, the LT does the helix portion pour and shows it to the MD/DMD for approval. Then, the LT does the counter pour of the flask. The LT boils out the wax pattern and applies the appropriate materials so it is ready for the intrinsic coloration. The LT shows it to the MD/DMD for approval. **The expert panel recommends 90 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (75 minutes) DA and MD/DMD are present

- DA has the intrinsic coloration palate ready for the MD/DMD.

- DA replaces coloration supplies as needed
- A mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal Management: Use suction hoses, and other instruments to keep the patient's nasal cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- A cleans the wax up prosthesis and disinfects the prosthesis after initial removal.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 103 minutes Lab Tech

The MD/DMD reviews the LT the location of the soft and harder silicones so the prosthesis will be realistic. Due to the nasal anatomy, this will require finesse to incorporate the appropriate silicone with the framework. With the approval of the MD/DMD, the LT injects base shade silicone elastomer into mold with the intrinsic characterization. The LT puts the flasks under pressure and puts a C-clamp on it. The LT puts mold in oven for curing. After curing, break out the mold and cleans and trims the prosthesis. Verifies passive fit on model with implants. **The expert panel recommends 103 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (78 minutes) DA and MD/DMD are present

- DA has extrinsic coloration materials ready for extrinsic characterization.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). The DA aids the MD/DMD in cleaning of the implants.
- Nasal Management: Use suction hoses and other instruments to keep the patient's nasal cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 45 minutes Lab Tech

LT seals prosthesis for appropriate curing and setting of coloration. The LT completes the documentation of dental materials used in the prosthesis to be put into EMR. The shade selection of the base shade is recorded, and the LT keeps small samples of the intrinsic coloration is kept in patient's box. **The expert panel recommends 45 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)

- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (50 minutes) DA and MD/DMD are present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal Management: Use suction hoses, and other instruments to keep the patient's nasal cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. Dental assistant hands patient the mirror to evaluate the prosthesis.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.
We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21087	

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTALS
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	**6**
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	**6**
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item	1											**1**
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	**6**
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	**12**
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	**6**
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	**11**
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	2		4		2		2		2		2	**14**
SG055	gauze, sterile 4in x 4in	0.19	item	4											**4**
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		2		2		4		4		4	**20**
SJ038	petroleum jelly	0.37	oz	1											**1**
SJ061	tongue depressor	0.03	item	2											**2**
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	**6**
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item												
SJ082	paste, registration	18.59	kit												
SJ083	polyurethane sheets (quantity as rolls)	0	roll												
SJ084	teeth set	63.91	set												
SJ085	triad tray material	3.67	pack		1										**1**
SJ086	wax, baseplate	128.99	item		0.02										**0.02**
SJ087	wax, boxing	25.79	box		0.12										**0.12**
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item												
SK114	tissue (Kleenex)	1.87	box	1											**1**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL046	dental impression tray	0.48	item												
SL047	dental stone powder	3.78	lb		0.75										**0.75**
SL081	impression material, alginate (dental)	8.96	lb												
SL082	impression material, dental putty (per bite block)	2.138	item												
SL094	mold release agent, silicone spray	0.54	oz						1						**1**
SL150	wax, bite registration wafer	0.37	item												
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT						0.06						**0.06**
SL208	alloy framework, laboratory processing	184.9	item												
SL228	Greenstick compound	1.90	box	0.2											**0.2**
SL230	impression material, final	539.99	cartridge	0.04											**0.04**
SL236	reline material, Trusoft	96.99	KIT												
SL237	silicone	129.95	lb								0.11				**0.11**
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	**6**
NEW	*Tray Adhesive*	*4.13*	*ml*	0.25											**0.25**
NEW	*Ball clasps*	*0.44*	*item*												
NEW	*Disposable Mounting Plates*	*4.28*	*item*												
NEW	*Pumice*	*4.60*	*lb*		0.22										**0.22**
NEW	*Tray covers*	*0.03*	*item*	2		2		2		2		2		2	**12**
NEW	*Castone White*	*1.75*	*lb*						0.88						**0.88**
NEW	*rope wax*	*0.47*	*item*						0.07						**0.07**
NEW	*Saliva ejectors*	*0.23*	*item*												
NEW	*Duplicating Material*	*67.50*	*gallon*		0.13										**0.13**
NEW	*Pressure indicator paste*	*17.70*	*oz*												
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*								0.02				**0.02**
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*								0.02				**0.02**
NEW	*Skin prep-wipe*	*15.95*	*item*											1	**1**
NEW	*Flocking kit*	*41.36*	*kit*							0.04					**0.04**
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*							0.02					**0.02**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	Extrinsic Coloration	198.86	Kit									0.02			0.02
NEW	Separating Tin Foil	1.05	oz						1						1
NEW	G-490-0-6 Red Sable Brushes	2.33	brush									1			1
NEW	G-490-00-6 Red Sable Brushes	2.33	brush									1			1
NEW	G-490-000-6 Red Sable Brushes	2.33	brush									1			1
NEW	Acid Brushes Extra large	0.33	brush						3						3
NEW	Acid Brushes small	0.15	brush						2						2
NEW	Silicone Wheels	8.99	item									1			1
NEW	Sculpturing wax	89.92	lb			0.06		0.03							0.09
NEW	Artificial Eye	250.00	item												
NEW	Black Artificial Eyelashes	5.00	set												
NEW	Daro Hydrobond	17.10	item											1	1
NEW	Medical Silicone Adhesive A	17.10	oz										0.05		0.05
NEW	Extrinsic Tri Fluid	2.85	oz									1			1
NEW	Secure II Extra Strength Adhesive	24.50	oz											1	1
NEW	ProBond	8.50	oz								0.1				0.1
NEW	Pros Aide	14.95	item											1	1
NEW	Daro Extra Strength	17.75	item											1	1
NEW	Solvent	2.08	0z.						1						1
NEW	Edge Adhesive	16.95	item											1	1
NEW	Mixing Pads large	15.98	item							0.1		0.1			0.2
NEW	Craniofacial Insert X-line magnet	179	item	3											3
NEW	Craniofacial Titanmagnetics Model Analogue	49	item		3										3
NEW	Craniofacial Implant Impression Post	49	item	3											3
NEW	Craniofacial Implant epitheses magnet	95	item		3										3
NEW	Locator attachments (set of 4)	426.46	kit												
NEW	Ti Bases Attachment	48	item												
NEW	Zirconium Framework	97	set												
NEW	Orthognathic splint / stent	1891	item												
NEW	Sealing Kit	18.24	oz										1		1

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

			21087											
			DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTAL TIME ON PE SPREADSHEET
			1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
Invoice #	IMAGING EQUIPMENT													
	ER071	x-ray, dental												
	ED050	Technologist PACS workstation	2		2									4
	ED005	camera, digital system, 12 megapixel (medical grade)			10									10
1 & 2	NEW	*Planmeca CBCT Imaging*	10											10
19	NEW	*Planmeca Proface Imaging*	10											10
	CLINIC / EXAM EQUIPMENT													
	EQ279	handpiece, slow speed, (Midwest)	60		90		90		75		78		50	443
	EQ278	handpiece, high speed (Kavo)	60		90		90		75		78		50	443
	EQ276	delivery unit (Adec)	60		90		90		75		78		50	443
	EF039	light, dental, ceiling mount (Adec)	60		90		90		75		78		50	443
	EF038	chair, dental (Cascade 1040 - Adec), with upholstery	60		90		90		75		78		50	443
	EQ138	instrument pack, medium ($1500 and up)	60		90		90		75		78		50	443
3 & 4	NEW	*3shape Trios Intraoral Scanner*	60											60
18	NEW	*Pentamix machine, tips, and cartridge*	60											60
21	NEW	*spectromatch with color kit*					5							5
	LAB EQUIPMENT													
	EQ288	ultrasonic cleaning unit												
	EQ275	compressor, air												
	EP082	washout and curing unit (Nevin)						30						30

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21087_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	EP060	dust collecting unit (Handler)			15		15		15						**45**
	EP029	oven convection (lab)													
	EP066	handpiece, laboratory (Ney)			35		35		35						**105**
	EP065	grinding and polishing unit (Handler)			20				20						**40**
	EP080	trimmer, dental model (Buffalo)			10										**10**
	EP086	whip mixer													
	EP085	whip mix combo unit (Vac-U-Spat)			2				2						**4**
	EP079	triad unit			10										**10**
	EP074	steamer, portable (Kerr Lab)		5	5	5	5	5	5	5	5	5	5	5	**55**
	EP069	light curing unit (Triad 2000)													
	EP056	articulator (model 96H2 - Hanua)													
6 & 7	NEW	*Lab Scanner & 3Shape*			20										**20**
8	NEW	*SprintRay Pro 2 Bundle 3D Printer System*			25										**25**
9	NEW	*Ivobase*													
10 & 11	NEW	*Milling Machine*													
12	NEW	*Zirconium speed furnace*													
13	NEW	*Milling Machine Supply Kit*													
21	NEW	*oven, for facial prosthesis*													
59	NEW	*Facebow*													
40	NEW	*Digital Water Bath New*			5										**5**
40	NEW	*Sandstorm2 25/50 & 50/100 mic*													
40	NEW	*Retractable Air Gun System*			5		5		5		5		5		**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment

used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Time per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc..
NEW	*Planmeca Proface Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time.
CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	

	1040 - Adec), with upholstery			
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*spectromatch with color kit*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Measuring skin tone and have to input calculation on computer and will give you the color formula.
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).
EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.

EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial

prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
21088	Impression and custom preparation; facial prosthesis	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
21088	A 68 year old female is referred for custom preparation of a facial prosthesis after undergoing a total rhinectomy and orbital exenteration.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   Expert Panel made up of experienced and nationally recognized dentists, oral maxillofacial surgeons, and maxillofacial prosthodontists

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   We are using the current PE inputs as our reference code as there are no codes outside this family that have similar PE inputs
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   These are all low volume services. The typical specialties are oral and maxillofacial surgeons and maxillofacial prosthodontists who are trained as dentists with a fellowship in oral and maxillofacial surgery or maxillofacial prosthodontics.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

These codes were never surveyed or reviewed by the RUC and their inputs are extremely out of date. There is compelling evidence to change and/or add new PE inputs based on the following factors:

1) **Changes in technology.** The supplies and equipment that are the current standard of care did not exist in 1995. Since 1995 there has been complete change in technology including use of Cone beam CT, 3D printing and use of fibula flaps for the prostheses. The patient population has also changed in that the surgery is much more invasive and requires more complex prostheses to result in the ability to speak and swallow. The work takes much longer and there are more visits because the prostheses must fit exactly and, in the case of orbital, nasal, auricular, and facial prostheses, are made to mimic more closely the native body part being replaced. Due to these changes in technology, clinical staff time, supplies, and equipment have all changed and/or increased substantially and require revision.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

Clinical staff type information:

There are two staff involved in all of these services except 21085. The typical clinical staff for these codes are dental assistants (DA) and LTs (LT) (L033A). We are using the medical assistant as a proxy for the DA, reflected with clinical staff type (L026A). We considered the typical wages of a DA and believe that the proxy of the medical assistant is appropriate. 21085 only includes the DA.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are requesting the standard 090 pre staff times for both the facility and nonfacility

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

There are **SIX** face to face visits with the patient for this code. During these FTF visits, two vitals are taken: blood pressure and weight, thus we are requesting 3 minutes for each FTF patient visit to take vitals. 2 vitals visit = 3 minute standard x 6 FTF visits. **TOTAL 18 minutes for vitals appears on the PE spreadsheet for 21088.**

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Within the custom survey tool for this family of codes the pre-service is defined as: services provided BEFORE you start the prosthesis fabrication.

Pre-Service: 35 minutes Dental Assistant (DA) – 090 standard pre time

- CA001 Complete pre-Service diagnostic and referral form 5 minutes
  - DA fills out posting of prosthesis with head and neck service
- CA002 Coordinate presurgery service (including test results) 10 minutes
  - The staff reviews the type of clinical and laboratory supplies needed in the fabrication process for the prosthesis, verifying safety of equipment and having radiographs on computer screen for the doctor.
  - DA verifies appropriate equipment is operational and supplies are ordered. DA coordinates with laboratory re: need of future laboratory supplies and coordination of appointment visits.
- CA004 Provide preservice education/obtain consent 10 minutes
  - DA educates patient about procedure format (what to expect), discusses impression/scan
  - Consents include photographic consent, procedure consent, consent to treat.
- CA005 Complete preprocedure phone calls and prescription 10 minutes
  - The patient gets a call from DA verifying appointment and any concerns and informing them what to expect. DA calls head and neck nurse letting them know the date that we are seeing them.
  - DA asks about antibiotic prophylaxis due to heart valve, knee, shoulder, or ankle replacement.

b. Service period (includes pre, intra and post):

Within the custom survey tool for this family of codes the INTRA service begins with the visit when the fabrication of the prosthesis begins and extends throughout the global period (90 days), including all visits (face-to-face and non-face-to-face) related to the fabrication of the prosthesis and postoperative care during the global period (90 days).

Two clinical staff types perform services during the intra service period, the dental assistant (DA) and the lab technician (LT). The DA is present AT ALL TIMES when the MD/DMD is performing activities during the intra service period, so their time is captured under the "100% assisting MD" category and reflects the intra service times of the survey.

The MD/DMD is not always present when the LT is conducting their activities, so the LT time is captured under the "not related to the MD category" and the time for their activities is based on the recommendations of the expert clinical panel.

No post service time is requested because when the prosthesis is delivered and the registration is completed, the entire service is completed. The visits and inter-visit lab session activities that resemble other codes "post service" captured the DA and LT times as "post intra time".

Visit summary for 21088:

		Face to Face Visits (Dental Asst (DA)) Times from survey								Non face to face lab time (Lab Tech (LT)) Times from expert panel							
Code	# Visits Typical	Visit 1 Median FTF Time	Visit 2 Median FTF Time	Visit 3 Median FTF Time	Visit 4 Median FTF Time	Visit 5 Median FTF Time	Visit 6 Median FTF Time	Visit 7 Median FTF Time	Total FTF Time	NFTF Median Time between V1 and 2	NFTF Median Time between V2 and 3	NFTF Median Time between V3 and 4	NFTF Median Time between V4 and 5	NFTF Median Time between V5 and 6	NFTF Median Time between V6 and 7	Total NFTF Time	Total Intra Time of all Visits
21088	6	65	90	90	110	90	76		521	100	90	120	65	60		435	956

Total staff time as appears on PE Spreadsheet for 21088:

Pre time = 35 minutes
Intra time = 731 Dental Assistant total, 435 lab technician total

- **Pre intra time** = 66 minutes (11 minutes x 6 FTF visits)
- **Intra time** = 521 minutes for DA, 435 minutes for LT (corresponds to table above)
- **Post intra time** = 144 minutes (26 minutes FTF v 1 and 2 + 23 minutes FTF v 3, 4, 5, 6)

Post time = 0 minutes (see Q10.c)

Staff activities during the intra period are reflected below in detail:

Visit #1 FTF: 65 minutes

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)

- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (65 minutes) DA and MD/DMD are present

- DA and MD/DMD obtain cone beam radiograph and Proface imaging.
- The DA scans the defect.
- A will mix dental materials for a final impression.
- Chairside Assistance: Hand instruments and materials (implant components) to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal/Orbital Management: Use suction hoses and other instruments to keep the patient's nasal/orbital cavity dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)
  - The DA reviews imaging with doctor and verifies uploading into chart.
- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 1 and 2: 100 minutes Lab Tech

With an order from the MD/DMD, the LT boxes and pours the final impression. After setting the dental stone, the LT separates the model/cast from the impression and trims the master model/stone. The LT fabricates a wax base to outline extent of prosthesis. Customizes stock globe to match the patient's contralateral eye. The LT consults with MD/DMD. Any preoperative scans (from

imaging (proface), a 3d model can be made and a replica of the patient's original facial features can be obtained and converted into a wax pattern. Once a decision is made, the LT makes a wax base which is what the prosthesis will be build-on with incorporation of any presurgical soft tissue features. The LT consults with MD/DMD about implant verification framework. The LT fabricates implant verification framework and shows it to MD/DMD. The LT disinfects the implant framework to be ready for patient's visit. **The expert panel recommends 100 minutes for these activities.**

Visit #2 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA assists MD/DMD in verification of implant verification framework.
- DA monitors the Bunsen burner.
- DA takes photographs as directed by MD/DMD
- DA mixes dental materials as needed under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials implant components to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal/Orbital Management: Use suction hoses, and other instruments to keep the patient's nasal/orbital cavities dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- DA cleans the prosthesis and disinfects the prosthesis after initial removal of the mouth.
- The DA polishes the prosthesis at the direction of the MD/DMD.

Post Intra (26 minutes w/ imaging)

- CA024 Clean room / equipment by clinical staff (sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– 3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack), 15 minutes (PE standard)
  - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
  - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
  - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA028 Review /read post procedure x ray –2 minute (expert panel time)

- The DA reviews imaging with doctor and verifies uploading into chart.

- CA029 Check dressing, wounds –1 minute (PE standard)
  - The DA is cleaning the extraoral wound during this time.
- CA032 Scan exam into PACS –1 minute (PE standard)
  - DA sends scan from Trios scanner to laboratory scanner. They will convert the image from Trios scan to the formatted file and will have the maxillary and mandibular arches files 3D printed with the SprintRay 3D printer.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
  - The DA puts in the order for the next appointment for the appropriate appointment type and time.
  - DA documents their portion of visit into EMR.
  - DA verifies OR date with head and neck Scheduler

NFTF between Visit 2 and 3: 90 minutes Lab Tech

The LT consults with MD/DMD. After the MD/DMD sets the gaze of the eye, the LT fills in the bulk of wax in the areas that the MD/DMD has put the nose/eye. Both the MD/DMD and LT review photographs or soft tissue imaging (Proface) and decide on what areas need to be develop. The LT incorporates the implant framework within the wax pattern as directed by MD/DMD. The LT smooths the wax pattern and makes changes as directed by the MD/DMD. After consulting with MD/DMD, it is decided that the wax up is acceptable for the patient's next visit. The LT will disinfect the wax up and make certain that it is ready for the patient's next visit. **The expert panel recommends 90 minutes for these activities.**

Visit #3 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- A monitors the Bunsen burner for safety.
- DA mixes dental materials as needed under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). DA hands the spectromatch to the MD/DMD for color measurement.
- Nasal/Orbital Management: Use suction hoses, and other instruments to keep the patient's orbital/nasal cavities dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. DA hands the mirror to the patient for evaluation of the wax pattern.

- DA cleans the was up prosthesis and disinfects the prosthesis after initial removal.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 3 and 4: 120 minutes Lab Tech

The LT consults with MD/DMD that the wax up is complete. Both the MD/DMD and LT review photographs or soft tissue imaging (Proface) and decide on what areas need to be developed. Once the MD/DMD gives go ahead to complete it, the LT sculpts in skin texture and finalizes the margins of the prosthesis. The LT consults with MD/DMD that the wax pattern is ready for investing. With MD/DMD's approval, the LT shows the base flask to MD/DMD for approval. With the approval of the MD/DMD, the LT does the helix portion pour and shows it to the MD/DMD for approval. Then, the LT does the counter pour of the flask. The LT boils out the wax pattern and applies the appropriate materials, so it is ready for the intrinsic coloration. The LT shows it to the MD/DMD for approval. **The expert panel recommends 120 minutes for these activities.**

Visit #4 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (110 minutes) DA and MD/DMD are present

- DA has the intrinsic coloration palate ready for the MD/DMD.
- DA replaces coloration supplies as needed

- A mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal/Orbital Management: Use suction hoses, and other instruments to keep the patient's orbital/nasal cavities dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- A cleans the waxup prosthesis and disinfects the prosthesis after initial removal.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 4 and 5: 65 minutes Lab Tech

The MD/DMD reviews the LT the location of the soft and harder silicones so the prosthesis will be realistic. Due to the nasal anatomy, this will require finesse to incorporate the appropriate silicone with the framework. With the approval of the MD/DMD, the LT injects base shade silicone elastomer into mold with the intrinsic characterization. The LT puts the flasks under pressure and puts a C-clamp on it. The LT puts mold in oven for curing. After curing, break out the mold and cleans and trims the prosthesis. Verifies passive fit on model with implants. **The expert panel recommends 65 minutes for these activities.**

Visit #5 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)
- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)

- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (90 minutes) DA and MD/DMD are present

- DA has the extrinsic coloration materials ready for extrinsic characterization.
- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry). The DA aids the MD/DMD in cleaning of the implants.
- Nasal/Orbital Management: Use suction hoses and other instruments to keep the patient's orbital/nasal cavities dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit
- A cleans the prosthesis and disinfects the prosthesis after initial removal.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

NFTF between Visit 5 and 6: 60 minutes Lab Tech

LT seals prosthesis for appropriate curing and setting of coloration. The LT completes the documentation of dental materials used in the prosthesis to be put into EMR. The shade selection of the base shade is recorded, and the LT keeps small samples of the intrinsic coloration is kept in patient's box. **The expert panel recommends 60 minutes for these activities.**

Visit #6 FTF Dental Assistant

Pre Intra (11 minutes)

- CA009 Greet patient/provide gowning, ensure appropriate medical records are available. The DA does the initial assessment of the medical history, medications, and allergies. 3 minutes (PE standard)
- CA010 Obtain vital signs – take two vitals BP and weight 3 minutes (PE standard)

- CA012 Review requisition, assess for special needs - The staff is reviewing the type of clinical and laboratory supplies needed for the prosthesis, verifying safety of equipment and verifying order for cone beam for the doctor. 2 minutes (expert panel time)
- CA013 Prepare room, equipment, and supplies- The staff cleans and disinfects the room, verify appropriate equipment is working, placement of paper products, and has supplies needed for procedure. 2 minutes (PE standard)
- CA014 Confirm order, protocol exam- The staff verifies protocol for prosthesis type matches order of head and neck surgeon and that all paperwork has been signed by patient (procedural consents, financial). 1 minute (PE standard)

Intra (76 minutes) DA and MD/DMD are present

- DA mixes dental materials under the direction of the MD/DMD.
- Chairside Assistance: Hand instruments and materials to the dentist during exams and procedures (often utilizing four-handed dentistry).
- Nasal/Orbital Management: Use suction hoses and other instruments to keep the patient's orbital/nasal cavities dry during treatments.
- Comfort and Care: Monitor patient comfort, calm anxious individuals, and communicate clearly about what to expect during a visit. A hands mirror to patient to evaluate the prosthesis.

Post Intra (23 minutes– no imaging)

- CA024 Clean room / equipment by clinical staff sprays room with disinfectant, then wipes down chair, light, cabinetry, DA chair, doctor chair)– –3 minutes (PE standard)
- CA026 Clean equipment (medium instrument pack) –15 minutes (PE standard)
    - Instrument Processing: Clean, sterilize, and disinfect dental instruments, trays, and equipment according to OSHA and CDC standards.
    - PPE Management: Ensure all personal protective equipment (PPE) is properly utilized, stocked, and disposed of appropriately.
    - Safety Tracking: Document sterilization logs and maintain strict infection control protocols
- CA027 Complete post procedure dx forms –2 minutes (expert panel time)
- CA029 Check dressing, wounds (surgical defect) –1 minute (PE standard)
    - The DA is cleaning the healed wound with an open cavity during this time.
- CA035 Reviews home care instructions, coordinates visits, prescriptions - 2 minutes (PE standard)
    - The DA puts in the order for the next appointment for the appropriate appointment type and time.
    - DA documents their portion of visit into EMR.

c. Post-service period:

Post time for this family is defined as any activities after all visits (face-to-face and non-face-to-face) have concluded. There is not any clinical staff work after the prosthesis is delivered to the patient, so we are not requesting any post clinical staff time for the codes in this family.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See detailed explanation above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

The typical clinical staff for these codes are medical assistants (dental assistants) (L026A) and lab technicians (L033A).

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

We are recommending the addition of several supplies for this code. The purpose of the new supplies is detailed in the invoice summary spreadsheet in column J.

The supply table for this code below indicates which visits supplies are used. The yellow column on the far-right indicates the total quantity of each supply which is reflected in the PE spreadsheet.

We also submitted invoices to price several CMS recognized supplies that have $0 assigned to them currently in the database, please refer to the invoice summary spreadsheet for a list of those supplies and information re: the submitted invoices.

				21088											
				DA	LT	DA	LT	DA	LT	DA	LT	DA	LT	DA	TOTALS

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	1	NFTF	2	NFTF	3	NFTF	4	NFTF	5	NFTF	6	
SA048	pack, minimum multi-specialty visit	4.01	pack	1		1		1		1		1		1	6
SA043	pack, cleaning, surgical instruments	11.09	pack	1		1		1		1		1		1	6
SB006	drape, non-sterile, sheet 40in x 60in	0.13	item	1											1
SB022	gloves, non-sterile	0.3	pair												
SB029	cap-headcover, patient	0.05	item	1		1		1		1		1		1	6
SB033	mask, surgical	0.43	item	2		2		2		2		2		2	12
SB037	pillow case	0.47	item												
SB043	towel, professional 13in x 18in	0.04	item	1		1		1		1		1		1	6
SC092	catheter, needle (for CPT 31626)	40.23	item												
SF053	blade, sharp pointed surgical	1.2	item	1	1	1	1	1	1	1	1	1	1	1	11
SF054	wire, orthodontic	0	item												
SG030	cotton balls, non-sterile	0.02	item	2		4		2		2		2		2	14
SG055	gauze, sterile 4in x 4in	0.19	item	4											4
SG081	applicator, cotton-tipped, sterile, 6in	0.06	item	4		2		2		4		4		4	20
SJ038	petroleum jelly	0.37	oz	1											1
SJ061	tongue depressor	0.03	item	2											2
SJ079	basin, sterile 500cc	3.51	item	1		1		1		1		1		1	6
SJ080	lens cleaner, daily (Allergan)	0.62	ounce												
SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item												
SJ082	paste, registration	18.59	kit												
SJ083	polyurethane sheets (quantity as rolls)	0	roll												
SJ084	teeth set	63.91	set												
SJ085	triad tray material	3.67	pack		1										1
SJ086	wax, baseplate	128.99	item		0.02										0.02
SJ087	wax, boxing	25.79	box		0.12										0.12
SK024	film, dental	1.73	item												
SK109	paper, articulating	0.06	item												
SK114	tissue (Kleenex)	1.87	box	1											1
SL046	dental impression tray	0.48	item												
SL047	dental stone powder	3.78	lb		1										1

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SL081	impression material, alginate (dental)	8.96	lb												
SL082	impression material, dental putty (per bite block)	2.138	item						1						**1**
SL094	mold release agent, silicone spray	0.54	oz						1						**1**
SL150	wax, bite registration wafer	0.37	item												
SL151	xylenes solvent	0.012	ml												
SL205	acylic, dental	277	KIT						0.06						**0.06**
SL208	alloy framework, laboratory processing	184.9	item												
SL228	Greenstick compound	1.90	box	0.2											**0.2**
SL230	impression material, final	539.99	cartridge	0.04											**0.04**
SL236	reline material, Trusoft	96.99	KIT												
SL237	silicone	129.95	lb								0.22				**0.22**
SM021	sanitizing cloth-wipe (patient)	0.07	item	1		1		1		1		1		1	**6**
NEW	*Tray Adhesive*	*4.13*	*ml*	0.25											**0.25**
NEW	*Ball clasps*	*0.44*	*item*												
NEW	*Disposable Mounting Plates*	*4.28*	*item*												
NEW	*Pumice*	*4.60*	*lb*		0.5										**0.5**
NEW	*Tray covers*	*0.03*	*item*	2		2		2		2		2		2	**12**
NEW	*Castone White*	*1.75*	*lb*						1						**1**
NEW	*rope wax*	*0.47*	*item*						0.07						**0.07**
NEW	*Saliva ejectors*	*0.23*	*item*												
NEW	*Duplicating Material*	*67.50*	*gallon*		0.26										**0.26**
NEW	*Pressure indicator paste*	*17.70*	*oz*												
NEW	*VST-50 silicone elastomer*	*51.95*	*lb*								0.02				**0.02**
NEW	*VST-50 HD Silicone Elastomer*	*59.95*	*lb*								0.02				**0.02**
NEW	*Skin prep-wipe*	*15.95*	*item*											1	**1**
NEW	*Flocking kit*	*41.36*	*kit*							0.04					**0.04**
NEW	*Functional Intrinsic Coloration, w/ thixo agent*	*575*	*Kit*							0.02					**0.02**
NEW	*Extrinsic Coloration*	*198.86*	*Kit*									0.02			**0.02**
NEW	*Separating Tin Foil*	*1.05*	*oz*						1						**1**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	G-490-0-6 Red Sable Brushes	2.33	brush									1			1
NEW	G-490-00-6 Red Sable Brushes	2.33	brush									1			1
NEW	G-490-000-6 Red Sable Brushes	2.33	brush									1			1
NEW	Acid Brushes Extra large	0.33	brush						3						3
NEW	Acid Brushes small	0.15	brush						2						2
NEW	Silicone Wheels	8.99	item									1			1
NEW	Sculpturing wax	89.92	lb			0.06		0.06							0.12
NEW	Artificial Eye	250.00	item	1											1
NEW	Black Artificial Eyelashes	5.00	set										1		1
NEW	Daro Hydrobond	17.10	item											1	1
NEW	Medical Silicone Adhesive A	17.10	oz										0.05		0.05
NEW	Extrinsic Tri Fluid	2.85	oz									1			1
NEW	Secure II Extra Strength Adhesive	24.50	oz											1	1
NEW	ProBond	8.50	oz								0.1				0.1
NEW	Pros Aide	14.95	item											1	1
NEW	Daro Extra Strength	17.75	item											1	1
NEW	Solvent	2.08	0z.												
NEW	Edge Adhesive	16.95	item											1	1
NEW	Mixing Pads large	15.98	item							0.1		0.1			0.2
NEW	Craniofacial Insert X-line magnet	179	item	3											3
NEW	Craniofacial Titanmagnetics Model Analogue	49	item		3										3
NEW	Craniofacial Implant Impression Post	49	item	3											3
NEW	Craniofacial Implant epitheses magnet	95	item		3										3
NEW	Locator attachments (set of 4)	426.46	kit												
NEW	Ti Bases Attachment	48	item												
NEW	Zirconium Framework	97	set												
NEW	Orthognathic splint / stent	1891	item												
NEW	Sealing Kit	18.24	oz										1		1

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, established pack, see below.

SA048	pack, minimum multi-specialty visit
EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench
SA043	Pack, cleaning, surgical instruments

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

EQ138	instrument pack, medium ($1500 and up) includes: acrylic burs, buff wheel, artex facebow, clasp adjusting pliers, screwdriver, magnetic torque wrench

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We are recommending the addition of several pieces of equipment for this code. The purpose of the new equipment is detailed in the invoice summary spreadsheet in column J.

The table below indicates which visits (FTF or NFTF) equipment is used and for how many minutes per use. The total number of minutes equipment is used across all visits (yellow total column below) is what is reflected in the PE spreadsheet for total equipment time.

All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

		21088											
		DA 1	LT NFTF	DA 2	LT NFTF	DA 3	LT NFTF	DA 4	LT NFTF	DA 5	LT NFTF	DA 6	TOTAL TIME ON PE SPREADSHEET
IMAGING EQUIPMENT													
ER071	x-ray, dental												
ED050	Technologist PACS workstation	2		2									**4**
ED005	camera, digital system, 12 megapixel (medical grade)			10									**10**
NEW	*Planmeca CBCT Imaging*	10											**10**
NEW	*Planmeca Proface Imaging*	10											**10**
CLINIC / EXAM EQUIPMENT													
EQ279	handpiece, slow speed, (Midwest)	65		90		90		110		90		76	**521**
EQ278	handpiece, high speed (Kavo)	65		90		90		110		90		76	**521**
EQ276	delivery unit (Adec)	65		90		90		110		90		76	**521**
EF039	light, dental, ceiling mount (Adec)	65		90		90		110		90		76	**521**
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	65		90		90		110		90		76	**521**
EQ138	instrument pack, medium ($1500 and up)	65		90		90		110		90		76	**521**
NEW	*3shape Trios Intraoral Scanner*	65											**65**
NEW	*Pentamix machine, tips, and cartridge*	65											**65**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NEW	*spectromatch with color kit*					5							**5**
LAB EQUIPMENT													
EQ288	ultrasonic cleaning unit												
EQ275	compressor, air												
EP082	washout and curing unit (Nevin)						30						**30**
EP060	dust collecting unit (Handler)		15		15		15						**45**
EP029	oven convection (lab)												
EP066	handpiece, laboratory (Ney)		35		35		35						**105**
EP065	grinding and polishing unit (Handler)		20				20						**40**
EP080	trimmer, dental model (Buffalo)		10										**10**
EP086	whip mixer												
EP085	whip mix combo unit (Vac-U-Spat)		2				2						**4**
EP079	triad unit		10						10				**20**
EP074	steamer, portable (Kerr Lab)	5	5	5	5	5	5	5	5	5	5	5	**55**
EP069	light curing unit (Triad 2000)												
EP056	articulator (model 96H2 - Hanua)												
NEW	*Lab Scanner & 3Shape*		20										**20**
NEW	*SprintRay Pro 2 Bundle 3D Printer System*		25										**25**
NEW	*Ivobase*												
NEW	*Milling Machine*												
NEW	*Zirconium speed furnace*												
NEW	*Milling Machine Supply Kit*												
NEW	*oven, for facial prosthesis*												
NEW	*Facebow*												
NEW	*Digital Water Bath New*		5										**5**
NEW	*Sandstorm2 25/50 & 50/100 mic*												
NEW	*Retractable Air Gun System*		5		5		5		5		5		**25**

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typical useful life for all new equipment is 7 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

We are using a custom "other" formula for all equipment items in this family of codes due to the unique nature of the visits and the fact that multiple spaces are used by clinical staff, during those visits (e.g. imaging room, lab, exam room). All equipment times reflect the time the equipment was used for the single patient and was not available for use for other patients. Any equipment that might be used for multiple patients at once was excluded from direct practice expense inputs. Equipment can be used for these procedures during the face-to-face patient visits or during non-face to face inter-visit lab sessions. Equipment used during the time the patient was in the non-facility setting are labelled "DA" as the dental assistant and/or physician used the equipment. Inter-visit/lab session times are labelled "LT" as the lab technician or the physician used the equipment.

Please note, times below reflect the time PER USE for each piece of equipment. The rationale for the assigned time is reflected in the column to the far-right below. Many pieces of equipment are used during more than one visit; therefore, the time below must be multiplied by the number of visits the equipment is used. **The total time, reflected in the yellow "totals" column in question 20 above, is what is reflected in the practice expense spreadsheet for each piece of equipment.**

		Formula	Timer per use Assigned Time by expert panel	Rationale for Expert Panel Assigned time
IMAGING EQUIPMENT				
ED050	Technologist PACS workstation	TIME USED FOR ONE PATIENT - assigned by expert panel	2	2 minute standard for activity.
ED005	camera, digital system, 12 megapixel (medical grade)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	10 minutes is needed because it's in oral and extra oral photographs and it requires retractors and repositioning in the patient.
NEW	*Planmeca CBCT Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time due to abnormal anatomy/function or swelling etc.
NEW	*Planmeca Proface Imaging*	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Have to enter patient data and position patient. Many of the patients have facial disfigurement or facial swelling due to the head and neck tumors so positioning the patient takes extra time.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINIC / EXAM EQUIPMENT				
EQ279	handpiece, slow speed, (Midwest)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ278	handpiece, high speed (Kavo)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ276	delivery unit (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF039	light, dental, ceiling mount (Adec)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EF038	chair, dental (Cascade 1040 - Adec), with upholstery	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
EQ138	instrument pack, medium ($1500 and up)	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*3shape Trios Intraoral Scanner*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*Pentamix machine, tips, and cartridge*	can only be used for one ptx at a time during their visits/lab sessions	based on survey time	
NEW	*spectromatch with color kit*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Measuring skin tone and have to input calculation on computer and will give you the color formula.
LAB EQUIPMENT				
EP082	washout and curing unit (Nevin)	TIME USED FOR ONE PATIENT - assigned by expert panel	30	The expert panel agreed to 30 minutes. It takes 20 minutes to boil out the wax and 10 minutes of rinsing with water to clean both parts of the flask.
EP060	dust collecting unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	15	The expert panel recommended 15 minutes of time. This stabilizes air flow and cleaning / clearing microscopic dust from griding on maxillofacial prosthesis. This time is standard based on the US EPA standards which states vacuum measurement should be a 15 minute per adjustment of prosthesis. www3.epa.gov.
EP066	handpiece, laboratory (Ney)	TIME USED FOR ONE PATIENT - assigned by expert panel	35	Expert panel agreed that 35 minutes of time was typical when using the handpiece to adjust the model as well as the prosthesis itself (detail/trimming/framework).

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):__21088_____
SPECIALTY SOCIETY(IES):__ AAMP_____
PRESENTER(S):__Betsy Davis, DMD, MS, Mark Chambers, DMD, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	EP065	grinding and polishing unit (Handler)	TIME USED FOR ONE PATIENT - assigned by expert panel	20	For a dental prosthesis, it takes 5 minutes of grinding (rubber wheel) and 15 minutes of polishing.
	EP080	trimmer, dental model (Buffalo)	TIME USED FOR ONE PATIENT - assigned by expert panel	10	The average time to trim a dental model is 10 minutes, per the expert panel and the manufacturer's instructions.
	EP085	whip mix combo unit (Vac-U-Spat)	TIME USED FOR ONE PATIENT - assigned by expert panel	2	This is the recommended time by the manufacturer.
	EP079	triad unit	TIME USED FOR ONE PATIENT - assigned by expert panel	10	Recommended total cumulative curing time is a minimum of ten (10) minutes. Half of the curing should be done tissue side up, half completed tissue side down. Manufacturer's instructions.
	EP074	steamer, portable (Kerr Lab)	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Per the expert panel, the time is 5 minutes to steam off the prosthesis. The steam cleans the prosthesis during fabrication process.
	NEW	*Lab Scanner & 3Shape*	TIME USED FOR ONE PATIENT - assigned by expert panel	20	It takes 20 minutes to program the digital file from the Trios to the 3D printer for a dental model.
	NEW	*SprintRay Pro 2 Bundle 3D Printer System*	TIME USED FOR ONE PATIENT - assigned by expert panel	25	Per the expert panel, the time it takes to print a model is typically 25 minutes.
	NEW	*Digital Water Bath New*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Expert panel assigned 5 minutes, this is the time it takes to soften the material so you can shape it or separate the model.
24.	NEW	*Retractable Air Gun System*	TIME USED FOR ONE PATIENT - assigned by expert panel	5	Air gun is used for 5 minutes to blow off debris during the fabrication process.

ADDITIONAL INFORMATION

24. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

During the review of this family of codes, existing equipment was carefully reviewed to ensure that no indirect PE pieces of equipment were included in the final recommendations. During that discussion, the PE Subcommittee suggested that the specialties carefully review which specialty

they are currently crosswalked to generate indirect PE calculations. Maxillofacial surgery is currently crosswalked to Otolaryngology. As noted in the 1994 Federal Register, maxillofacial prosthodontics has a high overhead which is why we disagree with this crosswalk. We respectfully request that CMS modify this to crosswalk Maxillofacial surgery to Oral Surgery instead within 2028 rulemaking.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

American Medical Association
Physicians dedicated to the health of America

Department of Payment Systems
515 North State Street Chicago, Illinois 60610
312 464-4736 312 464-5849 Fax

March 1, 1995

Bart McCann, MD
Health Care Financing Administration
Room 181 East High Rise
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Doctor McCann:

Recommendations for maxillofacial prosthetic services (CPT codes 21079-21088) were developed by the American Academy of Maxillofacial Prosthetics and reviewed by Robert Florin, MD and Michael Maves, MD of the AMA/Specialty Society RVS Update Committee on November 21, 1994. These recommendations were also discussed with James Holloway, MD on February 9, 1995 and a consensus was formed that the recommendations represented appropriate relative work values for these services. Although members of the RUC assisted, at HCFA's request, in the development and review of the relative work values for these services, the recommendations should not be considered RUC recommendations as the RUC did not formally review the AAMP proposal.

I have attached a summary of the workgroup discussions and a detailed document prepared by Thomas R. Cowper, DDS for your review. I hope that this information is helpful in developing final work relative values for these services. Please contact me if you have any further questions.

Sincerely,

Sherry L. Smith

Sherry L. Smith

cc: Thomas Cowper, DDS
Robert Florin, MD
Kay K. Hanley, MD
James Holloway, MD
Michael Maves, MD
Grant V. Rodkey, MD
Sandra L. Sherman

Encl.

Recommendations for Maxillofacial Prosthetics

On November 21, 1994 Robert Florin, MD (American Association of Neurological Surgeons), Michael Maves, MD (American Academy of Otolaryngology - Head and Neck Surgery, Inc.), Thomas R. Cowper, DDS and Jonathan Weins, DDS (American Academy of Maxillofacial Prosthetics) met to review the AAMP recommendations for CPT codes 21079 - 21088. The original AAMP recommendations were felt to be too high as they may have included services performed by technicians. Services provided by technicians should be included in the practice cost component. The meeting participants reviewed detailed time data collected by AAMP (see attached binder) and were able to differentiate DDS time from technician time. The DDS face-to-face time with the patient was assumed to be as intense as a level 4 or 5 office visit (2.00 per hour). The intensity factor of 2.00 per hour appears reasonable when compared with other surgical codes. The DDS lab time intensity factor was assumed to be about 75% of the face-to-face time (1.50 per hour). The final recommendations from this workgroup are listed in column 7 of the table below. The AAMP agreed that the rank order of the revised recommendations appeared appropriate.

On February 9, 1995 Doctors Maves and Cowper met with James Holloway, MD, representing the Health Care Financing Administration, to review the revised recommendations and address potential HCFA concerns. This workgroup confirmed that a global period of 090 would apply for all codes and that the global period begins with the initial consultation with the patient. If an unusual situation occurs (eg, patient does not return for surgery), the maxillofacial prosthodontist should report an appropriate evaluation and management code. Doctor Cowper also confirmed that the relative values assigned for these codes should include reimbursement for the actual prosthesis.

CPT Code	CPT Descriptor	DDS Face-to-Face Time (hours)	DDS Lab Time (hours)	Intensity Factor for Direct DDS Time	Intensity Factor For DDS Lab Time	Computed Value - Recommendation of 11/21/94 Meeting Participants	AAMP Original Recommendation
21079	Impression and custom preparation; interim obturator prosthesis	7.25	4.25	2	1.5	20.88	21.33
21080	definitive obturator prosthesis	7.92	5.08	2	1.5	23.46	31.26
21081	mandibular resection prosthesis	6.25	5.92	2	1.5	21.38	33.61
21082	palatal augmentation prosthesis	6.75	4.00	2	1.5	19.50	23.98
21083	palatal lift prosthesis	6.08	3.92	2	1.5	18.04	23.03
21084	speech aid prosthesis	6.83	4.92	2	1.5	21.04	27.98
21085	oral surgical splint	2.08	2.83	2	1.5	8.41	12.11

CPT Code	CPT Descriptor	DDS Face-to-Face Time (hours)	DDS Lab Time (hours)	Intensity Factor for Direct DDS Time	Intensity Factor For DDS Lab Time	Computed Value - Recommendation of 11/21/94 Meeting Participants	AAMP Original Recommendation
21086	auricular prosthesis	7.58	5.42	2	1.5	23.29	24.45
21087	nasal prosthesis	7.58	5.42	2	1.5	23.29	35.67
21088	facial prosthesis	May propose to Delete this code					
210X1	surgical obturator prosthesis	4.08	2.92	2	1.5	12.54	13.66
210X2	orbital prosthesis	10.58	6.92	2	1.5	31.54	51.47

Time Profiles

for

Maxillofacial Prosthetic Services

Insurance Committee
RVS Subcommittee
American Academy of Maxillofacial Prosthetics
January, 1995.

Copyright, 1995, by

The American Academy of Maxillofacial Prosthetics

~

All Rights Reserved

~

The text of this publication or any part thereof may not be reproduced in any manner whatsoever without permission in writing from the American Academy of Maxillofacial Prosthetics.

~

The author wishes to express his gratitude to the following individuals for their expertise, guidance, help, and patience throughout the writing of this monograph.

My wife, Candace L. Cowper
Dr. Steven Eckert
Dr. Terry Kelly
Dr. Jonathan Wiens

~

January 29, 1995
Thomas R. Cowper, D.D.S.

Table of Contents

Introduction.....1-3

Methods.....2

Time, Intensity, and Work in MFP.....3-5

References.....5

Procedure Time Profiles

21079 Interim Obturator.....6

21080 Definitive Obturator.....22

21081 Mandibular Resection Prosthesis.....37

21082 Palatal Augmentation Prosthesis.....52

21083 Palatal Lift Prosthesis.....66

21084 Speech Aid Prosthesis.....80

21085 Surgical Splint.....95

21086 Auricular Prosthesis.....104

21087 Nasal Prosthesis.....117

210XX-1 Surgical Obturator.....130

210XX-2 Orbital Prosthesis.....141

Frequency Histograms and Time Tables

21079 Interim Obturator.....18

21080 Definitive Obturator.....33

21081 Mandibular Resection Prosthesis.....48

21082 Palatal Augmentation Prosthesis.....62

21083 Palatal Lift Prosthesis.....76

21084 Speech Aid Prosthesis.....91

21085 Surgical Splint.....100

21086 Auricular Prosthesis.....113

21087 Nasal Prosthesis.....126

210XX-1 Surgical Obturator.....137

210XX-2 Orbital Prosthesis.....153

Summary of Procedure Times.....157

Temporal Profiles for Maxillofacial Prosthetic Services

Background

In November and December of 1993, the American Academy of Maxillofacial Prosthetics (AAMP) conducted a survey of its active members for the purpose of establishing relative work values (RVUwork) for 10 coded and 2 proposed services.

In the process, three service times —Pre, Intra, and Post service— were additionally estimated by the respondents as part of the overall survey methodology. This format conforms with the established method of magnitude estimation used commonly in medicine to determine relative values, however, exhibits some problems when applied to maxillofacial prosthetic services.

Chief among these problems is the realization that while it is technically possible to divide these services into such time categories it is awkward and artificial at best.

Additionally, since providers frequently use extenders (technicians and medical artists) and are themselves involved in laboratory procedures that comprise real work, but of an indirect nature, the quantification of total work provided by the operator for such services is somewhat obscured.

These limitations were duly noted during the RVU Refinement Panel meeting conducted by HCFA in November of 1994. HCFA directed further study of the matter through the auspices of a specially appointed Facilitation subcommittee of the AMA's Relative Value Update Committee (RUC).

Since maxillofacial prosthetic services are extremely time intensive in nature, it was felt appropriate to more closely study the temporal profiles of these procedures.

More specifically, the committee was charged with delineating provider direct, indirect, and technician times for each service. In addition, procedural time, as cited in the literature on the subject, is a strong predictor of RVUwork.[1]

The following monograph, constructed by the RVU Subcommittee of the Insurance Committee of the AAMP, delineates the estimated times of nine coded maxillofacial services and two newly proposed codes.

Contents

The subsequent pages provide temporal profiles for the above described maxillofacial services. The reader will note that only nine of the ten coded services have been enumerated since code 21088— "Facial Prosthesis"— is proposed to be unbundled into the existing and proposed codes. Code 21088 will then be deleted or replaced with the proposed code—"Orbital Prosthesis."

Each service has been divided into three time categories— Provider, Provider Lab/Clerical, and Technician times. A description of these cate-

gories is offered below:

Provider time—

...estimates direct patient time (face to face).

Provider Lab/Clerical time—

...comprises laboratory or clerical time directly related to the service and performed by the provider solely. Such time is characterized as indirect time and reflects clerical and procedural work in which the provider is engaged and precludes any other unrelated activities (e.g. while performing a technical laboratory phase, the provider is expending time at a measurable intensity indirectly but exclusively on the "analog" of the patient.)

Technician Time—

... estimates of the time apportioned to strictly technical phases provided by a laboratory technician, medical artist, or other "extender." Such time is not considered part of the RVUw for the service. Rather, these resources are included as part of practice expense costs.

In addition, the typical average number of visits for each service is broken out and the three categories of time are allocated per visit.

Methods

A consensus panel was appointed by the Chairman of the RVS Subcommittee to determine the typical times for the services in question.

The panel consisted of four individuals actively engaged in the practice of maxillofacial prosthetics and from various parts of the country. Two panel members were in private practice, one was in a university setting, while the final member was in a hospital practice. The services were divided equally among the members and temporal profiles were constructed.

The members also had access to the temporal profile results of two previous open panel workshops conducted on the subject prior to the general survey. Panel agreement was established through open verbal exchange.

The resultant time profiles were then compared to time estimates obtained from the national survey conducted in November-December, 1993. This data was manipulated in the following manner. Frequency distributions for total times based on collected survey raw data were constructed fore each service. Median total times, based on the entire samples, were also calculated. Percentile distribution calculations for responses for each service were additionally constructed.

Data below the 10th percentile and above the 90th percentile were excluded in frequency histogram graphs. Polynomial curve fitting was applied to the histogram data in order to aid in evaluating the sample distributions since a number of these were polymodal in nature.

After reviewing the above data, it was apparent that the median total times in the national survey sample closely reflected the panel temporal profile estimates.

The detailed description of the temporal profiles for these services is presented below. Included after each service time profile, for reference, are national data statistical parameters and frequency histograms.

Time, Intensity, and Work in Maxillofacial Prosthetic Services

Overview

As noted previously, the conventional method of determining RVUwork for medical and surgical procedures, when applied to maxillofacial services, results in confusion and uncertainty as to what is included in the estimations. Pre, Intra, and Post service comparisons— the standard format for most of medicine— are difficult to apply since, unlike operations, maxillofacial procedures aren't readily divided into such categories and often blend into each other with little distinction.

Adding confusion to the situation is the fact that a large variation exists in the use of provider "extenders" (laboratory technicians or medical artists) among practitioners. In some instances such extenders provide a significant portion of the work toward the service while in other cases, the provider alone performs most of the work. While in most instances it is thought that an intermediate contribution is provided by such extenders, it is impossible to verify that the members correctly allocated or discounted, depending on the particular situation, these resources in their determination of work.

Furthermore, since work intensity differs during indirect (laboratory) procedures as compared to direct face-to-face work, the accuracy of the RVUwork estimates is further possibly obscured.

In order to clarify these ambiguities, a more detailed analysis of the time for these services was conducted by a consensus panel of the RVS subcommittee of the Insurance Committee.

The format for this analysis was similar to that used in the Open panel workshops conducted previously by the AAMP.[1] Direct, indirect, and technician/extender times were calculated for each service and these results, which are found appended below, were presented to the specially appointed facilitation subcommittee of the American Medical Association's Relative Value Update Committee (the Ruc) on November 21, 1994 in Alexandria, Virginia. This committee, comprised of an Otolaryngologist familiar with maxillofacial prosthetic services, a Neurosurgeon unfamiliar with maxillofacial services, and two representatives from the AAMP, constructed the subsequent relationship between time and work for maxillofacial prosthetic services and their subsequent valuation.

Traditional Magnitude Estimation and Maxillofacial Prosthetics

Magnitude Estimation, a well established comparative methodology, has been successfully applied to the evaluation of relative value of differing services in medicine and surgery.[2]

This process works best when comparing smaller, discrete procedures or services with established known references, but becomes unwieldy when applied to maxillofacial procedures which are comprised of large blocks of time in which intensity varies frequently.

In such cases it is difficult to arrive at a single estimate of work by comparing it to a established procedure as has been traditionally utilized since components comprising the service may have no counterpart in the referenced procedure or any combination of component reference procedures.

An additional stumbling block in maxillofacial services is the question of indirect (laboratory) time and how to compare it to other established services with known RVUwork values. Since almost all maxillofacial services have varying components of indirect time which comprise some portion of overall work for the service, it is necessary to include this work in the total provider work, but since there are no correlative established services against which to compare this work evaluating this portion of the overall work for the service is problematic.

An alternate approach to this problem is to assign *average* work intensities per unit hour of procedural time to the direct and indirect components of these services. While the work per unit time (intensity) admittedly varies over the course of the service, in large blocks of time as seen in maxillofacial services, average values for direct and indirect work/hour could approach reasonably accurate estimates of overall work and be the fairest means of assigning credible values for these procedures. This "average intensity" method has been applied in several difficult areas in medicine and surgery and therefore has precedent.

Since several medical proportionate work/time ratios are generally accepted as being accurate, it seemed plausible to try to apply these values to maxillofacial service times with

the hope of arriving at reasonable final work values. This relationship could then serve as the "key" linking translator between the maxillofacial relative value scale established in the survey to the rest of medical and surgical work values. The following discussion outlines this methodology.

Establishing the Proportionate RVUwork/Time Linkage

Several proportionate work/time ratios have been established in medicine. More specifically, there is general agreement that a General Practioner expends approximately, on average, 1.0 RVU of work per hour of time, while an Intensive Care Provider may expend as much as 3.68 RVUs of work in the first hour and overall average of 3.0 RVUs/hour.[3]

It seems reasonable to assume that the intensity of most maxillofacial services falls somewhere between these values. This observation is supported by an evaluation of the median work and total time estimates provided by the membership survey.[4]

More precisely, if we divide the median survey RVUwork estimate for each service by its respective median total procedural time we obtain a range of work/time ratios that reflect the respondents' estimation of work

$$GP\ Intensity = 1.0\ \frac{RVU_{work}}{Hour} \leq Maxillofacial\ Services \leq 3.6\ \frac{RVUs_{work}}{Hour} = ICU\ Intensity$$

Fig. 1
Proposed Limits of Work Intensities

intensity (by definition; work = time x intensity or Intensity = Work/Time). From these calculations (Table 1) we see that work/time ratios range from a low of 1.50 RVUs/hour (Interim Obturator) to a high of 2.05 RVUs/hour (Palatal Lift Prosthesis) with an overall average intensity of 1.86 RVUs/hour.

The task then remains to discover the appropriate ratio(s) between these limits that when applied to a well defined maxillofacial service will result in close agreement with the median survey estimate of that procedure's work. Since a majority of the facilitation committee members were confident that the time for the service "Surgical Obturator" was accurate (it's time components were carefully analyzed by the committee) and that this service was widely known among the respondents, trial ratios were applied to this maxillofacial service in the following manner.

We assume that although the intensity of this service varies significantly with time that on overall the direct (face-to-face) intensity of work averages 2.0 RVUs/hour. Since indirect work (Laboratory;Clerical) is intuitively less intense (although skill and technical effort may be greater than found in an hour of GP time), we assume that overall that this work averages 1.6 RVUs/hour.

By applying these ratios to the respective times for direct and indirect work we arrive at the total RVUwork value for the service Surgical Obturator as seen in Fig. 2 of the following page. We then repeat the process for the remaining services which gives us the range of work for the entire set of services.

A comparison of these values to the survey median values

Procedure	Median RVUwork Units	Median Total Time (Hours)	RVUwork Units/Hour
Interim Obturator	17.2	11.5	1.5
Definitive Obturator	24.75	13	1.9
Mand. Resection	24.3	12.09	2.01
Palatal Augment.	19	10.75	1.77
Palatal Lift Prosthesis	20.5	10	2.05
Speech Aid	23.25	11.75	1.98
Surgical Splint	10	5	2
Auricular Prosthesis	22	13	1.69
Nasal Prosthesis	23.7	13	1.82
Surgical Obturator	14.27	7	2.04
Orbital Prosthesis	30.25	17.5	1.73
		Average RVU/Hour	1.86

Table 1

demonstrates some individual discrepancies but, overall, offers a reasonable approximation to the range of work estimated in the survey.

Table 2 summarizes the values for RVUwork when calculated by this method and the corresponding survey medians estimated by the respondents in the November Survey. The difference between the new calculated values and the Survey medians is also presented. Note that the decrease in values in some services is for the most part offset by the increases in the others.

The advantages of using this method for RVUwork calculations are twofold:

One, it allows for the calculation of the work for indirect time procedures— that is, provider laboratory time which was impossible to calculate by the standard methods. It does so by applying a reasonable differential in work intensity against the median time for this portion of the service.

Two, it permits calculation of work over extremely long time blocks without the need for numerous complex comparisons to multiple smaller established reference procedures. While the actual intensity during a given phase of the service may be higher or lower than this estimate, the extremely long times characteristic of maxillofacial services serve to correct for these shorterm errors.

$$Work = (Time)(Intensity)$$

or

$$Work_{Surgical\ Obt.} = [(Time_{Direct})(Intensity_{Direct})] + [(Time_{Indirect})(Intensity_{Indirect})]$$

$$\therefore$$

$$Work_{Surgical\ Obt.} = (4.08\ hrs.)\left(\frac{2.0\ RVUs}{hr.}\right) + (2.92\ hrs.)\left(\frac{1.6\ RVUs}{hr.}\right)$$

$$\therefore$$

$$Work_{Surgical\ Obt.} = (8.16\ RVUs) + (4.672\ RVUs)$$

$$\therefore$$

$$Work_{Surgical\ Obt.} = 12.83\ RVUs$$

Fig 2.
Derivation of Work for Surgical Obturator

References

1. Braun P, Dernburg MA, Dunn, DL, Cohen W. Prdicting the work of evaluation and management services. Medical Care 1992; 30(11): 13-28.

2. Hsiao WC, Braun P, Dunn D, et. al. An Overview of the development and refinement of the resource-based relative value scale. Medical Care 1992; 30(11) Supplement: 1-12.

3. Federal Register. 59: 235, December 8, 1994.

4. Cowper, TR. Final Report— RBRVS recommendations and practice and malpractice expenses for maxillofacial prosthetic procedures. Monograph. February, 1994.

Service	CPT	Survey Median RVUs	Calculated RVUs	Difference
Interim Obturator	21079	17.20	21 30	4 10
Definitive Obturator	21080	24 75	23.97	-0.78
Mand. Resection	21081	24.30	21 97	-2.33
Palatal	21082	19 00	19.90	0.90
Palatal Lift	21083	20.50	18.43	-2.07
Speech Aid	21084	23.25	21.53	-1 72
Surgical Splint	21085	10.00	8.69	-1.31
Auricular Prosthesis	21086	22.00	23 83	1.83
Nasal Prosthesis	21087	23.70	23.83	0 13
Surgical Obturator	210xx-1**	14.27	12.83	-1.44
Orbital Prosthesis	210xx-2**	30.25	32 23	1 98
**Proposed Codes			Total Difference	-0 70

Table 2

Interim Obturator
21079

Interim Obturator

21079

Visit: 1

Week: 1

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect and Oral Debridement; Clinical Examination	20		
	Adjustment and Modification of Surgical Obturator Base	5	5	
	Remove and Replace Surg. Obt. Soft Liner	15	15	
	Preliminary Maxillary and Mandibular Impressions	10	5	
	Patient /Family Counselling	15		
	Coordination and Follow-up	10		
	Reports and Letters (Financial and Referral		45	
	Cast Production			20
	Cast Modification and Custom Tray Design		5	
	Custom Tray Preparation			30
	Visit Totals (Min.)	75	75	50
	Visit Totals (Hrs.)	1.25	1.25	0.83

Interim Obturator

21079

Visit: 2

Week: 2

Step	Description	Time		
		Clinical	Physician Lab. or Clerical	Technician
	Defect and Oral Debridement	5		
	Adjustment and Modification of Surg. Obt. Base	10	5	
	Remove and Replace Surg. Obt. Soft Liner	15	15	
	Adjust and Adapt Custom Tray to Defect	15	10	
	Final Defect Impression	10		
	Patient and Family Instruction	10		
	Coordination and Follow-up	5		
	Master Cast Production			20
	Baseplate Preparation			15
	Visit Totals (Min.)	70	30	35
	Visit Totals (Hrs.)	1.17	0.50	0.58

Interim Obturator

21079

Visit: 3

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Revise Obturator Base	10	5	
	Adjust Soft Liner	5	5	
	Obtain Maxillomandibular Relation	10	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Articulate Mastercast			15
	Arrange Artificial Dental Components			45
	Visit Totals (Min.)	35	15	60
	Visit Totals (Hrs.)	0.58	0.25	1.00

Interim Obturator

21079

Visit: 4

Week: 3

Step	Description	Time		
		Clinical	Physician Lab. or Clerical	Technician
	Debride defect and Oral Structures	5		
	Modify Obturator Base of Surg. Obt.	10	5	
	Remove and Replace Soft Liner of Surg. Obt.	15	15	
	Try-in, Verify Occlusion and Dental Components- Int. Obt.	30	15	
	Coordinate and Follow-up	5		
	Patient/Family Instructions	5		
	Refine Occlusion and Contour Adjustments		25	
	Technical Processing and Retrieval			80
	Correction of Processing Distortions		15	
	Polish and Disinfection			30
	Visit Totals (Min.)	70	75	110
	Visit Totals (Hrs.)	1.17	1.25	1.83

Interim Obturator

21079

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 5			
Week: 4			
Step Description			
Adjust Surgical Obturator	10	5	
Fit and Adjust Interim Base to Defect and Oral Structures	20	10	
Remount Record	5		
Articulate Remount			15
Refine Occlusion		10	
Repolish Prosthesis		5	
Patient/Family Instructions and Counselling	10		
Coordination and Follow-up	5		
Visit Totals (Min.)	50	30	15
Visit Totals (Hrs.)	0.83	0.50	0.25

Interim Obturator

21079

	Time		
	Clinical	Physician Lab. or Clerical	Technician

Visit: 6

Week: 5

Step	Description			
	Adjustment of Prosthesis Base	15	10	
	Refine Occlusion	10		
	Patient/Family Counselling	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	40	10	
	Visit Totals (Hrs.)	0.67	0.17	0.00

Interim Obturator

21079

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 7			
Week: 7			
Step Description			
Adjustment of Prosthesis Base	10	5	
Refine Occlusion	10		
Patient/Family Counselling	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	30	5	
Visit Totals (Hrs.)	0.50	0.08	0.00

Interim Obturator

21079

	Time		
	Clinical	**Physician Lab. or Clerical**	**Technician**
Visit: 8			
Week: 9			
Step Description			
Adjustment to Prosthesis Base	10	5	
Refine Occlusion	5		
Patient/Family Instruction	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	25	5	
Visit Totals (Hrs.)	0.42	0.08	0.00

Interim Obturator

21079

	Time		
	Clinical	**Physician Lab. or Clerical**	**Technician**
Visit: 9			
Week: 11			
Step Description			
Adjustment of Prosthesis Base and Liner	10	5	
Patient/Family Counselling	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	20	5	
Visit Totals (Hrs.)	0.33	0.08	0.00

Interim Obturator

21079

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 10			
Week: 13			
Step Description			
Adjustment to Prosthesis Base	10	5	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	20	5	
Visit Totals (Hrs.)	0.33	0.08	0.00

Interim Obturator

21079

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	435.00	255.00	270.00
Procedure Totals (Hrs.)	7.25	4.25	4.50

Total Direct and Indirect Hours:	16.00
Total Direct Hours:	11.50
% of Direct time = Physician Laboratory:	0.37
% of Total Service Time = Technician:	0.28
Total Visits:	10

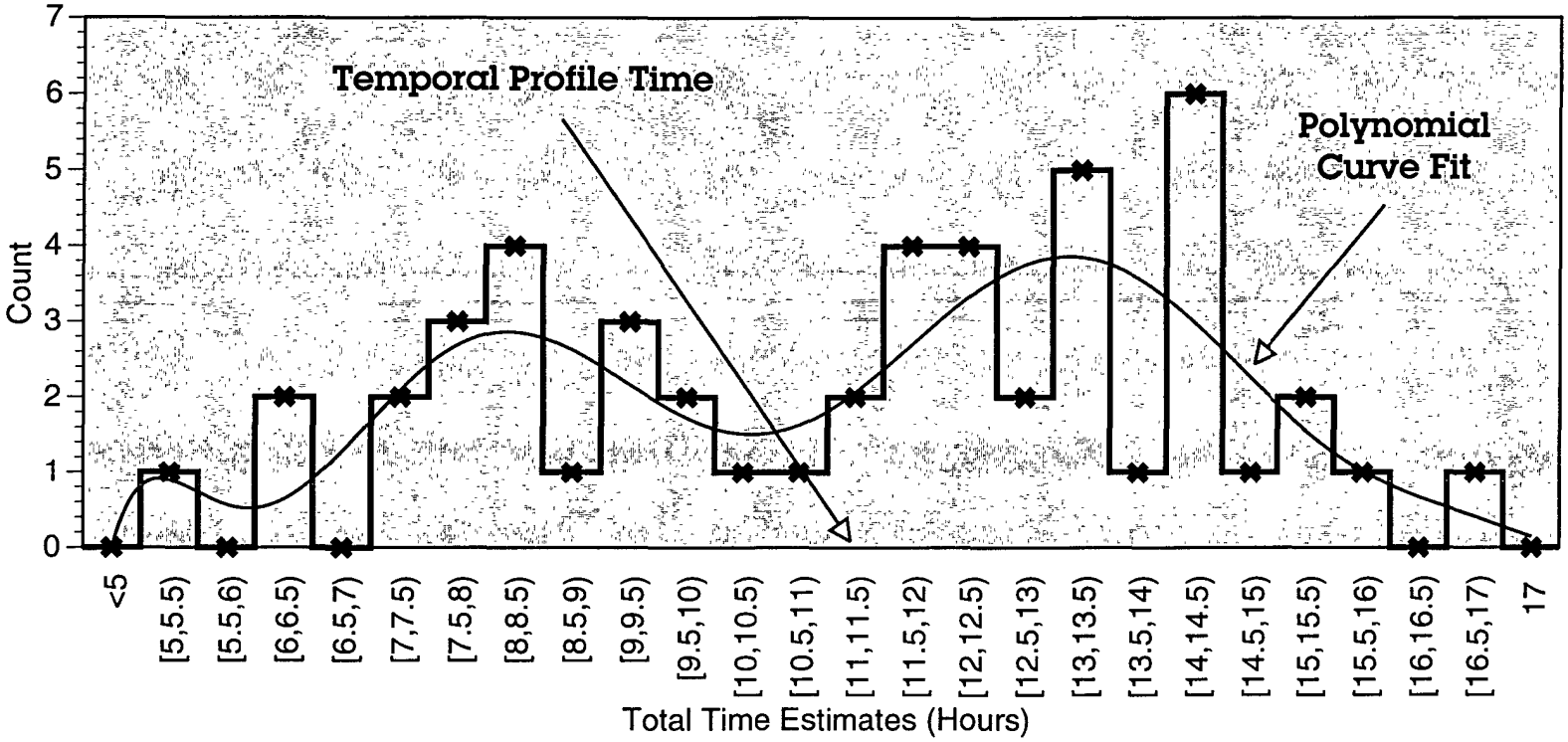
Interim Obturator
21079

Selected Survey Graphs and Tables

Frequency Distribution for Total Time

(<10th% and >90th% Excluded)

Interim Obturator



Interim Obturator
Graphs and Tables

Interim Obturator Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
72.74	66.41	8.43	4410.39	91.3	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	360	360	4510	597100	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	129
# > 90th %:					
6					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
323.52	182.22	23.33	33203.62	56.32	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
30	840	810	19735	8376975	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
3	60	180	300	480	582
# > 90th %:					
6					

Interim Obturator Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
289.75	217.54	27.85	47322.86	75.08	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	900	900	17675	7960775	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
3	60	120	240	360	660
# > 90th %:					
3					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
11.27	4.65	.59	21.64	41.28	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.75	21.5	20.75	698.67	9193.13	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	5.02	8	11.5	14	18
# > 90th %:					
4					

Definitive Obturator
21080

Definitive Obturator

21080

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 1				
Week: 1				
	Review Med. History	10	10	
	Review Radiographs		5	
	Defect and Oral Debridement; Clinical Exam	20		
	Evaluate and Adjust Interim Prosthesis	10	5	
	Obtain Preliminary Impressions	10		
	Patient/Family Counselling	15		
	Coordination and Follow-Up	10		
	Telephone and Other Consults		15	
	Reports and Letters (Financial and Referral)		45	
	Cast Production			20
	Treatment Plan, Survey, and Design		25	
	Custom Tray Fabrication			30
	Visit Totals (Min.)	75	105	50
	Visit Totals (Hrs.)	1.25	1.75	0.83

Definitive Obturator

21080

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Tooth Preparation	20		
	Final Impression	10		
	Evaluate and Adjust Existing Interim Prosthesis	10	5	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Mastercast Production			20
	Final Survey and Lab. Work Order RX		30	
	Visit Totals (Min.)	55	35	20
	Visit Totals (Hrs.)	0.92	0.58	0.33

Definitive Obturator

21080

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 3			
Week: 4			
Step Description			
Try-in and Adjust Metal Framework	20	10	
Add Acrylic Impression Base			20
Adjust and Bordermold Acrylic base	20	10	
Final Impression	10		
Adjust Existing Prosthesis	5	5	
Patient Instructions	5		
Coordination and Follow-up	5		
Production of Mastercast related to Frame			45
Prepare Trial Base			20
Visit Totals (Min.)	65	25	85
Visit Totals (Hrs.)	1.08	0.42	1.42

Definitive Obturator

21080

Visit: 4

Week: 5

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Obtain Maxillomandibular Relation	10	5	
	Adjust Existing Prosthesis	5	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Articulate Mastercast with Frame			15
	Arrange Artificial Dental Components			45
	Visit Totals (Min.)	25	10	60
	Visit Totals (Hrs.)	0.42	0.17	1.00

Definitive Obturator

21080

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 5			
Week: 6			
Try-in and Arrange Dental Components	30	15	
Patient/Family Counselling	5		
Coordination and Follow-up	5		
Refine Occlusion and Contour Adjustment		20	
Preparation and Retrieval (Processing Excluded)			80
Correction of Processing Distortions		15	
Polishing and Disinfection			30
Visit Totals (Min.)	40	50	110
Visit Totals (Hrs.)	0.67	0.83	1.83

Definitive Obturator

21080

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 6			
Week: 8			
Step Description			
Fitting and Initial Adustment of Base	25	15	
Remount Record and Pick-up Impression	15	5	
Articulate Remount			15
Refine Occlusion		15	
Repolish Prosthesis		5	
Final Insertion and Adjustment	15		
Patient/Family Instruction	15		
Coordination and Follow-up	5		
Visit Totals (Min.)	75	40	15
Visit Totals (Hrs.)	1.25	0.67	0.25

Definitive Obturator

21080

Visit: 7

Week: 9

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Adjust Obturator and Oral Base	25	15	
Refine Occlusion	10		
Repolish Prosthesis		5	
Patient/Family Instructions	15		
Coordination and Follow-up	5		
Visit Totals (Min.)	55	20	
Visit Totals (Hrs.)	0.92	0.33	0.00

Definitive Obturator

21080

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 8			
Week: 11			
Step Description			
Adjust Obturator and Oral Base	15	10	
Refine Occlusion	15		
Repolish Prosthesis	5		
Patient/Family Instruction	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	45	10	
Visit Totals (Hrs.)	0.75	0.17	0.00

Definitive Obturator

21080

Visit: 9

Week: 13

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Adjust Obturator and Oral Base	15	10	
Refine Occlusion	10		
Repolish Base	5		
Patient/Family Instruction	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	40	10	
Visit Totals (Hrs.)	0.67	0.17	0.00

Definitive Obturator

21080

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	475.00	305.00	340.00
Procedure Totals (Hrs.)	7.92	5.08	5.67

Total Direct and Indirect Hours:	18.67
Total Direct Hours:	13.00
% of Direct time = Physician Laboratory:	0.39
% of Total Service Time = Technician:	0.30
Total Visits:	9

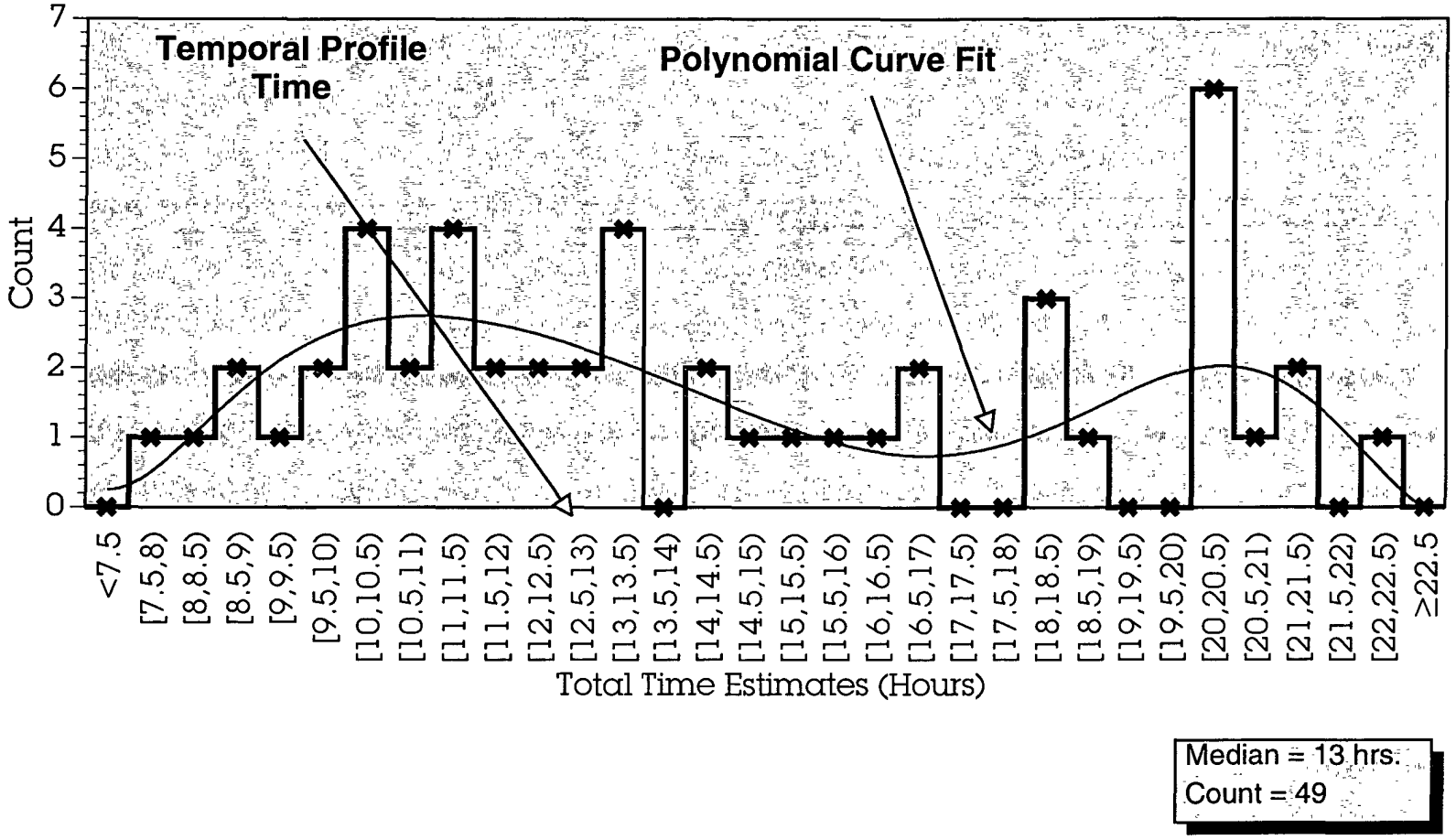
Definitive Obturator
21080

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time< 90th%)

Definitive Obturator



Median = 13 hrs.
Count = 49

Definitive Obturator
Graphs and Tables

Definitive Obturator Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
92.1	82.77	10.51	6851.27	89.88	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	5710	943800	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	50	60	120	180
# > 90th %:					
5					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
613.26	347.95	44.55	121071.4	56.74	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
120	1462	1342	37409	30205813	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	216	360	495	885	1122
# > 90th %:					
6					

Definitive Obturator Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
179.5	127.64	16.48	16291.27	71.11	60
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	660	660	10770	2894400	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
4	60	105	150	240	330
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
14.49	6.32	.8	39.95	43.63	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.83	30.37	29.54	898.16	15447.94	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	7.32	10	13	20	22.5
# > 90th %:					
4					

Mandibular Resection Prosthesis
21081

Mand. Resection Prosthesis

21081

Visit: 1

Week: 1

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Review History	10	10	
	Review Radiographs		5	
	Clinical Exam	10		
	Preliminary Impressions	10	5	
	Patient/Family Counselling	15		
	Coordination and Follow-up	10		
	Telephone Consultations		15	
	Reports and Letters (Financial and Referral)		45	
	Cast Production			20
	Cast Modification, Survey, and Treatment Planning		25	
	Custom Tray Fabrication			30
	Visit Totals (Min.)	55	105	50
	Visit Totals (Hrs.)	0.92	1.75	0.83

Mand. Resection Prosthesis

21081

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Tooth Preparation	20		
	Tray Modification and Final Impression	10	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Mastercast Production			20
	Final Survey and Lab Work Order Rx		30	
	Visit Totals (Min.)	40	35	20
	Visit Totals (Hrs.)	0.67	0.58	0.33

Mand. Resection Prosthesis

21081

Visit: 3

Week: 5

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-in, Adjust Framework	20	10	
	Add Tray/Base to Frame			20
	Correct Base and Defect Impression	20	10	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Production of Mastercast Related to Frame			45
	Design Record Base		5	
	Fabricate Trial Record Base			20
	Visit Totals (Min.)	50	25	85
	Visit Totals (Hrs.)	0.83	0.42	1.42

Mand. Resection Prosthesis

21081

Visit: 4

Week: 6

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Obtain Maxillomandibular Record, Select Dental	20	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Articulate Mastercast			15
	Arrange Occlusion and Oral Components		25	30
	Visit Totals (Min.)	30	30	45
	Visit Totals (Hrs.)	0.50	0.50	0.75

Mand. Resection Prosthesis

21081

Visit: 5

Week: 7

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-in, Arrange Dental Components	25	15	
	Remount Record	10	5	
	Articulate Remount			15
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Refine Occlusion and Contour Adjustments		30	
	Preparation and Retrieval (not counting Processing			80
	Correction of Processing Distortions		15	
	Polish and Disinfection			30
	Visit Totals (Min.)	45	65	125
	Visit Totals (Hrs.)	0.75	1.08	2.08

Mand. Resection Prosthesis

21081

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 6				
Week: 8				
	Fitting and Initial Adustment of Base	15	10	
	Remount Record	15	10	
	Articulate Remount			15
	Refine Occlusion		15	
	Final Insertion and Adjustment	10		
	Repolish Prosthesis		5	
	Patient/Family Instructions	15		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	60	40	15
	Visit Totals (Hrs.)	1.00	0.67	0.25

Mand. Resection Prosthesis

21081

Visit: 7

Week: 9

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjust Prosthesis Base	15	10	
	Remount Record and Pick-up Impression	15	5	
	Articulate Prosthesis for Occlusal Adjustments			15
	Refine Occlusion		15	
	Polish Prosthesis		5	
	Patient/Family Instructions	5		
	Coordinate and Follow-up	5		
	Visit Totals (Min.)	40	35	15
	Visit Totals (Hrs.)	0.67	0.58	0.25

Mand. Resection Prosthesis

21081

Visit: 8

Week: 10

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjustments to Prosthesis Base	10	10	
	Refine Occlusion	10		
	Repolish Prosthesis	5		
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	35	10	
	Visit Totals (Hrs.)	0.58	0.17	0.00

Mand. Resection Prosthesis

21081

Visit: 9

Week: 12

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjustment to Prosthesis Base	5	5	
	Occlusal Evaluation and Adjustments	5		
	Repolish Prosthesis		5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	20	10	
	Visit Totals (Hrs.)	0.33	0.17	0.00

Mand. Resection Prosthesis

21081

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	375.00	355.00	355.00
Procedure Totals (Hrs.)	6.25	5.92	5.92

Total Direct and Indirect Hours:	18.08
Total Direct Hours:	12.17
% of Direct time = Physician Laboratory:	0.49
% of Total Service Time = Technician:	0.33
Total Visits:	9

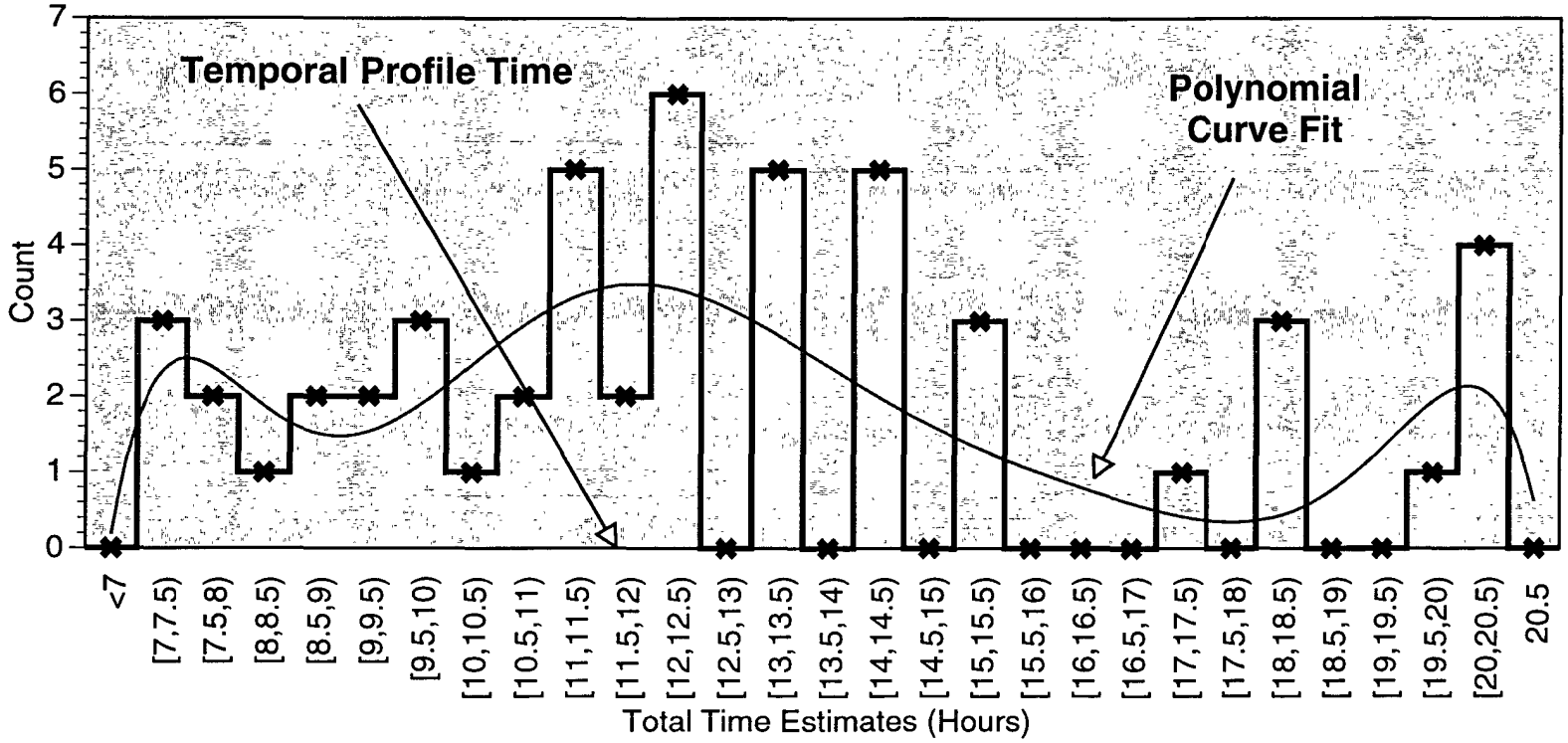
Mandibular Resection Prosthesis 21081

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time>90th%)

Mandibular Resection Prosthesis



Median = 12.09 hrs.
Count = 51

Mandibular Resection Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
87.74	83.58	10.61	6984.98	95.25	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	5440	903400	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	180
# > 90th %:					
4					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
520.9	283.89	36.05	80594.02	54.5	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
60	1200	1140	32296	21739326	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	210	300	480	615	1009.5
# > 90th %:					
6					

Mandibular Resection Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
176.23	119.39	15.29	14253.88	67.75	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	600	600	10750	2749700	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
4	60	112.5	150	217.5	324
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
13.03	5.02	.64	25.16	38.48	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
3.5	24	20.5	808.07	12066.53	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	7	9.5	12.09	17	20.4
# > 90th %:					
6					

Palatal Augmentation Prosthesis
21082

Palatal Aug. Prosthesis

21082

Step Description	Time: Clinical	Physician Lab.	Technician
Visit: 1			
Week: 1			
Review History	10	10	
Review Radiographs		5	
Clinical Exam	10		
Prelimary Impressions	10		
Patient/Family Counselling	15		
Coordination and Follow-up	10		
Telephone Consultations		15	
Reports and Letters (Financial and Referral)		45	
Cast Production			20
Custom Tray Fabrication			30
Visit Totals (Min.)	55	75	50
Visit Totals (Hrs.)	0.92	1.25	0.83

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	Physician Lab.	Technician
Visit: 2			
Week: 2			
Step Description			
Tray Modifications and Final Impressions	50	15	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Mastercast Production			20
Trial Base and Occlusion Rim Fabrication			35
Visit Totals (Min.)	60	15	55
Visit Totals (Hrs.)	1.00	0.25	0.92

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	**Physician Lab.**	**Technician**

Visit: 3

Week: 3

Step	**Description**			
	Maxillomandibular Relations	20	10	
	Dental Component Selection	5		
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Articulate Mastercasts			15
	Arrange Dental Components			60
	Prepare Trial Record Base			20
	Visit Totals (Min.)	35	10	95
	Visit Totals (Hrs.)	0.58	0.17	1.58

Palatal Aug. Prosthesis

21082

Visit: 4

Week: 4

Step	Description	Time: Clinical	Time: Physician Lab.	Time: Technician
	Try-in and Verify Occlusion	25	15	
	Remount Record	5		
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Refine Occlusion and Contour Adjustments		20	
	Processing Preparation and Retrieval			80
	Correction of Processing Distortions		15	
	Final Polish and Disinfection			30
	Visit Totals (Min.)	40	50	110
	Visit Totals (Hrs.)	0.67	0.83	1.83

Palatal Aug. Prosthesis

21082

Visit: 5

Week: 6

Step Description	Time: Clinical	Time: Physician Lab.	Time: Technician
Clinical Exam	5		
Fitting and Initial Adjustment of Bases	15	10	
Remount Record	5		
Articulate Remount			15
Refine Occlusion		10	
Functional Speech and Swallowing Impression	35	10	
Conversion of Palatal Impression to Acrylic			90
Final Insertion and Adjustments	10	10	
Patient/Family Instructions	15		
Coordination and Follow-up	5		
Visit Totals (Min.)	90	40	105
Visit Totals (Hrs.)	1.50	0.67	1.75

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	Physician Lab.	Technician
Visit: 6			
Week: 7			
Step Description			
Adjustment to Prosthesis Base	15	10	
Refine Occlusion	10		
Additions/Subtractions to Palatal Contour	20	10	90
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	55	20	90
Visit Totals (Hrs.)	0.92	0.33	1.50

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	Physician Lab.	Technician
Visit: 7			
Week: 9			
Step Description			
Adjustment to Prosthesis Base	10	10	
Refine Occlusion	5		
Additions/Subtractions to Palatal Contour	20	10	90
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	45	20	90
Visit Totals (Hrs.)	0.75	0.33	1.50

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	Physician Lab.	Technician

Visit: 8

Week: 11

Step	Description			
	Adjust to Prosthesis Base	5	5	
	Minor Palatal Contour Changes	10	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	25	10	
	Visit Totals (Hrs.)	0.42	0.17	0.00

Palatal Aug. Prosthesis

21082

	Time		
	Clinical	Physician Lab.	Technician
Procedure Totals (Min.)	405.00	240.00	595.00
Procedure Totals (Hrs.)	6.75	4.00	9.92

Total Direct and Indirect Hours:	20.67
Total Direct Hours:	10.75
% of Direct time = Physician Laboratory:	0.37
% of Total Service Time = Technician:	0.48
Total Visits:	8

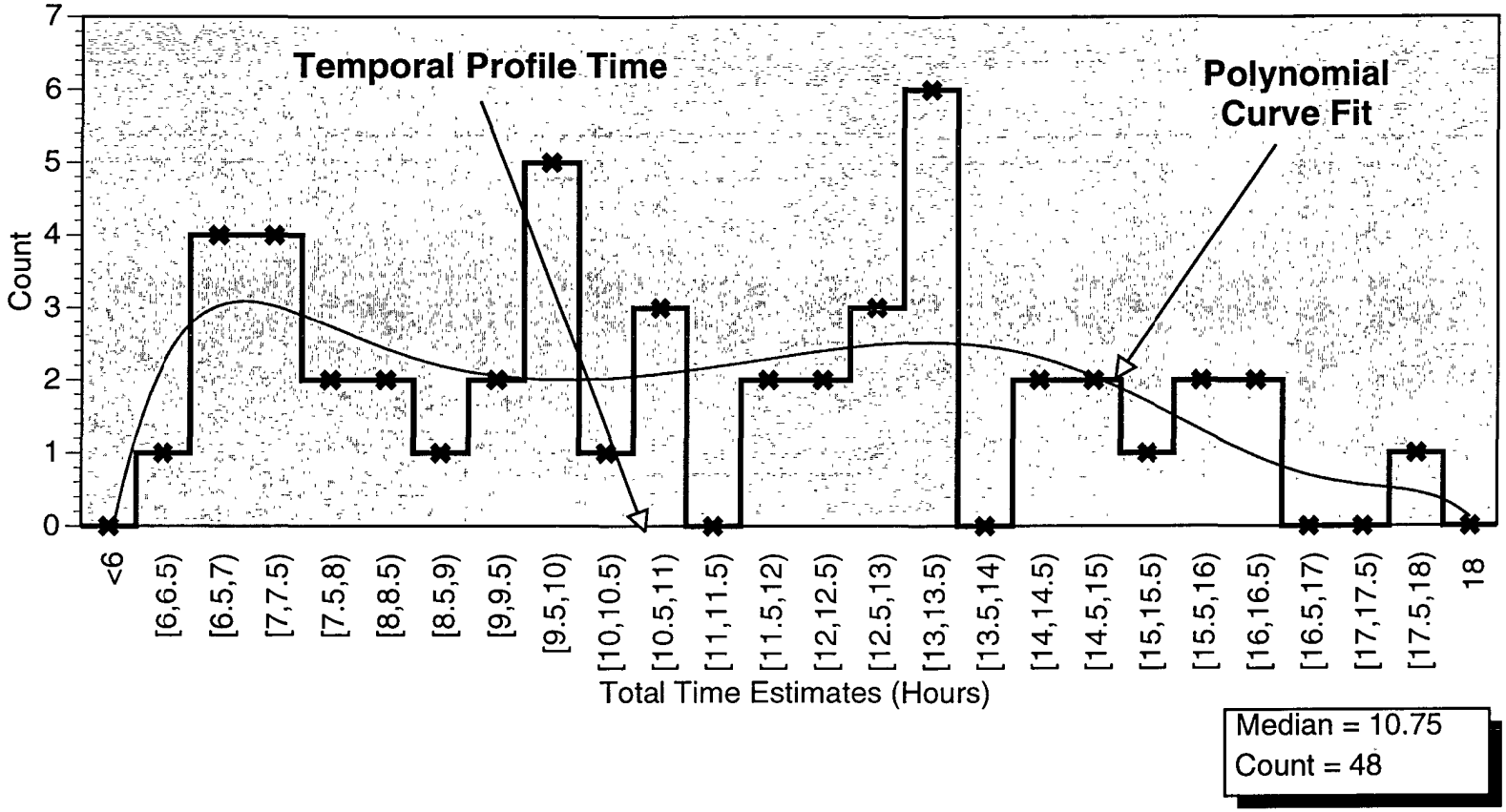
Palatal Augmentation Prosthesis 21082

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Palatal Augmentation Prosthesis



Palatal Augmentation Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
79.92	81.17	10.39	6588.74	101.57	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	4875	784925	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	180
# > 90th %:					
4					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
425.25	228.14	29.45	52048.67	53.65	60
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
60	960	900	25515	13921125	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	150	240	370	540	780
# > 90th %:					
4					

Palatal Augmentation Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
181.03	240.52	31.31	57852.21	132.86	59
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	1801	1801	10681	5289051	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
4	60	63.75	135	180	280
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
11.22	5.64	.72	31.79	50.25	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	35.35	34.35	684.51	9588.85	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	4	7.19	10.75	14	18.3
# > 90th %:					
6					

Palatal Lift prosthesis
21083

Palatal Lift Prosthesis

21083

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 1			
Week: 1			
Review History	15	10	
Review Radiographs		5	
Clinical Exam	10		
Preliminary Impressions	10		
Patient/Family Counselling	20		
Coordination and Follow-up	10		
Telephone Consultations		15	
Reports and Letters (Financial and Referral)		45	
Cast Production			20
Cast Modification, Survey, and Treatment Planning		25	
Custom Tray Fabrication			30
Visit Totals (Min.)	65	100	50
Visit Totals (Hrs.)	1.08	1.67	0.83

Palatal Lift Prosthesis

21083

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 2			
Week: 2			
Tooth Preparation	20		
Tray Modification and Final Impression	10	5	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Mastercast Production			20
Final Survey, Lab Work Order Rx		30	
Visit Totals (Min.)	40	35	20
Visit Totals (Hrs.)	0.67	0.58	0.33

Palatal Lift Prosthesis

21083

Visit: 3

Week: 5

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Try-in, Adjust Framework	20	10	
Add Tray/Base to Frame			25
Maxillomandibular Relation	10	5	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Articulate Mastercast			15
Arrange Dental Components			30
Visit Totals (Min.)	40	15	70
Visit Totals (Hrs.)	0.67	0.25	1.17

Palatal Lift Prosthesis

21083

Visit: 4

Week: 6

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-in, Adjust Dental components	25	10	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Refine Occlusion and Contour Adjustments		15	
	Preparation and Retrieval (not including Processing)			80
	Correct Processing Distortions		15	
	Polish and Disinfection			30
	Visit Totals (Min.)	35	40	110
	Visit Totals (Hrs.)	0.58	0.67	1.83

Palatal Lift Prosthesis

21083

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 5			
Week: 7			
Fitting and Initial Adjustment of Base	10	5	
Remount Record	5		
Articulate Remount			15
Refine Occlusion		10	
First Functional Palatal Impression	20		
Convert Functional Impression to Acrylic			60
Final Insertion and Adjustments	5	5	
Patient/Family Instructions	15		
Coordination and Follow-up	5		
Visit Totals (Min.)	60	20	75
Visit Totals (Hrs.)	1.00	0.33	1.25

Palatal Lift Prosthesis

21083

Visit: 6

Week: 8

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjustment of Base/Frame/ Lift	10	10	
	Second Functional Impression of Soft Palate	25		
	Conversion to Acyrlic			60
	Re-insertion and Adjustment	5		
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	55	10	60
	Visit Totals (Hrs.)	0.92	0.17	1.00

Palatal Lift Prosthesis

21083

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 7				
Week: 9				
	Adjustment to Base and Lift	5	5	
	Third Functional Impression of Soft Palate	20		
	Conversion to Acylic			60
	Reinsertion Adjustments	5	5	
	Patient/Family Instructions	5		
	Coordinate and Follow-up	5		
	Visit Totals (Min.)	40	10	60
	Visit Totals (Hrs.)	0.67	0.17	1.00

Palatal Lift Prosthesis

21083

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 8			
Week: 12			
Step Description			
Adjustments to Prosthesis Base and Lift	10	5	
Patient/Family Instructions	15		
Coordination and Follow-up	5		
Visit Totals (Min.)	30	5	
Visit Totals (Hrs.)	0.50	0.08	0.00

Palatal Lift Prosthesis

21083

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	365.00	235.00	445.00
Procedure Totals (Hrs.)	6.08	3.92	7.42

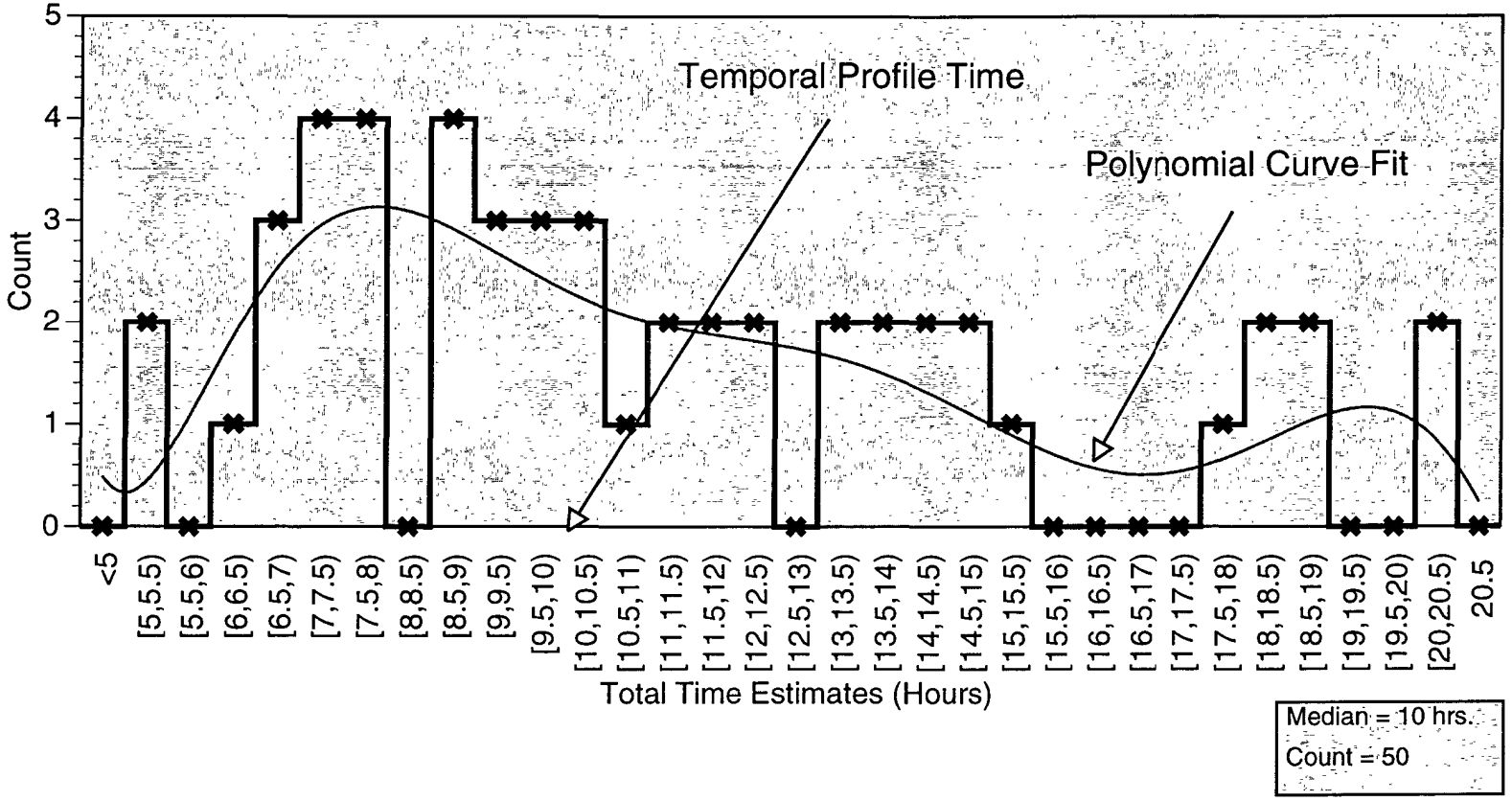
Total Direct and Indirect Hours:	17.42
Total Direct Hours:	10.00
% of Direct time = Physician Laboratory:	0.39
% of Total Service Time = Technician:	0.43
Total Visits:	8

Palatal Lift prosthesis
21083

Selected Survey Graphs and Tables

Frequency Distribution for Total Time
(10th%<Total Time<90th%)

Palatal Lift Prosthesis



Palatal Lift Prosthesis
Graphs and Tables

Palatal Lift Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
75	65.5	8.46	4289.83	87.33	60
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	360	360	4500	590600	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	165
# > 90th %:					
6					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
444.32	266.75	34.73	71155.57	60.04	59
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
45	1290	1245	26215	15774925	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
3	180	270	375	562.5	780
# > 90th %:					
5					

Palatal Lift Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
179.31	141.39	18.57	19991.62	78.85	58
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	600	600	10400	3004350	3
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
4	60	90	120	240	381
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
11.42	5.8	.75	33.64	50.78	60
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1	27.5	26.5	685.26	9811.08	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	5	7.38	10	14.25	20.25
# > 90th %:					
5					

Speech Aid Prosthesis
21084

Speech Aid Prosthesis

21084

Visit: 1

Week: 1

Step Description	Time		
	Clinical	Physician Lab. or Clerical	Technician
Review History	10	10	
Review Radiographs		5	
Clinical Exam	10		
Preliminary Impressions	10		
Patient/Family Counselling	20		
Coordination and Follow-up	10		
Telephone Consultations		15	
Reports and Letters (Financial and Referral)		45	
Cast Production			20
Cast Modification, Survey, and Treatment Planning		25	
Custom Tray Fabrication			30
Visit Totals (Min.)	60	100	50
Visit Totals (Hrs.)	1.00	1.67	0.83

Speech Aid Prosthesis

21084

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Tooth Preparation	20		
	Tray Modification and Final Impression	10	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Mastercast Production			20
	Final Survey and Lab Work Order Rx		30	
	Visit Totals (Min.)	40	35	20
	Visit Totals (Hrs.)	0.67	0.58	0.33

Speech Aid Prosthesis

21084

Visit: 3

Week: 5

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Try-in, Adjust Framework	20	10	
Add Tray/Base to Frame			25
Maxillomandibular Relation	10	5	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Articulate Mastercast			15
Arrange Dental Components			30
Visit Totals (Min.)	40	15	70
Visit Totals (Hrs.)	0.67	0.25	1.17

Speech Aid Prosthesis

21084

Visit: 4

Week: 6

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-in, Adjust Dental components	25	10	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Refine Occlusion and Contour Adjustments		15	
	Preparation and Retrieval (not including Processing time)			80
	Correction of Processing Distortions		15	
	Polish and Disinfection			30
	Visit Totals (Min.)	35	40	110
	Visit Totals (Hrs.)	0.58	0.67	1.83

Speech Aid Prosthesis

21084

Visit: 5

Week: 7

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Fitting and Initial Adjustment of Base	10	5	
	Remount Record	10		
	Articulate Remount			15
	Refine Occlusion		10	
	Locate and Add Soft Palatal/Pharyngeal Bar	15	10	30
	Try-in Bar and First Pharngeal Functional Impression	20	15	
	Convert Speech Bulb to Acrylic			60
	Final Insertion and Adjustment of Prosthesis	15	5	
	Patient/Family Instruction	15		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	90	45	105
	Visit Totals (Hrs.)	1.50	0.75	1.75

Speech Aid Prosthesis

21084

Visit: 6

Week: 8

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjustment to Prosthesis Base	10	10	
	Second Functional Impression of Speech Bulb	20	10	
	Conversion of Speech Bulb to Acyrlic			60
	Reinsertion and Adjustment	5	5	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	50	25	60
	Visit Totals (Hrs.)	0.83	0.42	1.00

Speech Aid Prosthesis

21084

Visit: 7

Week: 9

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Adjustment to Prosthesis Base	5	5	
	Final Functional Impression of Soft Palate	20	10	
	Conversion of Speech Bulb to Acylic			60
	Reinsertion Adjustments	5	5	
	Patient/Family Instructions	5		
	Coordinate and Follow-up	5		
	Visit Totals (Min.)	40	20	60
	Visit Totals (Hrs.)	0.67	0.33	1.00

Speech Aid Prosthesis

21084

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 8			
Week: 11			
Adjustment to Prosthesis Base	5		
Final Adjustments to Speech Bulb	10	5	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	25	5	
Visit Totals (Hrs.)	0.42	0.08	0.00

Speech Aid Prosthesis

21084

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 9				
Week: 13				
	Adjustment to Prosthesis Base	5	5	
	Final Evaluation and Adjustments	10	5	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	30	10	
	Visit Totals (Hrs.)	0.50	0.17	0.00

Speech Aid Prosthesis

21084

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	410.00	295.00	475.00
Procedure Totals (Hrs.)	6.83	4.92	7.92

Total Direct and Indirect Hours:	19.67
Total Direct Hours:	11.75
% of Direct time = Physician Laboratory:	0.42
% of Total Service Time = Technician:	0.40
Total Visits:	9

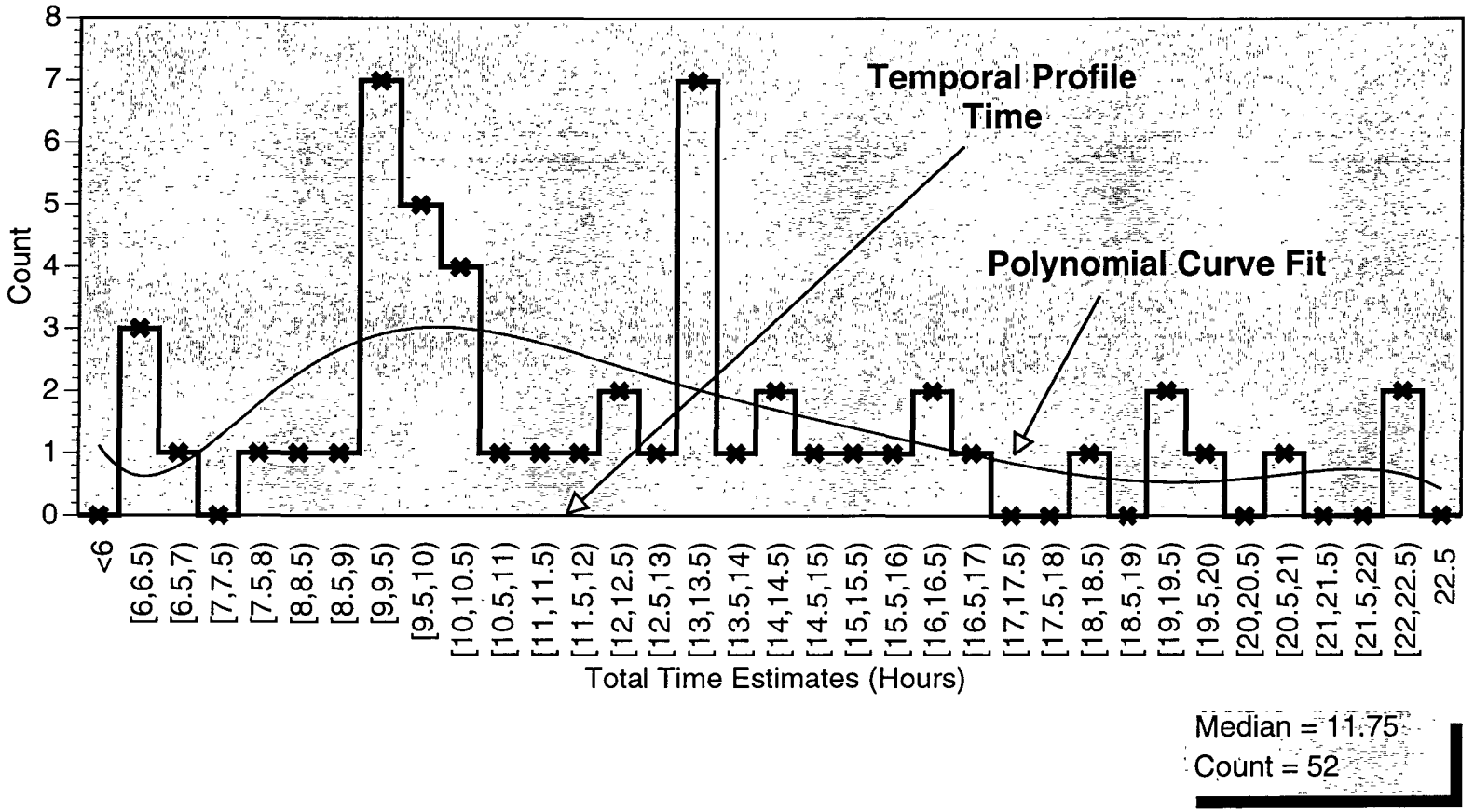
Speech Aid Prosthesis
21084

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Speech Aid Prosthesis



Median = 11.75
Count = 52

Speech Aid Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
87.1	79.17	10.06	6268.48	90.9	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	5400	852700	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	180
# > 90th %:					
3					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
494.51	277.44	35.52	76970.59	56.1	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
120	1290	1170	30165	19535075	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
2	180	300	420	600	948
# > 90th %:					
6					

Speech Aid Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
185.25	159.2	20.55	25344.43	85.94	60
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
30	900	870	11115	3554375	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	67.5	105	127.5	210	360
# > 90th %:					
3					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
12.55	5.73	.73	32.78	45.62	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
1.17	26.5	25.33	777.99	11761.71	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	6	9	11.75	15.5	22
# > 90th %:					
5					

Surgical Splint
21085

Surgical Splint

21085

Visit: 1

Week: 1

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Review History	10	10	
Review Radiographs		15	
Clinical Exam	10		
Preliminary Impression(s)	10		
Patient/Family Counselling	10		
Coordination and Follow-up	10		
Telephone Consultations		15	
Reports and Letters (Financial and Referral)		45	
Cast Production			20
Cast Modification and Tray Outline		10	
Custom Tray Fabrication			30
Visit Totals (Min.)	50	95	50
Visit Totals (Hrs.)	0.83	1.58	0.83

Surgical Splint

21085

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 2				
Week: 1				
	Final Impression	15	5	
	Mastercast Production			20
	Base and Occlusion Rim Production			20
	Maxillomandibular Record	10	5	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Articulate Casts			15
	Model Surgery/Arch Form Reestablishment		35	
	Archbar/Retention Mechanism Attachments		15	
	Preparation and Retrieval (not including processing time)			80
	Final Contour Adjustments		15	
	Polish and Disinfection			30
	Visit Totals (Min.)	35	75	165
	Visit Totals (Hrs.)	0.58	1.25	2.75

Surgical Splint

21085

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 3			
Week: 1			
Step **Description**			
Clinical Exam	5		
Patient/Family Instructions	10		
Coordination and Follow-up	5		
Week: 2			
Step **Description**			
Clinical Exam	5		
Patient/Family Instructions	10		
Coordination and Follow-up	5		
Visit Totals (Min.)	40		
Visit Totals (Hrs.)	0.67	0.00	0.00

Surgical Splint

21085

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Total Procedure Minutes	125.00	170.00	215.00
Total Procedure Hours	2.08	2.83	3.58

Total Service (Direct and Indirect) Time:	8.500
Total Direct Physician Hours:	4.917
% of Direct time = Physician Laboratory:	0.58
% of Total Service Time = Technician:	0.42
Total Visits:	3

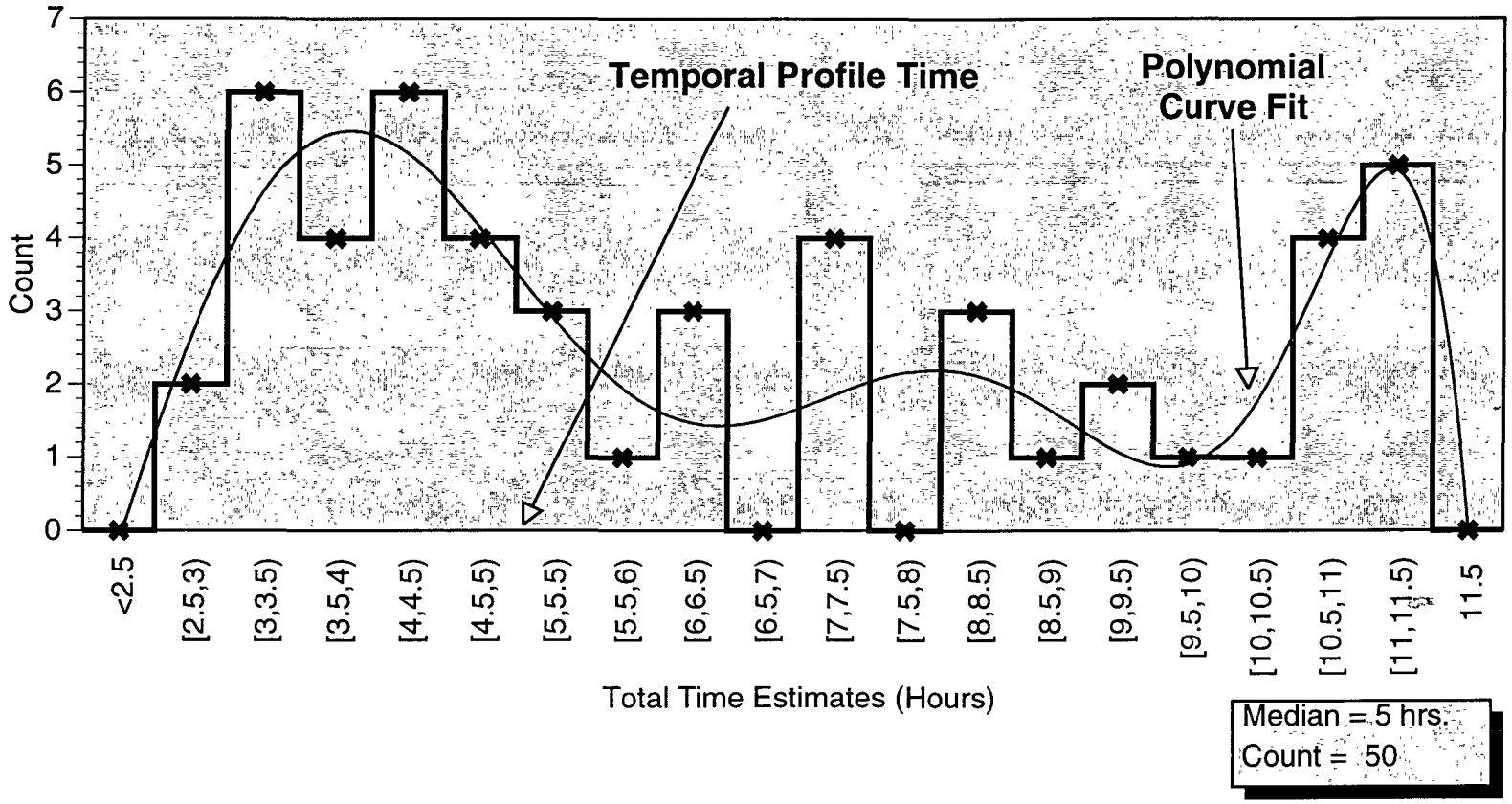
Surgical Splint
21085

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(1oth%<Total Time<90th%)

Surgical Splint



Surgical Splint
Graphs and Tables

Surgical Splint Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
88.73	88.84	11.57	7892.75	100.13	59
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	5235	922275	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	180
# > 90th %:					
4					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
227.23	138.26	18.48	19116.29	60.85	56
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	510	510	12725	3942925	3
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
2	60	120	180	360	466.5
# > 90th %:					
6					

Surgical Splint Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
84.91	83.35	11.04	6947.76	98.16	57
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	400	400	4840	800050	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	37.5	60	120	174
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
6.44	3.77	.49	14.25	58.6	59
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.67	22	21.33	380.01	3273.9	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	2.75	3.69	5	9.38	11
# > 90th %:					
4					

Auricular Prosthesis
21086

Auricular Prosthesis

21086

Visit: 1

Week: 1

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Review History	10	10	
Clinical Exam	5		
Defect Preparation, Master and Contralateral Impressions	40	15	
Patient/Family Counselling	15		
Coordination and Follow-up	10		
Telephone and Other Consultations		30	
Reports and Letters (Financial and Referral)		45	
Cast Production			30

Visit Totals (Min.)	80	100	30
Visit Totals (Hrs.)	1.33	1.67	0.50

Auricular Prosthesis

21086

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect Preparation	5		
	Mastercast Adjustments, Sculpting and Try-on	60	15	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	80	15	
	Visit Totals (Hrs.)	1.33	0.25	0.00

Auricular Prosthesis

21086

Visit: 3

Week: 3

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Sculpting and Try-on	30	10	
	Prepare Base Color	30	15	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Final Margination and Sculpting		45	
	Preparation of Mold			60
	Visit Totals (Min.)	70	70	60
	Visit Totals (Hrs.)	1.17	1.17	1.00

Auricular Prosthesis

21086

Visit: 4

Week: 4

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Layer Coloring of Mold	30	30	
	Correct, Catalyze, and Add Base Color	10	10	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Process and Retrieval			50
	Margination and Processing Error Correction		30	
	Visit Totals (Min.)	50	70	50
	Visit Totals (Hrs.)	0.83	1.17	0.83

Auricular Prosthesis

21086

Visit: 5

Week: 5

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-on and Establishment of Final Prosthesis Margins	20	15	
	Surface Tinting and Color Correction	30	20	
	Patient/Family Instructions	20		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	75	35	
	Visit Totals (Hrs.)	1.25	0.58	0.00

Auricular Prosthesis

21086

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 6			
Week: 7			
Step Description			
Prosthesis Evaluation and Clinical Exam	15		
Color and Contour Adjustments	30	20	
Patient/Family Instructions	10		
Coordination and Follow-up	5		
Visit Totals (Min.)	60	20	
Visit Totals (Hrs.)	1.00	0.33	0.00

Auricular Prosthesis

21086

Visit: 7

Week: 11

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Prosthesis Evaluation and Clinical Exam	10		
	Minor Color and Contour Adjustments	15	15	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	40	15	
	Visit Totals (Hrs.)	0.67	0.25	0.00

Auricular Prosthesis

21086

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Total Procedure Minutes	455.00	325.00	140.00
Total Procedure Hours	7.58	5.42	2.33

Total Service (Direct and Indirect) Time:	15.333
Total Direct Physician Hours:	13.000
% of Direct time = Physician Laboratory:	0.42
% of Total Service Time = Technician:	0.15
Total Visits:	7

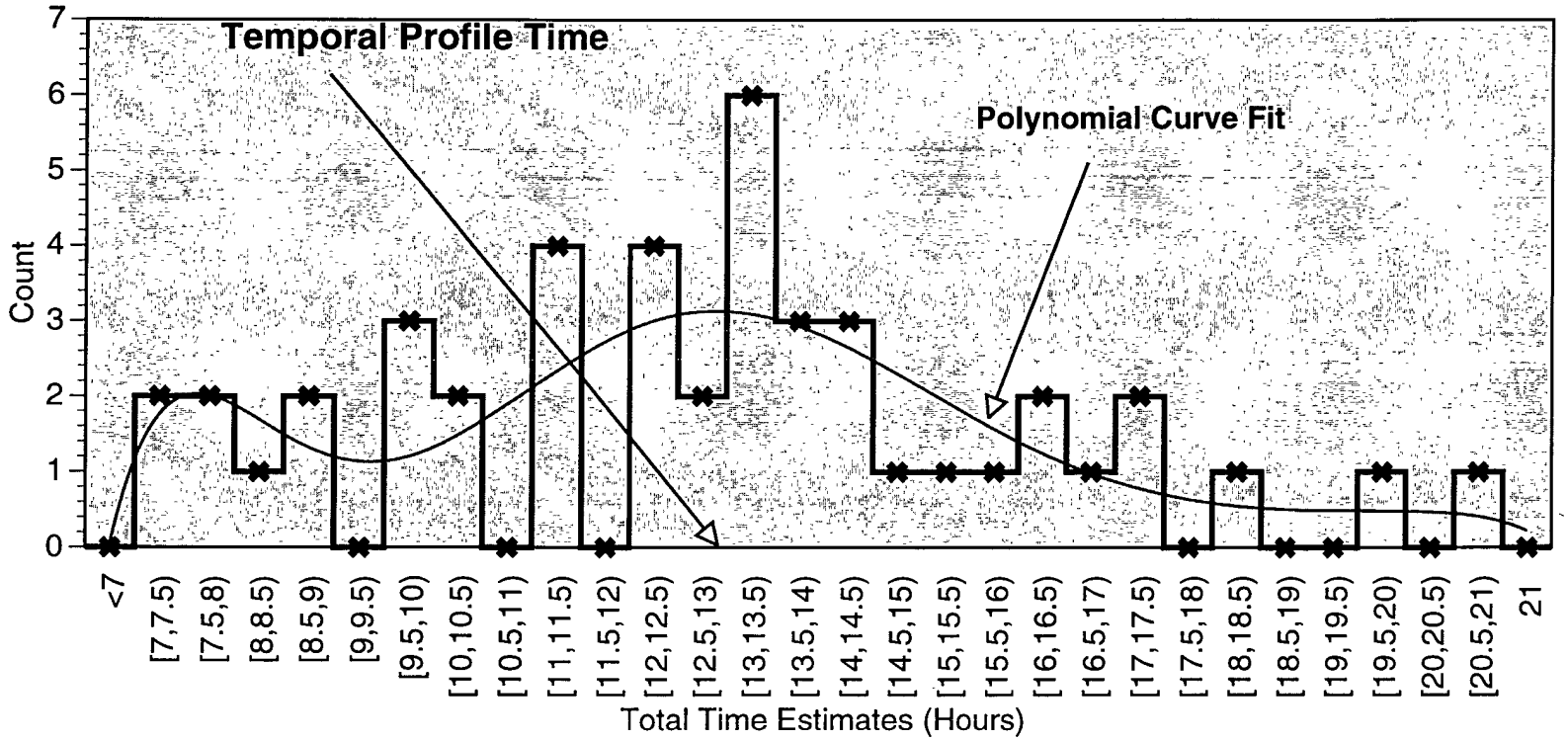
Auricular Prosthesis
21086

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Auricular Prosthesis



Median = 13 hrs.
Count = 45

Auricular Prosthesis Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
66.58	56.55	7.49	3198.36	84.94	57
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	240	240	3795	431775	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	28.75	60	90	150
# > 90th %:					
5					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
622.07	320.92	42.88	102987.45	51.59	56
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
150	1800	1650	34836	27334790	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	300	388.5	600	780	1002.6
# > 90th %:					
6					

Auricular Prosthesis Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
113.04	102.57	13.71	10521.53	90.75	56
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	600	600	6330	1294200	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
2	30	60	75	120	240
# > 90th %:					
5					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
13.15	6.06	.8	36.67	46.06	57
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.5	37	36.5	749.35	11905	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	6.66	9.5	13	15.62	21.04
# > 90th %:					
6					

Nasal Prosthesis
21087

Nasal Prosthesis

21087

Visit: 1

Week: 1

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Review History	10	10	
	Clinical Exam	5		
	Defect Preparation and Master Impression	30	15	
	Patient/Family Counselling	15		
	Coordination and Follow-up	10		
	Telephone and Other Consultations		30	
	Reports and Letters (Financial and Referral)		45	
	Cast Production			30
	Visit Totals (Min.)	70	100	30
	Visit Totals (Hrs.)	1.17	1.67	0.50

Nasal Prosthesis

21087

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect Preparation	5		
	Mastercast Adjustments, Sculpting and Try-on	60	15	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	80	15	
	Visit Totals (Hrs.)	1.33	0.25	0.00

Nasal Prosthesis

21087

Visit: 3

Week: 3

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Final Sculpting and Try-on	30	10	
	Prepare Base Color	30	15	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Final Margination and Sculpting		45	
	Preparation of Mold			60
	Visit Totals (Min.)	70	70	60
	Visit Totals (Hrs.)	1.17	1.17	1.00

Nasal Prosthesis

21087

Visit: 4

Week: 4

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Layer Coloring of Mold	30	30	
	Correct, Catalyze, and Add Base Color	10	10	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Process and Retieval			50
	Margination and Processing Error Correction		30	

Visit Totals (Min.)	50	70	50
Visit Totals (Hrs.)	0.83	1.17	0.83

Nasal Prosthesis

21087

Visit: 5

Week: 5

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Try-on and Establishment of Final Prosthesis Margins	25	15	
	Surface Tinting and Color Corrections	30	20	
	Patient/Family Instructions	20		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	80	35	
	Visit Totals (Hrs.)	1.33	0.58	0.00

Nasal Prosthesis

21087

Visit: 6

Week: 7

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Prosthesis Evaluation and Clinical Exam	15		
	Color and Contour Adjustments	30	20	
	Patient/Family Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	60	20	
	Visit Totals (Hrs.)	1.00	0.33	0.00

Nasal Prosthesis

21087

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 7			
Week: 11			
Prosthesis Evaluation and Clinical Exam	15		
Color and Contour Adjustments	15	15	
Patient/family Instructions	10		
Coordination and Follow-up	5		
Visit Totals (Min.)	45	15	
Visit Totals (Hrs.)	0.75	0.25	0.00

Nasal Prosthesis

21087

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Total Procedure Minutes	455.00	325.00	140.00
Total Procedure Hours	7.58	5.42	2.33

Total Service (Direct and Indirect) Time:	15.333
Total Direct Physician Hours:	13.000
% of Direct time = Physician Laboratory:	0.42
% of Total Service Time = Technician:	0.15
Total Visits:	7

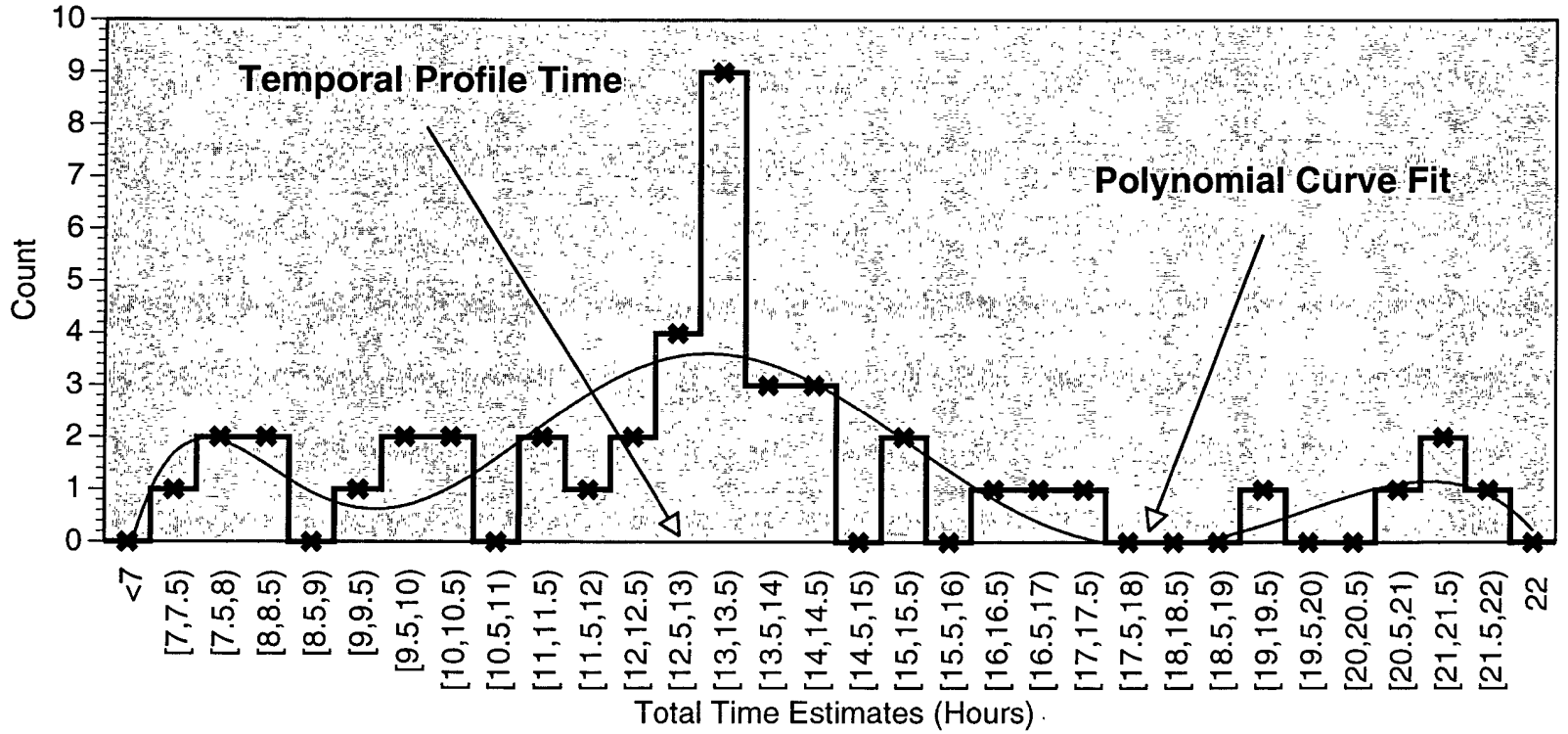
Nasal Prosthesis
21087

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Nasal Prosthesis



Median = 13 hrs.
Count = 44

Nasal Prosthesis
Graphs and Tables

Nasal Prosthesis Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
61.52	51.44	6.87	2646.29	83.62	56
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	190	190	3445	357475	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	25	60	90	120
# > 90th %:					
5					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
649.82	337.81	45.55	114118.41	51.99	55
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
150	1800	1650	35740	29386896	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	300	413.75	600	780	1140
# > 90th %:					
5					

Nasal Prosthesis Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
117.18	104.93	14.15	11010.89	89.55	55
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	600	600	6445	1349825	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
2	30	60	80	120	240
# > 90th %:					
5					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
13.58	6.09	.81	37.06	44.83	56
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.42	35	34.58	760.5	12366.07	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	7.05	9.75	13	15.5	21.95
# > 90th %:					
6					

Surgical Obturator
210XX-1

Surgical Obturator

210xx-1

Visit: 1

Week: 1

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Review Med History	10	10	
	Review Radiographs		5	
	Clinical Exam	10		
	Tray Selection and Impressions	10		
	Maxillomandibular Relation	10		
	Family/Patient Counselling	15		
	Coordination and Planning	10		
	Telephone and Other Consults		15	
	Reports and Letters		45	
	Cast Production			20
	Cast Preparation (Articulate and Modify)		15	15
	Design, Wax-up and Contour Establishment		20	
	Flask, Process, and Retrieval			80
	Final Preparation (Trim, Retaining Brackets, Holes, etc.)		15	20

Surgical Obturator

210xx-1

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit Totals (Min.)	65	125	135
Visit Totals (Hrs.)	1.08	2.08	2.25

Surgical Obturator

210xx-1

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 2			
Week: 1			
Step Description			
OR- Scrub	10		
OR- Modification and Placement	45		
Visit Totals (Min.)	55		
Visit Totals (Hrs.)	0.92	0.00	0.00

Surgical Obturator

210xx-1

Visit: 3

Week: 1

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Clinical Exam	5		
	Remove Packing or Retentive Sutures	15		
	Debride Defect	5		
	Adjustments and Modification of Acrylic Base	15	10	
	Soft Liner Placement and Modification	15	15	
	Patient and Family Counselling	15		
	Coordination and Follow-up	5		

Visit Totals (Min.)	75	25	
Visit Totals (Hrs.)	1.25	0.42	0.00

Surgical Obturator

210xx-1

Visit: 4

Week:

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect and Oral Debridement	10		
	Adjustments and Modification of Base	15	10	
	Remove and Replace Soft Liner	15	15	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	50	25	
	Visit Totals (Hrs.)	0.83	0.42	0.00

Surgical Obturator

210xx-1

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Procedure Totals (Min.)	245.00	175.00	135.00
Procedure Totals (Hrs.)	4.08	2.92	2.25

Total Direct and Indirect Hours:	9.25
Total Direct Hours:	7.00
% of Direct time = Physician Laboratory:	0.42
% of Total Service Time = Technician:	0.24
Total Visits:	4

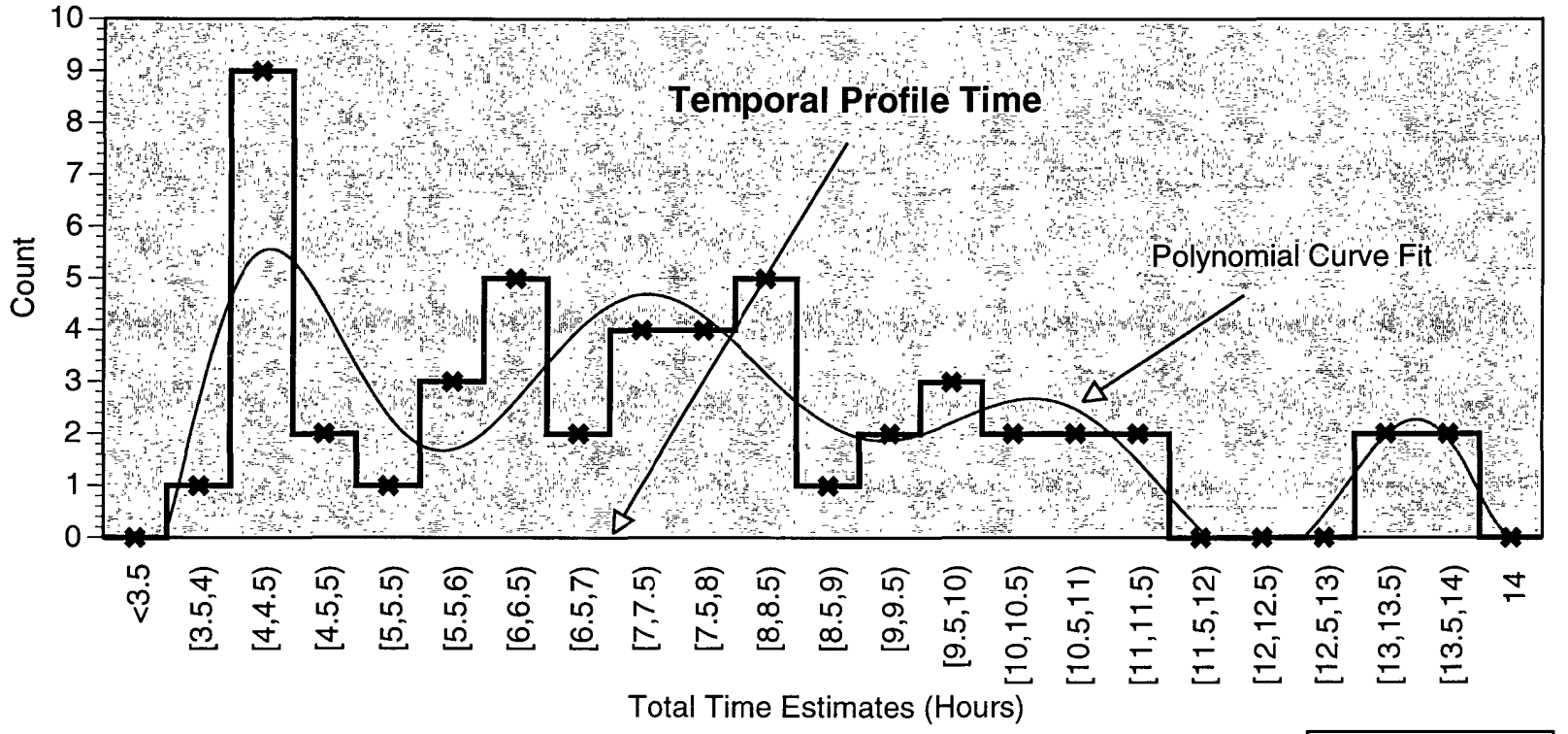
Surgical Obturator
210XX-1

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Surgical Obturator



Surgical Obturator Time Statitistcs

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
109.45	90.09	11.26	8116.76	82.31	64
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	480	480	7005	1278075	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	30	45	60	165	240
# > 90th %:					
4					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
242.05	196.88	25.21	38761.15	81.34	61
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
30	960	930	14765	5899525	3
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	60	120	180	300	480
# > 90th %:					
5					

Surgical Obturator Time Statitistcs

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
170.48	162.39	20.62	26370.25	95.25	62
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	780	780	10570	3410600	2
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	60	60	120	240	387
# > 90th %:					
6					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
8.42	5.79	.72	33.53	68.76	64
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.42	27	26.58	539.01	6652.18	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
6	3.47	4.38	7	9.96	14.12
# > 90th %:					
6					

Orbital Prosthesis
210XX-2

Orbital Prosthesis

210xx-2

Visit: 1 Week: 1 Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Review History	10	10	
	Clinical Exam	5		
	Defect Preparation and Master Impression	30	15	
	Patient/Family Counselling	20		
	Coordination and Follow-up	10		
	Telephone and Other Consultations		30	
	Reports and Letters (Financial and Referral)		45	
	Cast Production			30

	Clinical	Physician Lab. or Clerical	Technician
Visit Totals (Min.)	75	100	30
Visit Totals (Hrs.)	1.25	1.67	0.50

Orbital Prosthesis

210xx-2

Visit: 2

Week: 2

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect Preparation	10		
	Select Stock Ocular Prosthesis, Try on Base, Verify Margins	30	25	
	Patient/Family Instructions	15		
	Coordination and Follow-up	5		
	Flask Ocular for Color Modification			45
	Visit Totals (Min.)	60	25	45
	Visit Totals (Hrs.)	1.00	0.42	0.75

Orbital Prosthesis

210xx-2

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 3			
Week: 3			
Defect Preparation	5		
Adjust Color of Ocular Prosthesis	40	15	30
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	55	15	30
Visit Totals (Hrs.)	0.92	0.25	0.50

Orbital Prosthesis

210xx-2

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 4			
Week: 4			
Step Description			
Defect Preparation	5		
Locate Ocular Prosthesis	30		
Initial Lid and Suface Contours	30	15	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	75	15	
Visit Totals (Hrs.)	1.25	0.25	0.00

Orbital Prosthesis

210xx-2

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 5			
Week: 5			
Defect Preparation	5		
Try-on, Surface and Positional Corrections	45	20	
Patient/Family Instructions	5		
Coordination and Follow-up	5		
Visit Totals (Min.)	60	20	
Visit Totals (Hrs.)	1.00	0.33	0.00

Orbital Prosthesis

210xx-2

Visit: 6

Week: 6

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Defect Preparation	5		
	Final Sculpted Try-on and Corrections	30	20	
	Patient/Family Instructions	5		
	Coordination and Follow-up	5		
	Final Contouring and Adjustments		60	
	Mold Preparation			75

Visit Totals (Min.)	45	80	75
Visit Totals (Hrs.)	0.75	1.33	1.25

Orbital Prosthesis

210xx-2

Visit: 7

Week: 7

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Base Shade Preparation	30	15	
	Layer Coloring of Mold	30	30	
	Coordination and Follow-up	5		
	Processing and Retrieval			60
	Margination and Processing Error Corrections		45	

Visit Totals (Min.)	65	90	60
Visit Totals (Hrs.)	1.08	1.50	1.00

Orbital Prosthesis

210xx-2

Step Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
Visit: 8			
Week: 8			
Fit Prosthesis to Defect	30	15	
Coloring, Eyelash, and Contouring Changes	30	15	
Patient/Family Instructions	25		
Coordination and Follow-up	5		
Visit Totals (Min.)	90	30	
Visit Totals (Hrs.)	1.50	0.50	0.00

Orbital Prosthesis

210xx-2

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Visit: 9			
Week: 9			
Step Description			
Clinical Exam	5		
Adjustments to Prosthesis Base and Surface	30	20	
Patient/Family Instructions	20		
Coordination and Follow-up	5		
Visit Totals (Min.)	60	20	
Visit Totals (Hrs.)	1.00	0.33	0.00

Orbital Prosthesis

210xx-2

Visit: 10

Week: 12

Step	Description	Time: Clinical	Time: Physician Lab. or Clerical	Time: Technician
	Clinical Exam	5		
	Adjustments to Prosthesis Base and Surface	30	20	
	Patient/Familly Instructions	10		
	Coordination and Follow-up	5		
	Visit Totals (Min.)	50	20	
	Visit Totals (Hrs.)	0.83	0.33	0.00

Orbital Prosthesis

210xx-2

	Time		
	Clinical	Physician Lab. or Clerical	Technician
Total Procedure Minutes	635.00	415.00	240.00
Total Procedure Hours	10.58	6.92	4.00

Total Service (Direct and Indirect) Time:	21.500
Total Direct Physician Hours:	17.500
% of Direct time = Physician Laboratory:	0.40
% of Total Service Time = Technician:	0.19
Total Visits:	10

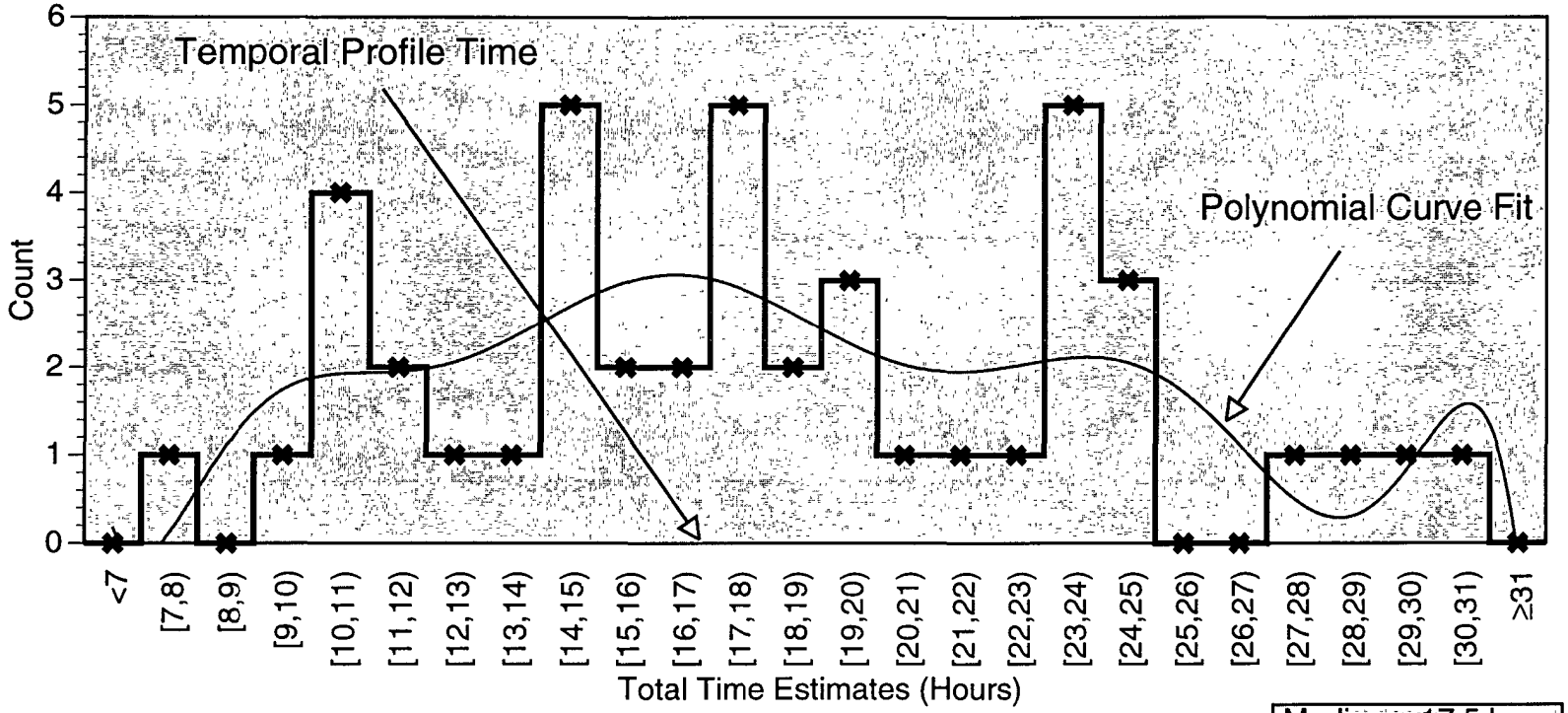
Orbital Prosthesis
210XX-2

Selected Survey Graphs and Tables

Frequency Distribution for Total Times

(10th%<Total Time<90th%)

Orbital Prosthesis



Orbital Prosthesis Time Statistics

X_1: Pre-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
70.19	55.3	7.53	3058.46	78.8	54
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	180	180	3790	428100	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
0	0	30	60	120	150
# > 90th %:					
4					

X_2: Intra-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
930.72	546	75	298120.48	58.66	53
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
180	2880	2700	49328	61412672	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	354	511.25	834	1200	1730.8
# > 90th %:					
5					

Orbital Prosthesis Time Statistics

X_1: Post-Service Time

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
143.68	149.16	20.49	22249.18	103.82	53
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
0	900	900	7615	2251075	1
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	57	60	120	180	312
# > 90th %:					
5					

X_2: Total Time (Hours)

Mean:	Std. Dev.:	Std. Error:	Variance:	Coef. Var.:	Count:
18.74	9.82	1.34	96.53	52.41	54
Minimum:	**Maximum:**	**Range:**	**Sum:**	**Sum of Sqr.:**	**# Missing:**
.83	59	58.17	1012.21	24089.56	0
# < 10th %:	**10th %:**	**25th %:**	**50th %:**	**75th %:**	**90th %:**
5	7.45	12	17.5	23.5	30.36
# > 90th %:					
5					

Summary
of
Procedural Time Values

Procedure	CPT	Direct DDS Time	Indirect DDS Time	Technican Time	Percent DDS Lab/Clerical Time	Total Direct and Indirect DDS Time	Total Procedure Time
Interim Obturator	21079	7.25	4.25	4.50	37.0	11.50	16.00
Definitive Obturator	21080	7.92	5.08	5.67	39.1	13.00	18.67
Mand. Resection	21081	6.25	5.92	5.92	48.6	12.17	18.09
Palatal Augment.	21082	6.75	4.00	9.92	37.2	10.75	20.67
Palatal Lift Prosthesis	21083	6.08	3.92	7.42	39.2	10.00	17.42
Speech Aid	21084	6.83	4.92	7.92	41.9	11.75	19.67
Surgical Splint	21085	2.08	2.83	3.58	57.6	4.91	8.49
Auricular Prosthesis	21086	7.58	5.42	2.33	41.7	13.00	15.33
Nasal Prosthesis	21087	7.58	5.42	2.33	41.7	13.00	15.33
Surgical Obturator	210XX-1	4.08	2.92	2.25	41.7	7.00	9.25
Orbital Prosthesis	210XX-2	10.58	6.92	4.00	39.5	17.50	21.50

it is specific to the pediatric population; and, as such, is always performed with general anesthesia. We agreed with the specialty society that this procedure is incorrectly valued for the nonfacility setting and proposed to accept its recommendation to remove the nonfacility direct PE inputs, revising the PE database accordingly.

Comment: The specialty society thanked us for accepting its recommendation to remove the nonfacility PE for this procedure. However, the society indicated that a review of the PE database on our Web site indicated that these inputs were still included and suggested that they be deleted.

Response: We appreciate the commenter's attention to detail and have removed the PE inputs from the PE database.

(viii) Maxillofacial Prosthetics

We have been working with the society representing maxillofacial prosthetists since 2005 to establish nonfacility direct inputs for the prosthetic services represented by the CPT code series, 21076 through 21087. The current PE database reflects the labor, supplies, and equipment needed to perform each procedure. However, we do not have pricing information and documentation for many supply items. The society provided information and documentation for equipment prices, but because specific time-in-use information was not provided, we developed time in use in 2006 for each equipment item in each procedure. For CY 2007, these equipment inputs were utilized under the new PE methodology to calculate the nonfacility PE RVUs for these procedures. Although we have asked the specialty society to provide the supply pricing information and time in use data for each equipment item for each procedure, we have not received the requested information to date. Consequently, unless such information is provided, the PE database will continue to have no prices associated with these supplies. Therefore, in the CY 2008 PFS proposed rule, we proposed to cap the time in use for each equipment item at 25 minutes until specific information is received regarding the actual time in use. Tables listing the needed information for were included in the proposed rule.

Comment: The specialty society representing the maxillofacial prosthetists supplied us with some of the requested information. The society provided us with the time-in-use data for every piece of equipment for each of the procedures in the CPT code series 21076 through 21087. The specialty also provided prices for the supply items used in this code series; however, it did not provide any documentation to support these prices.

Response: We appreciate the information provided by the specialty, especially that in relation to the equipment time-in-use. The recommended equipment times were compared with the total clinical labor time for each procedure and times that were greater were reduced to equal the labor time, in accordance with our usual allocation policy. Capping the equipment time-in-use to match the labor time affected 4 pieces of equipment in every procedure including: the dental chair, ceiling light, air compressor, and delivery unit. For 3 of these codes, the time-in-use for a 5th piece of equipment, the washout and curing unit, was also capped. We will accept the specialty's equipment time-in-use information, with the aforementioned variances, and have changed the PE database accordingly.

We regret that documentation for the supply prices was not forwarded. We did, however, receive a catalog documented pricing for articulating paper/ribbon that was submitted by a different specialty in reference to another CPT code, and have entered this price in the PE database for 8 of the 10 codes in this family, as appropriate. The specialty is reminded that our policy for accepting prices for supplies or equipment in the PE database requires the submission of acceptable documentation, the definition of which is specified below the table that appeared in the proposed rule listing the outstanding prices for supply items needing documentation. We will continue to work with the specialty as it collects and forwards this important information.

(ix) Requests for Increases in Supply Prices

We received a request from the specialty society for obstetrics and gynecology to increase the price of supply item (kit, hysteroscopic tubal implant for sterilization) for CPT code 58565, *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants* for this code which was created for CY 2005. This hysteroscopic implant kit is priced at $980 and the specialty is now requesting a price of $1,245, providing an invoice for documentation. The specialty reports that the higher price is attributed to a manufacturer change in design and materials, and submitted the manufacturer's documents supporting these changes that were used to secure FDA approval. Therefore, we proposed to accept the new price of $1,245 for the hysteroscopic implant kit due to the changes made in the modified model.

Comment: We did not receive comments on this proposal.

Response: We will finalize our proposed price of $1,245 for the hysteroscopic implant kit and will amend our PE database, as appropriate.

(x) Supply and Equipment Items Needing Specialty Input

We have identified certain supply and equipment items for which we were unable to verify the pricing information (see Table 2: Supply Items Needing Specialty Input for Pricing and Table 3: Equipment Items Needing Specialty Input for Pricing). In our CY 2008 PFS proposed rule, we listed both supply and equipment items for which pricing documentation was needed from the medical specialty societies and, for many of these items, we received sufficient documentation containing specific descriptors and pricing information in the form of catalog listings, vendor Web pages, invoices, and manufacturer quotes. We have accepted the documented prices for many of these items and these prices are reflected in the PE RVUs in Addendum B of this final rule with comment period. For the items listed in Tables 2 and 3, we are requesting that commenters provide pricing information on items in these tables along with acceptable documentation, as noted in the footnote to each table, to support recommended prices. For supplies or equipment that have previously appeared on this list, and for which we received no or inadequate documentation, we proposed to delete these items unless we receive adequate information to support current pricing by the conclusion of the comment period for this proposed rule.

In Tables 4 and 5, we have listed new supplies and equipment from the new CPT codes for CY 2008 that are discussed elsewhere in this final rule with comment period. These items have been added to the PE database and, where priced, are reflected in the PE RVUs in Addendum B.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: New Technology/New Services

September 2026

Exclusion of Left Atrial Appendage – Tab 09

CPT codes 33267, 33268 and 33269 were placed on the New Technology/New Services list. In April 2026, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2022, 2023 and 2024). The RUC recommended that these services should be surveyed for September 2026.

33267 ***Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)***
The RUC reviewed the survey results from 51 thoracic surgeons and determined the current work RVU of 18.04 appropriately accounts for the work required to perform this service. The RUC recommends 43 minutes pre-evaluation time, 11 minutes positioning time, 15 minutes scrub/dress/wait time, 80 minutes intra-service time, 30 minutes immediate post-service time, 1-99291, 1-99233, 1-99232, 1-99239 and 2-99213 post-operative visits as supported by the survey, totaling 445 minutes. The specialty societies indicated that the level of hospital visits has changed due to the increased acuity/complexity and comorbidities of the patients.

While there was a slight decrease in the intra-service time for CPT code 33267, the total time for the procedure increased by 46.25 minutes. This is due to the change in the post-hospital visit pattern shifting from 1-99291 and 2-99232 level visits to a 1-99291, 1-99233 and 1-99232 level visit pattern. The survey also indicated a change in the discharge day visit with 1-99239 level discharge day visit instead of 1-99238 discharge day visit. Finally, the survey supported a change in the number of office visits with 2-99213 visits instead of 1-99213 visit. The specialty societies indicated that the intra-service time change is because the majority of the patients undergoing the exclusion of the left atrial appendage (LAA) repair are now performed using a clip whereas when the procedure was originally valued, some of the other methods (e.g., oversewing, ligation) were more commonly used. The increase in the total time is due to the increased complexity of the patient receiving this procedure. With advancements in transcatheter technologies, the majority of patients with atrial fibrillation are now typically treated with medication or a transcatheter device. If the patient cannot be treated with these methods, they would be treated using a thoracoscopic LAA exclusion. Only patients where that treatment fails or those that have comorbidities such as peripheral artery disease, previous thoracic surgery, previous stroke, advanced renal disease and cannot be treated using a transcatheter technique or thoracoscopically will undergo open LAA exclusion. This has resulted in sicker, more complex patients, typically with more comorbidities, who receive this procedure. As such, post-operative care for the typical patient has also increased, as it takes longer for these higher acuity patients to stabilize during the post-operative period.

The RUC agreed that the slight decrease in intra-service time reflects the increased use of a clip rather than the historically more time-consuming cut-and-sew or ligation techniques. Although the clip can be applied more quickly now, the procedure retains the same level of complexity and intensity because the left atrial appendage is located posteriorly near critical cardiac structures, requiring the same degree of surgical judgment, precision, and care.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The specialty societies explored the availability of extant data for this service. For each code under review, the specialty societies evaluate: the amount of time available to obtain the data; whether the STS National Database™ collects data on the procedure; whether the procedure can be unequivocally mapped to a CPT code; the volume of the procedure; whether Database reporting for the procedure is mandatory; and whether the code or codes meet the agreed-upon criteria.

The RUC noted that the approved criteria for when the STS will provide STS National Database™ data for surveyed codes are as follows: For codes whose values are being revised, the STS will utilize the STS National Database™ when accurate and sufficient data are available for specific use. The STS proposed a 95th percentile confidence interval with a +-5% variability as criteria to include STS data. Additionally, in April 2017, the RUC confirmed that specialty societies should provide both median and mean for extant data sources as these summary data would provide the RUC with a more complete picture of central tendency. The RUC determined that providing both the median and mean data would provide information as to whether the dataset is negatively or positively skewed and to what degree.

The specialty societies were able to provide four years (2022-2025) of data from the RUC approved extant database - Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) for low volume CPT code 33267. The RUC determined that the STS Database mean "skin-to-skin" time of 112.5 minutes and median "skin-to-skin" time of 88 minutes supports the surveyed intra-service time of 80 minutes. The STS ACSD data confirmed that acuity of the typical patient has increased form 2022-2025: the mean age of the patient increased by two years, the median age increased by a year; the total time in the ICU went up from 37.2 hours to 59.3 hours; the total time in the operating room went up by 5 minutes; the total time on the ventilator went up from 4.6 hours to 7.3 hours; the length of stay went up from 4.5 to 5.7 days; and most significantly is that patients with cerebrovascular disease and prior stroke increased from 69% to 85%.

The RUC agreed that the acuity of the typical patient has increased, thus to support maintaining the current value, the RUC compared the surveyed code to the top key reference service 33254 *Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)* (work RVU = 23.12, 117 minutes intra-service time and 413 minutes total time) and the second top key reference service 33020 *Pericardiotomy for removal of clot or foreign body (primary procedure)* (work RVU = 13.95 and 58.50 minutes intra-service time and 319.50 minutes total time), noting that they bracket the surveyed service regarding the physician work and intra-service time required to perform these services. Of the respondents who chose the second key reference service, 33020, 86% indicated that the surveyed code is overall somewhat more intense and complex to perform, thus is valued higher.

For additional support, the RUC referenced MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* (work RVU = 17.31, 100.43 minutes intra-service time and 334.43 minutes total time) and CPT code 32651 *Thoracoscopy, surgical; with partial pulmonary decortication* (work RVU = 18.31, 68.25 minutes intra-service time and 500.25 minutes total time) and noted these services bracket the surveyed code related to the physician work and time required to perform these services. **The RUC recommends a work RVU of 18.04 for CPT code 33267.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

33268 ***Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 75 thoracic surgeons and determined a work RVU of 1.17, a direct crosswalk to CPT code 93584 *Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)* (work RVU = 1.17, 9.75 minutes of intra-service and total time), accurately reflects the physician work necessary to perform this service. The RUC recommends 10 minutes of intra-service and total time for CPT code 33268.

The specialty societies explored the availability of extant data for this service. For each code under review, the specialty society evaluates: the amount of time available to obtain the data; whether the STS National Database™ collects data on the procedure; whether the procedure can be unequivocally mapped to a CPT code; the volume of the procedure; whether Database reporting for the procedure is mandatory; and whether the code or codes meet the agreed-upon criteria. The specialty societies were unable to obtain extant data for add-on code 33268 based on a lack of the aforementioned criteria.

For additional support, the RUC referenced MPC codes 64480 *Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.17, 14.63 minutes intra-service and total time) and noted this service require similar physician work and time and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 1.17 for CPT code 33268.**

33269 ***Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)***
The RUC reviewed the survey results from 52 thoracic surgeons and determined the current work RVU of 13.95 appropriately accounts for the work required to perform this service. The RUC recommends 44 minutes pre-evaluation time, 13 minutes pre-positioning time, 15 minutes scrub/dress/wait time, 60 minutes intra-service time, 30 minutes immediate post-service time, 1-99233, 1-99232, 1-99238 and 1-99213 post-operative visit as supported by the survey, totaling 318 minutes.

The RUC noted there was a slight decrease of 3.38 minutes in the intra-service time. The specialty societies indicated that as with the open code, 33267, the slight decrease in intra-service time is again due to the predominate use of a clip for exclusion of the LAA as opposed to other techniques (oversewing, ligation). Although the clip can be applied more quickly now, the procedure retains the same level of complexity and intensity because the left atrial appendage is located posteriorly near critical cardiac structures, requiring the same degree of surgical judgment, precision, and care.

The specialty societies explored the availability of extant data for this service. For each code under review, the specialty societies evaluate: the amount of time available to obtain the data; whether the STS National Database™ collects data on the procedure; whether the procedure can be unequivocally mapped to a CPT code; the volume of the procedure; whether Database reporting for the procedure is mandatory; and whether the code or codes meet the agreed-upon criteria.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC noted that the approved criteria for when the STS will provide STS National Database™ data for surveyed codes are as follows: For codes whose values are being revised, the STS will utilize the STS National Database™ when accurate and sufficient data are available for specific use. The STS proposed a 95th percentile confidence interval with a +-5% variability as criteria to include STS data. Additionally, in April 2017, the RUC confirmed that specialty societies should provide both median and mean for extant data sources, as these summary data would provide the RUC with a more complete picture of central tendency. The RUC determined that providing both the median and mean data would provide information as to whether the dataset is negatively or positively skewed and to what degree.

The specialty societies were able to provide four years (2022-2025) of data from the RUC approved extant database - Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) for low volume CPT code 33269. The RUC determined that the STS Database mean "skin-to-skin" time of 62.3 minutes and median "skin-to-skin" time of 51 minutes supports the surveyed intra-service time of 60 minutes. The STS ACSD data confirmed that acuity of the typical patient has increased form 2022-2025: while patients with diabetes decreased 32.3% to 27.8%, the number of patients taking insulin increased from 18.6% to 27.5%; chronic lung disease of mild to moderate went from 14.3% to 20.9%; patients with liver disease went from 3.4% to 4.8% and patients with liver cirrhosis went from 1.8% to 3.2%; immunocompromised patients went from 8.3% to 8.5%; patients with cerebrovascular disease went from 37.8% to 39.1%; and those patients with prior stroke increased from 72.0% to 78.4%.

The RUC compared the surveyed code to the top key reference service 32654 *Thoracoscopy, surgical; with control of traumatic hemorrhage* (work RVU = 20.01, 69.23 minutes intra-service time and 513.23 minutes total time) and the second top key reference service 32651 *Thoracoscopy, surgical; with partial pulmonary decortication* (work RVU = 18.31, 68.25 minutes intra-service time and 500.25 minutes total time), and determined that the survey code required less physician work and much less total time, thus appropriately valued lower than both key reference services.

The RUC agreed that the acuity of the typical patient has increased and thus, to support maintaining the current value, the RUC referenced code 33020 *Pericardiotomy for removal of clot or foreign body (primary procedure)* (work RVU = 13.95, 58.5 minutes intra-service time and 319.5 minutes total time), which requires nearly the same intra-service time and total time as the surveyed code, thus are both valued the same.

For additional support the RUC referenced MPC codes 19303 *Mastectomy, simple, complete* (work RVU = 14.63, 87.75 minutes intra-service time and 280.75 minutes total time) and 67036 *Vitrectomy, mechanical, pars plana approach;* (work RVU = 11.83, 48.75 minutes intra-service time and 248.75 minutes total time) and noted these services require similar physician work and time, bracket the surveyed code in terms of intra-service time and work RVU and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 13.95 for CPT code 33269.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Heart and Pericardium** **Electrophysiologic Operative Procedures** **Incision**			
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (Do not report 33267 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430) (Do not report 33267 in conjunction with other sternotomy or thoracotomy procedures performed during the same session)	090	18.04 (No Change) (2026 Work RVU =18.04)
+33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure) (Use 33268 in conjunction with primary procedures performed via sternotomy or thoracotomy approach) (Do not report 33268 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430)	ZZZ	1.17 (2026 Work RVU = 2.44)
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (Do not report 33269 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430)	090	13.95 (No Change) (2026 Work RVU = 13.95)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33267 Tracking Number Original Specialty Recommended RVU: **18.04**
Presented Recommended RVU: **18.04**
Global Period: 090 Current Work RVU: **18.04** RUC Recommended RVU: **18.04**

CPT Descriptor: Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male, who is status post left-lung resection, presents with persistent atrial fibrillation and a CHADS2 (stroke risk) score of 4. Recurrent, significant gastrointestinal bleeding episodes preclude anticoagulation therapy. He is deemed a poor candidate for a left atrial appendage (LAA) endovascular occlusion device. Because of anticipated dense adhesions within the left chest cavity, a thoracoscopic approach is contraindicated and an open approach to LAA exclusion (eg, ligation, plication, clip) is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 4% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 92%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 96%

Description of Pre-Service Work: Perform a complete or interval history and comprehensive physical examination. Write preoperative orders and review the work-up and notes from the referring and primary physicians, if available. Review preoperative imaging and laboratory studies. Obtain a cardiology assessment and pulmonary assessment, as indicated. Review the indications, the surgical procedure, including the expected surgical approach and method of LAA exclusion and possible alternatives, the expected recovery, and the expected outcomes including potential complications, with the patient and the patient's family. Answer the family's questions and obtain informed consent. Confirm the operating room (OR) start time and notify the patient and the patient's family. Confirm the availability of the surgical assistant. Identify the patient, mark the surgical site per hospital policy, and answer any questions from the patient's family. Ensure the availability of blood and/or a crossmatch and any special instruments or medical devices. Review the planned incision and procedure. Review the length and type of anesthesia with the anesthesiologist. Ensure the anesthesiologist and the perfusionist are prepared for circulatory arrest if needed. Plan invasive monitoring, including use of an arterial line (right radial only) and a pulmonary artery catheter. Ensure the patient is properly positioned with the patient's left side slightly elevated. Position appropriate padding to prevent untoward peripheral neurologic injury during the operation. The surgeon scrubs and puts on a gown and gloves. Prepare and drape the skin of the patient's chest and abdomen.

Description of Intra-Service Work: Under general anesthesia, make a thoracotomy incision and carefully enter the chest over the top of the sixth rib using electrocautery. If necessary, remove a segment of rib to prevent trauma when spreading of the ribs for exposure. Collapse the left lung and institute single-lung ventilation of the right lung to facilitate exposure. Separate adhesions between the lung and the pericardium to avoid lung parenchymal injury, as well as injury to the phrenic nerve. Open the pericardium posterior to the phrenic nerve. Carefully dissect any adhesions off the LAA and expose and measure the base. Under transesophageal echocardiography (TEE) guidance, staple, clip, or ligate the base of the LAA. Use TEE to confirm there is no flow into the LAA. This can be done either off (most commonly) or on cardiopulmonary bypass (femoral cannulation) (reported separately). Leave the pericardium open. Perform an intercostal nerve block for postoperative analgesia. Place a left chest tube or drain. Expand the left lung. Conduct a careful check for hemostasis

and/or lung parenchymal air leaks. Close the thoracotomy incision in layers by approximating the muscles, subcutaneous tissue, and skin. Extubate the patient and transport the patient to the recovery area.

Description of Post-Service Work: Perform a post procedure debriefing. Apply sterile dressings. Monitor the patient during reversal of anesthesia. Assist in transferring the patient from the operating table to the cart. Monitor the transport of the patient from the OR to the recovery room. Review the patient's chart notes from the nursing and other staff. Answer questions from the patient and the patient's family. Answer questions from the nursing and other staff. Write orders for the following days' laboratory tests, films, medications, diet, and patient activity. Discuss the outcome of the procedure with the patient's family. Review the postoperative chest X ray, arterial blood gas, mixed venous saturation blood gas, cardiac output and index and pulmonary pressure parameters, and postoperative laboratory studies, including a complete blood count (CBC) and comprehensive metabolic panel (CMP). Discuss the outcome of the procedure with the referring physician. Coordinate care with other physicians. Dictate a full operative note for the patient's chart. Dictate the procedure outcome and expected recovery letter for the patient's referring physician and/or insurance company. Same-day Postoperative Critical Care: Assess the patient's neurological state. Orders sedatives, paralyzing agents, and analgesics as needed. Assess the patient's hemodynamic condition, including pulmonary artery-catheter readings and parameters and mixed venous saturation, rate, and conduction abnormalities and arrhythmias. Initiate and adjust temporary pacing as needed. Monitor blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index, mixed venous saturation, and lactic acid. Administer inotropic and vasoactive agents to minimize adverse end-organ effects. Monitor chest tube output and data to determine if blood and/or blood products are needed and if other adjunctive pharmacologic therapies should be considered for coagulopathy. Assess the respiratory system, urine output, renal and brain function. Assess the chest X ray. Discuss interval plans with the nursing staff and set parameters for interval adjustments in patient treatment. Postoperative Hospital Work Beginning On Postoperative Day 1 Until Discharge Day: Review the patient's chart notes with the nursing and other staff. Examine the patient daily. Inspect the wound, review chest tube output volume and consistency, and patient progress. Assess and manage patient’s renal function. Assess and manage patient’s cognitive function. Assess postoperative pain and use of analgesics. Assess respiration, character of pulmonary secretions, and the patient's ability to clear the airway. Review the patient's vital signs, intake and output, and laboratory results. Review the chest radiograph and echocardiogram, and evaluate the cardiac monitor for rate, rhythm, and presence or absence of arrhythmia. Encourage ambulation and pulmonary physiotherapy. Monitor the patient's postoperative nutritional status. Remove pacing wires and chest tube when appropriate (usually 24 to 48 hours postoperatively). Review and manage patient’s medications. Obtain and review chest X rays after tube removal. Answer questions from the patient, the patient's family, and nursing or other staff (oral and written). Discuss the patient's progress (orally and in writing) with the referring physician. Coordinate care with other physicians. Document evaluation, patient progress, and the care plan in the medical record. Discharge Day Work: Check the final pathology, laboratory, or film reports and discuss with the patient's family or caregiver. Check wounds. Review and update prescriptions. Coordinate home oxygen and dialysis. Coordinate transfer to rehab facility or SNF if patient isn’t going home. Explain wound care, dietary management, activities permitted, bathing, handling of wound, and the return appointment to the office. Outline expectations for recovery and describe potential complications. Coordinate care with other physicians. Answer questions from the patient, the patient's family, and nursing and other staff. Write post discharge orders for laboratory tests, films, and medications. Explain new medications, home medications, and homeopathic agents to ensure that additional agents are compatible or will not be used. Dictate a discharge summary. Communicate with the patient's primary care physician(s). Postoperative Office Work: Review medications and determine compliance. Review interval encounters with other care providers. Check wounds and patient progress. Remove sutures if necessary. Review post discharge laboratory tests or films. Write orders for medications. Answer questions from the patient and the patient's family. Discuss the patient's progress (orally and in writing) with the referring physician. Coordinate the patient's care with other physicians. Discuss progress with the patient and the patient's family. Dictate a patient progress note for the medical chart and send letters to referring physicians.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	JJoseph Turek, MD; Prashanth Vallabhajosyula, MD					
Specialty Society(ies):	STS/AATS					
CPT Code:	33267					
Sample Size:	1886	**Resp N:**	51			
Description of Sample:	US members who self-identify as adult cardiac surgeons or general thoracic surgeons					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	5.00	100.00	
Survey RVW:	10.00	15.00	**19.20**	23.00	30.00	
Pre-Service Evaluation Time:			**43.00**			
Pre-Service Positioning Time:			**11.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	5.00	45.00	**80.00**	120.00	360.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**				
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**				
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33267	**Recommended Physician Work RVU: 18.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**43.00**	**40.00**	**3.00**
Pre-Service Positioning Time:		**11.00**	**3.00**	**8.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33254	090	23.12	**RUC Time**

CPT Descriptor Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33020	090	13.95	**RUC Time**

CPT Descriptor Pericardiotomy for removal of clot or foreign body (primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.31	**RUC Time**	15,650

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protectione

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	20.63	**RUC Time**	20,549

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
32651	090	18.31	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with partial pulmonary decortication

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 27.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 33267	Top Key Reference CPT Code: 33254	2nd Key Reference CPT Code: **33020**
Median Pre-Service Time	69.00	95.00	55.00
Median Intra-Service Time	80.00	117.00	58.50
Median Immediate Post-service Time	30.00	40.00	30.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	95.0	60.00	115.00
Median Discharge Day Management Time	55.0	38.00	38.00
Median Office Visit Time	46.0	63.00	23.00
Median Total Time	**445.00**	**413.00**	**319.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	36%	21%	14%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	36%	43%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	14%	50%	36%
Physical effort required	29%	36%	36%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	57%	14%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	86%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	43%	57%
Physical effort required	0%	57%	43%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The left atrial appendage (LAA) exclusion procedures (codes 33267, 33268 and 33269) were identified under the new services/new technology screen. In April 2026, the Relativity Assessment Workgroup reviewed three years of available Medicare claims data (2022, 2023 and 2024). Based on utilization changes, changes to the typical patient, and recent guidelines changes for the add-on code, the societies recommended resurveying the codes for September 2026 and the RUC agreed.

Utilization Data

	2022	2023	2024
33267	351	248	247
33268	7,436	8,848	10,398
33269	398	352	368

The left atrial appendage (LAA) exclusion procedures include two 90-day global codes and one add-on code. The two 90-day global codes include code 33697 which is for stand-alone LAA exclusion though an open chest (median sternotomy or

thoracotomy) and code 33269 is for LAA exclusion via thoracoscopy. The add-on code 33268 is for LAA exclusion performed in conjunction with primary procedures performed via sternotomy or thoracotomy other than Maze or mitral valve procedures.

Per the utilization table above, codes 33267 and 33269 are extremely low volume procedures that will likely remain that way. Only patients that cannot be treated medically or with transcatheter LAA exclusion procedures such as the Watchman and those with comorbidities such liver disease, renal failure and previous stroke will undergo one of these procedures. As such, we expect the utilization for these two procedures to remain low. The add-on code has seen a consistent increase in utilization between 2022 and 2024 and it is expected that utilization for that procedure will continue to increase as the guidelines and indications for LAA exclusion in other open cardiac or thoracic procedures continues to evolve.

Survey Methodology
The Society of Thoracic Surgeons (STS) and the American Association for Thoracic Surgery (AATS) conducted a RUC survey of U.S. members who self-identify as adult cardiac or general thoracic surgeons and received 51 responses for 33267, 52 responses for 33269 and 75 responses for 33268. They convened an Expert Panel of adult and general thoracic surgeons to review the results.

The STS National Database™

The STS National Database™ has data on nearly 10 million procedures from more than 4,300 surgeons, including 95% of adult cardiac surgery procedures. The STS Adult Cardiac Surgery Database (ACSD) contains nearly 8.5 million adult cardiac surgical procedure records and currently has more than 3,500 participating physicians, including surgeons and anesthesiologists. At the February 2011 RUC meeting, the Research Subcommittee reviewed the STS National Database™ and determined that it met the Inclusionary/Exclusionary Criteria for extant databases. The Research Subcommittee recommended that the specialty society develop specific criteria, such as thresholds for data volume and distribution, to determine when the specialty society would be required to display extant data for a surveyed service with its RUC recommendations.

At the January 2012 RUC meeting the Research Subcommittee reviewed STS ACSD data for 850,895 individual patients undergoing procedures from 2006 through 2010. A comparison of the STS ACSD with Medicare utilization data for 2010 indicated that more than 90% of surgical procedures were captured by the Database. This finding is consistent with participation by more than 1,100 sites in the United States and the estimate that approximately 94% of sites performing cardiac surgery submit data. Each site employs a third-party administrator who manually enters 200 to 300 fields of clinical data. In addition, the Database is audited. Thus, the Database is considered a comprehensive and representative resource.

The agreed-upon criteria for when the STS will provide STS National Database™ data for surveyed codes are as follows: **For codes whose values are being revised, the STS will utilize the STS National Database™ when accurate and sufficient data are available for specific use. The STS proposed a 95th percentile confidence interval with a +-5% variability as criteria to include STS data.**

The STS ACSD does not specifically map procedures to CPT codes. Although most procedures can be unequivocally mapped to a single CPT code, the society cannot isolate data for some procedures at the specific CPT-code level. Although all procedures in the Database require reporting of "skin-to-skin" time, reporting is not mandatory for every procedure entered into the STS ACSD, particularly lower-volume procedures. Additionally, it is not always possible to isolate intra-service time for add-on procedures. For codes for which data are available, the specialty society will determine whether the data meet the agreed-upon criteria for use

The society also considers the timeframe for reviewing the codes. Because data retrieval may require substantial time and may be affected by other requests, it may not always be possible to obtain STS National Database™ data within the revaluation timeframe. For each code under review, the society evaluates: the amount of time available to obtain the data; whether the STS National Database™ collects data on the procedure; whether the procedure can be unequivocally mapped to a CPT code; the volume of the procedure; whether Database reporting for the procedure is mandatory; and whether the code or codes meet the agreed-upon criteria.

Based on the above criteria, the STS was able to obtain STS ACSD data for the two stand-alone 90-day global procedures (33267, 33269), but we were unable to isolate the data for the add-on LAA procedures (33268). As such, we are including the STS ACSD data for the two stand-alone codes and this data has been provided within the revised summary spreadsheet. The society has provided the mean and median "Skin to Skin Time (min)" which is the intra-service time for the procedures. We also provided STS ACSD data for the LOS which was capped at 90 days and for code 33267, the initial ICU hours. The LOS data supports the surveyed LOS and the initial ICUS hours can be used as a proxy supporting the critical care visit the day of the procedure.

Rationale 33267
Code 33267 is for stand-alone LAA exclusion via median sternotomy or thoracotomy exposure, which is uncommon. This procedure is only used for patients in whom treatment for atrial fibrillation using medications, transcatheter techniques such as the Watchmen, or thoracoscopic LAA exclusion cannot be used or have failed. These patients tend to be sicker and more complex to treat with multiple comorbidities necessitating an open approach. They tend to have a more complicated post-operative recovery due to multiple comorbidities such as peripheral artery disease, previous thoracic surgery, previous stroke and advanced renal disease.

The survey respondents indicated a pre-service evaluation time of 43 minutes, positioning time of 11 minutes and scrub, dress and wait time of 15 minutes, a median intra-service time of 80 minutes and an immediate post-service time of 30 minutes.

Pre-service Time
The specialty societies selected pre-service time package 4 facility for a difficult patient and difficult procedure. Patients undergoing the procedure are typically complicated patients with heart failure and other comorbidities. Adjustments to the pre-service time package include an increase of 3 minutes of pre-evaluation time per the survey. For positioning, 8 minutes were added for a total of 11 minutes to account for padding and positioning. This is consistent with other cardiac procedures, most of which have 15 minutes of positioning time. The society cannot explain why the survey respondents indicated 11 instead of 15 minutes of positioning time typical of other cardiac surgery procedures. The scrub dress and wait time was decreased by 5 minutes based on the survey.

Immediate Post-Service Time
The societies selected post-service time package 9B for general anesthesia and complex procedure. Per the survey respondents, the immediate post-service time was decreased by 3 minutes for a total of 30 minutes immediate post-service time.

Post Operative Hospital Care
The survey respondents confirmed that there was still a 99291 critical care visit after the procedure and the survey still supported an additional two hospital visits. However, the level of one of those visits change from 99232 to 99233 resulting in a 99291, 99233 and 99232 level visit pattern instead of the previous 99291, 99232, 99232 level visit pattern. Additionally, the survey respondents indicated a 99239 level discharge day management visit instead of the previous 99238 discharged day visit. We believe that the increased level of visit for the second in-hospital visit and the increased discharge day visits are due to the increased complexity of the patient.
Critical Care Visits: 100% of the survey respondents replied that the procedure was performed in the hospital, and 92% of the respondents indicated that the patients stayed overnight for more than 24 hours. 96% of the respondents indicated that they provided an E&M Visit on the same day of surgery. The survey respondents indicated that they spent over 40 minutes providing critical care services to the patient once the patient arrives in the ICU on the day of the procedure for a total of one critical care visit for the procedure. The critical care visit covers the time that the physician spends with the patient directly related to the procedure providing critical care services. The survey supported one critical care visit for the procedure and the Expert Panel agreed.
Post-hospital visits: We believe that level of hospital visits changed due to the increased complexity and comorbidities of the patients. Most patients that need an LAA exclusion procedure would be treated medically or with a transcatheter technique. For those patients that can't be treated using one of those techniques and they can't be treated thoracoscopically, they will undergo the open LAA exclusion. Our experience indicates that these patients have a more complicated post-surgery recovery and this has changed over the past three-years. Examples of the increased complexity include renal dysfunction and previous stroke. The increased level of discharge day management reflects the increased complexity of care such as increased medication management, increased coordination of care including coordination of home oxygen, dialysis and many of these patients can't go home and are discharged to a rehab facility or a skilled nursing facility.

The STS did not change the vignette for this code because the overall patient population for the procedure didn't change. The patient's that undergo this procedure are the same encompassing those patients that are the most complicated because they can't be treated via transcatheter techniques or thoracoscopically. However, with the changes in technology, the patients that now present for the procedure compared to when they were originally valued tend to be those on the higher end of the complexity spectrum from that pool of patients. On review STS ASCD data for the years 2022 to 2025, for the cpt code 33267, we have the following data. The mean (median) age went from 70.8 (73) years to 72.3 (74) years. In 2022, 63.8% of patients required an ICU stay. In 2025 that went up to 67.3%. The total time in the ICU went from 37.2 (22) hours to 59.3 (27) hours. The total time in the OR went from a mean of 188 (median 165) min to 192 (176) minutes. Intra procedure (skin to skin) time went from a mean of 108 (87) to 115 (90) minutes. Total time on the ventilator went from 4.6 hours to 7.3 hours. The mean length of stay went from 4.5 days to 5.7 days. The patients with diabetes went from 28.1% to 31.7% of

whom the patients taking insulin went from 21.4% to 27%. Patients who were on dialysis preop went from 0.5% to 3.5%, chronic lung disease of moderate to severe went from 6% to 8% and patients with cerebrovascular disease and prior stroke increased from 69% to 84.9%.

Post Operative Office Visits

For code 33267, the survey respondents also indicated that the post-hospital care for these patients has changed indicating that 2 - 99213 office visits was typical in the post-operative period instead of just 1 -99213 visit. Again, we believe that this is related to the increased complexity of these patients. The first post-operative visit typically occurs within the first 7 days after the patient is discharged from the hospital and the second visit occurs within 30 days of the discharge.

Comparison With Key Reference Codes

For 33267 the 2 Key Reference Codes for comparison were: CPT 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure). This was chosen by 27.4% of the respondents making it the top key reference. The second key reference was CPT 33020 Pericardiotomy for removal of clot or foreign body (primary procedure). 13.7% chose this. When looking at the overall intensity/complexity measures, 36% of the respondents found the survey code to be the same as KRS 1 and 35% of the respondents found the survey code to be somewhat more to much more complex/intense than KRS 1. The survey respondents found that the mental effort and judgement for the survey code was more (43%) intense/complex or the same (36%) as KRS 1. For the technical skill required 50% of the respondents found that the intensity for the survey code was the same as KRS 1 and 36% found that it was more intense/complex than KRS 1. For the physical effort required, the survey respondents indicated that the intensity/complexity for the survey code was the same (36%) or more (36%) than KRS 1. Finally, the survey respondents indicated that the intensity/complexity for the psychological stress for the survey code was the same (57%) or less (29%) than KRS 1. For the second KRS, 86% of the survey respondents indicated that the overall intensity/complexity of the survey code was somewhat more complex than KRS 2. For the mental effort and judgement, the survey respondents found the intensity/complexity of the survey code to be the more (57%) or the same (43%) as KRS 2. For the technical skills, the survey respondents found the survey code to be the same (57%) or more (43%) complex than KRS 2. For the physical effort required, 57% of survey respondents indicated that the intensity/complexity for the survey code was the same as KRS 2 and 43% indicated the intensity/complexity was more than KRS 2. For the psychological stress, 71% of the survey respondents found the survey code to be the more complex/intense than KRS 2.

Recommended wRVU

The expert panel is recommending that the current wRVU of 18.04 be maintained for code 33267. While there was a slight decrease (7.75 minutes) in the intraservice time for 33267, the total time for the procedure increased by 46.25 minutes. This was due to the change in the post-hospital visit pattern from a 99291 and 2-99232 level visits to a 99291, 99233, 99232 level visit pattern. The survey also indicated a change in the discharge day visit with a 99239 level discharge day visit instead of a 99238 discharge day visit. And finally, the survey supported a change in the number of office visits with 2-99213 visits instead of 1-99213 visit. The expert panel believes that the intra-service time change is because the exclusion of the LAA for the majority of the patients undergoing this repair are now performed using a clip whereas when the procedure was originally valued, some of the other methods (e.g., oversewing, ligation) were more commonly used. As demonstrated by the STS ACSD data, the increase in the total time is due to the increased complexity of the patient receiving this procedure. With advancements in transcatheter technologies, the majority of patients with atrial fibrillation will now typically be treated with medication or a transcatheter device such as the Watchman or if they can't be treated with these, they would be treated using a thoracoscopic LAA exclusion. Only patients where that treatment fails or those that have comorbidities such as peripheral artery disease, previous thoracic surgery, previous stroke, advanced renal disease and cannot be treated using a transcatheter technique or thoracoscopically will undergo open LAA exclusion. This has resulted in sicker, more complex patients, typically with more comorbidities receiving this procedure and as such, the post-operative care for them has also increased with them taking longer to stabilize during the post-operative period. While the survey showed a median wRVU of 19.20, the expert panel felt that value was to high but that the 25th percentile wRVU of 15.00 was too low. Based on the reasons provided, the expert panel is recommending that the current value of 18.04 be maintained for 33267.

The following table provides codes that bracket the recommended value for 33267:

	CPT Code	Long Desc	Glob	MPC	IWPUT	Work RVU	Intra Time	Total Time	Pre Eval Time	Pre Posit Time	Pre SDW Time	Immd Post Time	Hosp Post-op Visit Count	Office Post-op Visit Count	Time Source	Most Recent RUC Review	2024 Medicare Utilization
	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane	090		0.1397	16.97	73.13	273.13	33	3.0	15.0	15	0.5	5	RUC	2013-10	184

	CPT Code	Long Desc	Glob	MPC	IWPUT	Work RVU	Intra Time	Total Time	Pre Eval Time	Pre Posit Time	Pre SDW Time	Immd Post Time	Hosp Post-op Visit Count	Office Post-op Visit Count	Time Source	Most Recent RUC Review	2024 Medicare Utilization
		(eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation															
	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	Yes	0.1041	17.31	100.43	334.43	50	15	15	30	2	2	RUC	2014-09	15650
	49002	Reopening of recent laparotomy	090		0.0766	17.19	73.13	435.13	30	15.0	15.0	30	7	2	RUC	2005-08	4334
	32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	090		0.0605	17.72	75.08	507.08	60	15.0	20.0	40	7	2	RUC	2005-08	1369
	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	090		0.0869	17.73	73.13	436.13	40	30.0	20.0	30	5	4	RUC	2008-10	2867
	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	090		0.0815	17.73	78	441	40	30.0	20.0	30	5	4	RUC	2008-10	72238
SVY Code	33267	Open LAA Exclusion	90		0.062	18.04	80	445	43	11	15	30	4	2	RUC		247
	32651	Thoracoscopy, surgical; with partial pulmonary decortication	090		0.0752	18.31	68.25	500.25	60	15.0	20.0	40	7	2	RUC	2005-08	1434
	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	Yes	0.1022	20.63	117	401	40	15	20	30	3	2	RUC	2013-01	20549

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33267

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiac Surgery How often? Sometimes

Specialty General Thoracic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 272
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that 90% of the patients that receive this procedure are Medicare patients and the remaining 10% will be non-Medicare.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 247
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 utilization from the RUC database

Specialty Thoarcic Surgery Frequency 145 Percentage 59.18 %

Specialty Cardiac Surgery Frequency 85 Percentage 34.69 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33267

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33268 Tracking Number Original Specialty Recommended RVU: **1.17**
Presented Recommended RVU: **1.17**
Global Period: ZZZ Current Work RVU: **2.44** RUC Recommended RVU: **1.17**

CPT Descriptor: Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male presents with multivessel coronary artery disease with a history of paroxysmal atrial fibrillation. He undergoes a coronary artery bypass graft procedure (CABG) (separately reportable) with left atrial appendage exclusion (eg, ligation, plication, clip). [Note: This is an add-on code. Only include the additional work related to performing the left atrial appendage exclusion.]

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: In addition to performing a procedure via a sternotomy or thoracotomy approach (reported separately), expose the LAA by mobilizing the left ventricle toward the right side. This can be facilitated by dividing the pericardium on the right side to avoid right ventricular compression and decreasing venous return. Use extreme care to avoid injury to the right phrenic nerve. Carefully monitor the hemodynamic stability of the patient. Expose and carefully measure the base of the LAA. Under TEE guidance, staple, clip, or ligate the base of the LAA. Use TEE to confirm there is no flow into the LAA. Once completed, return attention to the final procedural elements of the primary operation.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Joseph Turek, MD; Prashanth Vallabhajosyula, MD					
Specialty Society(ies):	STS/AATS					
CPT Code:	33268					
Sample Size:	1886	**Resp N:**	75			
Description of Sample:	US members who self-identify as Adult Cardiac Surgeons or General Thoracic Surgeons					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	77.50	300.00
Survey RVW:	0.98	3.00	**4.00**	6.52	25.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	6.00	**10.00**	23.00	225.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	33268	**Recommended Physician Work RVU: 1.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32506	ZZZ	2.93	**RUC Time**

CPT Descriptor Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34812	ZZZ	4.03	**RUC Time**

CPT Descriptor Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.17	**RUC Time**	12,465

CPT Descriptor 1 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.04	**RUC Time**	20,715

CPT Descriptor 2 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93584	ZZZ	1.17	**RUC Time**

CPT Descriptor Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 26.6 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 33268	Top Key Reference CPT Code: 32506	2nd Key Reference CPT Code: **34812**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	10.00	24.38	39.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**10.00**	**24.38**	**39.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	10%	50%	20%	20%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	50%	45%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	20%	45%	35%
Physical effort required	25%	50%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	45%	30%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	47%	37%	16%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	53%	37%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	21%	37%	42%
Physical effort required	42%	32%	26%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	32%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The left atrial appendage (LAA) exclusion procedures (codes 33267, 33268 and 33269) were identified under the new services/new technology screen. In April 2026, the Relativity Assessment Workgroup reviewed three years of available Medicare claims data (2022, 2023 and 2024) and based on utilization changes, changes to the typical patient, and recent

guidelines changes for the add-on code, the societies recommended resurveying the codes for September 2026 and the RUC agreed.

Utilization Data

	2022	2023	2024
33267	351	248	247
33268	7,436	8,848	10,398
33269	398	352	368

The left atrial appendage (LAA) exclusion procedures include two 90-day global codes and one add-on code. The two 90-day global codes include code 33697 which is for stand-alone LAA exclusion though an open chest (median sternotomy or thoracotomy) and code 33269 is for LAA exclusion via thoracoscopy. The add-on code 33268 is for LAA exclusion performed in conjunction with primary procedures performed via sternotomy or thoracotomy other than Maze or mitral valve procedures.

Per the utilization table above, codes 33267 and 33269 are extremely low volume procedures that will likely remain that way. Only patients that cannot be treated medically or with transcatheter LAA exclusion procedures such as the Watchman or those with comorbidities such as will undergo one of these procedures. As such, we expect the utilization for these two procedures to remain low. The add-on code have seen a consistent increase in utilization between 2022 and 2024 and it is expected that utilization for that procedure will continue to increase as the guidelines and indications for LAA exclusion in other open cardiac or thoracic procedures continues to evolve.

Survey Methodology

The Society of Thoracic Surgeons (STS) and the American Association for Thoracic Surgery (AATS) conducted a RUC survey of U.S. members who self-identify as adult cardiac or general thoracic surgeons and received 51 responses for 33267, 52 responses for 33269 and 75 responses for 33268. They convened an Expert Panel of adult and general thoracic surgeons to review the results.

Rationale 33268

Code 33268 is for LAA exclusion performed in conjunction with another open median sternotomy or thoracotomy code other than Maze or mitral valve procedures. This is by far the most common of the three procedures surveyed with increased utilization over the past several years.

A total of 75 survey respondents indicated an intra-service time of 10 minutes and total time of 10 minutes, which is a decrease of 10 minutes intra/total time for the service.

Comparison With Key Reference Codes

For 33268 the 2 Key Reference Codes for comparison were: CPT 32506 Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure). This was chosen by 26.6% of the respondents making it the top key reference. The second key reference was CPT 34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure). 25.3% chose this. When looking at the overall intensity/complexity measures, 50% of the respondents found the survey code to be the same as KRS 1 and 40% of the respondents found the survey code to be somewhat more or much more complex/intense than KRS 1. The survey respondents found that the mental effort and judgement for the survey code was the same as (50%) or more intense/complex (45%) than KRS 1. For the technical skill required 45% of the respondents found that the intensity for the survey code was the same as KRS 1 and 35% found that it was more complex/intense than KRS 1. For the physical effort required, 50% of the survey respondents indicated that the intensity/complexity for the survey code was the same as KRS 1 and 25% of the respondents indicated it was less intense/complex and 25% of the respondents indicated it was more intense/complex than KRS 1. Finally, the survey respondents indicated that the psychological stress for the survey code was the same as (45%) or more intense/complex (30%) than KRS 1. For the second KRS, 53% of the survey respondents indicated that the overall intensity/complexity of the survey code was somewhat more to much more complex than KRS 2 and 47% of the respondents found that it was the same. For the mental effort and judgement, the survey respondents found the intensity/complexity of the survey code to be the same (53%) or more intense/complex (37%) than KRS 2. For the technical skills, the survey respondents found the survey code to be the more complex (42%) or the same (37%) as KRS 2. 42% of the survey respondents indicated that the physician effort required for the survey code was less complex/intense than the KRS 2 and 32% indicated that it was the same. For the psychological stress, 63% of the survey respondents found the survey code to be the more complex/intense than KRS 2.

Recommended wRVU

The expert panel is recommending a wRVU of 1.17 based on a crosswalk to code 93584. While there are other lower wRVU codes with the same amount of intraservice time as the crosswalk code chosen, the expert panel felt that the IWPUT of the recommended crosswalk code (0.120) was more in line with this cardiac service than the other crosswalk options. This recommendation results in slightly more than a 50% reduction in the wRVU from the current wRVU (2.44) which the expert panel feels appropriately accounts for the 50% reduction in time for the procedure.

The following table provides the crosswalk code as well as other codes that bracket the recommended value for 33268:

	CPT Code	Long Desc	Glob	MPC	IWPUT	Work RVU	Adj Intra Time	Adj Total Time	Pre Eval Time	Pre Posit Time	Pre SDW Time	Immd Post Time	Hosp Post-op Visit Count	Office Post-op Visit Count	Time Source	Most Recent RUC Review	2024 Medicare Allowed Charges
	93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	ZZZ		0.1128	1.10	9.75	9.75					0	0	RUC	2023-01	4
Xwalk code	**93584**	**Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)**	**ZZZ**		**0.120**	**1.17**	**9.75**	**9.75**					**0**	**0**	**RUC**	**2023-01**	**10**
SVY Code	33268	LAA Exclusion with thoracotomy or sternotomy	ZZZ		0.120	1.17	10	10					0	0			10398
	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	ZZZ	Yes	0.08	1.17	14.63	14.63					0	0	RUC	2009-10	12465
	93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	ZZZ		0.1188	1.39	11.7	11.7					0	0	RUC	2023-01	
	36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to	ZZZ	Yes	0.1395	2.04	14.63	14.63					0	0	RUC	2012-04	20715

	CPT Code	Long Desc	Glob	MPC	IWPUT	Work RVU	Adj Intra Time	Adj Total Time	Pre Eval Time	Pre Posit Time	Pre SDW Time	Immd Post Time	Hosp Post-op Visit Count	Office Post-op Visit Count	Time Source	Most Recent RUC Review	2024 Medicare Allowed Charges
		code for primary procedure)															

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33268

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiac Surgery How often? Sometimes

Specialty General Thoracic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 11,438
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that 90% of the patients that receive this procedure are Medicare patients and the remaining 10% will be non-Medicare.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,398 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 utilization from the RUC database

Specialty Thoracic Surgery Frequency 6,384 Percentage 61.39 %

Specialty Cardiac Surgery Frequency 3,327 Percentage 31.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33268

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33269 Tracking Number Original Specialty Recommended RVU: **13.95**
Presented Recommended RVU: **13.95**
Global Period: 090 Current Work RVU: **13.95** RUC Recommended RVU: **13.95**

CPT Descriptor: Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 85-year-old female with persistent atrial fibrillation has undergone numerous electrophysiologic procedures in the past and was deemed a poor candidate for an endovascular LAA occlusion device. Thoracoscopic LAA exclusion (eg, ligation, plication, clip) is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 4% , Overnight stay-less than 24 hours 12% , Overnight stay-more than 24 hours 85%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 96%

Description of Pre-Service Work: Perform a complete or interval history and physical examination (comprehensive). Write preoperative orders and review the work-up and notes from the referring and primary physicians if available. Review preoperative imaging and laboratory studies. Obtain a cardiology assessment and a pulmonary assessment, as indicated. Review the indications, the surgical procedure including the expected surgical approach and method of LAA exclusion and possible alternatives, the expected recovery, and the expected outcomes including potential complications, with the patient and the patient's family. Answer the family's questions and obtain informed consent. Confirm the OR start time and notify the patient and the patient's family. Confirm the availability of the surgical assistant. Identify the patient, mark the surgical site per hospital policy, and answer any questions from the patient's family. Ensure the availability of blood and/or a crossmatch and any special instruments or medical devices. Review the planned incision and procedure. Review the length and type of anesthesia with the anesthesiologist. Ensure the anesthesiologist and the perfusionist are prepared for circulatory arrest if needed. Plan invasive monitoring, including use of arterial line (right radial only) and pulmonary artery catheter. The surgeon dresses and waits for the institution of appropriate monitoring, vascular access, and induction of anesthesia. Then the surgeon positions and prepares the patient, after which the surgeon scrubs, gowns, and drapes the patient. The surgeon then assures that: (1) all equipment necessary for thoracoscopy (thoracoscope, fiberoptic light cord, video camera, cautery cord, etc, is placed in the field, assembled and fixed to the drapes; (2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; and (3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). Complete the surgical pause. Instruct the anesthesiologist to institute single-lung ventilation.

Description of Intra-Service Work: Under general anesthesia, identify and anesthetize the site for the initial trocar site with local anesthetic. Make an incision, and using a combination of sharp, cautery, and blunt dissection, carefully enter the pleural cavity. Palpate the parietal pleura, insert a trocar under direct vision, and advance the thoracoscope into the pleural cavity. Perform an initial visual exploration. Identify the sites for all additional trocar incisions (1 or 2) if necessary and anesthetize them with local anesthetic. Make additional trocar incisions in a similar fashion. Place access ports as necessary at each incision site for the passage of instruments. Deflate the left lung. Free adhesions between the lung and chest wall. Take care to avoid decreasing venous return by careful monitoring CO2 flow and pressure (usually kept +/< 6 mmHg) and the patient's blood pressure. Carefully open the pericardium posterior to the phrenic nerve and expose the left atrial

appendage. Expose and measure the left atrial appendage base. Clip, staple, or ligate the appendage with TEE guidance to make sure there is no flow into the LAA. Leave the pericardium open. Perform an intercostal nerve block with local anesthetic for postoperative analgesia. Expand the left lung. Insert a chest tube(s) through a separate interspace incision(s) to provide evacuation of air and fluid from the chest. Assess all trocar incisions for hemostasis. Conduct a surgical pause while an instrumentation, needle, and sponge count is completed and confirmed by the surgeon. Close each incision with multiple layers of suture for the muscle, and reapproximate the skin with a subcuticular stitch. Extubate the patient.

Description of Post-Service Work: Perform a postprocedure debriefing. Apply sterile dressings. Monitor the patient during reversal of anesthesia. Assist in transferring the patient from the operating table to the cart. Monitor the transport of the patient from the OR to the recovery room. Review the patient's chart notes from the nursing and other staff. Answer questions from the patient and the patient's family. Answer questions from the nursing and other staff. Write orders for the following days' laboratory tests, films, medications, diet, and patient activity. Discuss the outcome of the procedure with the patient's family. Review the postoperative chest X ray, arterial blood gas, mixed venous saturation blood gas, cardiac output and index and pulmonary pressure parameters, and postoperative laboratory studies, including a CBC and CMP. Discuss the outcome of the procedure with the referring physician. Coordinate care with other physicians. Dictate a full operative note for the patient's chart. Dictate the procedure outcome and expected recovery letter for the patient's referring physician and/or insurance company. Postoperative Hospital Work Until Discharge Day: Assess the patient's neurological state and hemodynamics. Review the patient's chart notes with the nursing and other staff. Examine the patient daily. Inspect the wound, review chest tube output volume and consistency, and patient progress. Assess postoperative pain and use of analgesics. Assess respiration, character of pulmonary secretions, and the patient's ability to clear the airway. Review the patient's vital signs, intake and output, and laboratory results. Review the chest radiograph and echocardiogram, and evaluate the cardiac monitor for rate, rhythm, and presence or absence of arrhythmia. Encourage ambulation and pulmonary physiotherapy. Monitor the patient's postoperative nutritional status. Remove pacing wires and chest tube when appropriate (usually 24 to 48 hours postoperatively). Obtain and review chest X rays after tube removal. Answer questions from the patient, the patient's family, and nursing or other staff (oral and written). Discuss the patient's progress (orally and in writing) with the referring physician. Coordinate care with other physicians. Document evaluation, patient progress, and the care plan in the medical record. Discharge Day Work: Check the final pathology, laboratory, or film reports and discuss with the patient's family or caregiver. Check wounds. Explain wound care, dietary management, activities permitted, bathing, handling of wound, and the return appointment to the office. Outline expectations for recovery and describe potential complications. Coordinate care with other physicians. Answer questions from the patient, the patient's family, and nursing and other staff. Write postdischarge orders for laboratory tests, films, and medications. Explain new medications, home medications, and homeopathic agents to ensure that additional agents are compatible or will not be used. Dictate a discharge summary. Communicate with patient's primary care physician(s). Postoperative Office Work: Review medications and determine compliance. Review interval encounters with other care providers. Check wounds and patient progress. Remove sutures if necessary. Review postdischarge laboratory tests or films. Write orders for medications. Answer questions from the patient and the patient's family. Discuss the patient's progress (orally and in writing) with the referring physician. Coordinate the patient's care with other physicians. Discuss progress with the patient and the patient's family. Dictate a patient progress note for the medical chart and send letters to referring physicians.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Joseph Turek, MD; Prashanth Vallabhajosyula, MD					
Specialty Society(ies):	STS/AATS					
CPT Code:	33269					
Sample Size:	1886	**Resp N:**	52			
Description of Sample:	US members who self-identify as Adult Cardiac Surgeons or General Thoracic Surgeons					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	20.00	150.00	
Survey RVW:	2.58	15.24	**18.88**	21.29	30.00	
Pre-Service Evaluation Time:			**44.00**			
Pre-Service Positioning Time:			**13.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	5.00	40.00	**60.00**	92.75	320.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33269	**Recommended Physician Work RVU: 13.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**44.00**	**40.00**	**4.00**
Pre-Service Positioning Time:		**13.00**	**3.00**	**10.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32654	090	20.01	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with control of traumatic hemorrhage

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32651	090	18.31	**RUC Time**

CPT Descriptor Thoracoscopy, surgical; with partial pulmonary decortication

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67036	090	22.72	**RUC Time**	19,542

CPT Descriptor 1 Vitrectomy, mechanical, pars plana approach;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	14.63	**RUC Time**	23,001

CPT Descriptor 2 Mastectomy, simple, complete

Other Reference CPT Code	Global	Work RVU	Time Source
33020	090	13.95	**RUC Time**

CPT Descriptor Pericardiotomy for removal of clot or foreign body (primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 30.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 33269	Top Key Reference CPT Code: 32654	2nd Key Reference CPT Code: **32651**
Median Pre-Service Time	72.00	37.00	95.00
Median Intra-Service Time	60.00	69.23	68.25
Median Immediate Post-service Time	30.00	40.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	95.0	290.00	220.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	23.0	39.00	39.00
Median Total Time	**318.00**	**513.23**	**500.25**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	19%	56%	25%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	38%	56%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	0%	13%	88%
Physical effort required	6%	38%	56%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	31%	56%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	11%	33%	22%	33%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	56%	33%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	0%	11%	89%
Physical effort required	11%	22%	67%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	11%	78%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The left atrial appendage (LAA) exclusion procedures (codes 33267, 33268 and 33269) were identified under the new services/new technology screen. In April 2026, the Relativity Assessment Workgroup reviewed three years of available Medicare claims data (2022, 2023 and 2024). Based on utilization changes, changes to the typical patient, and recent guidelines changes for the add-on code, the societies recommended resurveying the codes for September 2026 and the RUC agreed.

Utilization Data

	2022	**2023**	**2024**
33267	351	248	247
33268	7,436	8,848	10,398
33269	398	352	368

The left atrial appendage (LAA) exclusion procedures include two 90-day global codes and one add-on code. The two 90-day global codes include code 33697 which is for stand-alone LAA exclusion though an open chest (median sternotomy or thoracotomy) and code 33269 is for LAA exclusion via thoracoscopy. The add-on code 33268 is for LAA exclusion performed in conjunction with primary procedures performed via sternotomy or thoracotomy other than Maze or mitral valve procedures.

Per the utilization table above, codes 33267 and 33269 are extremely low volume procedures that will likely remain that way. Only patients that cannot be treated medically or with transcatheter LAA exclusion procedures such as the Watchman and those with comorbidities such liver disease, renal failure and previous stroke will undergo one of these procedures. As such, we expect the utilization for these two procedures to remain low. The add-on code has seen a consistent increase in utilization between 2022 and 2024 and it is expected that utilization for that procedure will continue to increase as the guidelines and indications for LAA exclusion in other open cardiac or thoracic procedures continues to evolve.

Survey Methodology

The Society of Thoracic Surgeons (STS) and the American Association for Thoracic Surgery (AATS) conducted a RUC survey of U.S. members who self-identify as adult cardiac or general thoracic surgeons and received 51 responses for 33267, 52 responses for 33269 and 75 responses for 33268. They convened an Expert Panel of adult and general thoracic surgeons to review the results.

The STS National Database™

The STS National Database™ has data on nearly 10 million procedures from more than 4,300 surgeons, including 95% of adult cardiac surgery procedures. The STS Adult Cardiac Surgery Database (ACSD) contains nearly 8.5 million adult cardiac surgical procedure records and currently has more than 3,500 participating physicians, including surgeons and anesthesiologists. At the February 2011 RUC meeting, the Research Subcommittee reviewed the STS National Database™ and determined that it met the Inclusionary/Exclusionary Criteria for extant databases. The Research Subcommittee recommended that the specialty society develop specific criteria, such as thresholds for data volume and distribution, to determine when the specialty society would be required to display extant data for a surveyed service with its RUC recommendations.

At the January 2012 RUC meeting the Research Subcommittee reviewed STS ACSD data for 850,895 individual patients undergoing procedures from 2006 through 2010. A comparison of the STS ACSD with Medicare utilization data for 2010 indicated that more than 90% of surgical procedures were captured by the Database. This finding is consistent with participation by more than 1,100 sites in the United States and the estimate that approximately 94% of sites performing cardiac surgery submit data. Each site employs a third-party administrator who manually enters 200 to 300 fields of clinical data. In addition, the Database is audited. Thus, the Database is considered a comprehensive and representative resource.

The agreed-upon criteria for when the STS will provide STS National Database™ data for surveyed codes are as follows: **For codes whose values are being revised, the STS will utilize the STS National Database™ when accurate and sufficient data are available for specific use. The STS proposed a 95th percentile confidence interval with a +-5% variability as criteria to include STS data.**

The STS ACSD does not specifically map procedures to CPT codes. Although most procedures can be unequivocally mapped to a single CPT code, the society cannot isolate data for some procedures at the specific CPT-code level. Although all procedures in the Database require reporting of "skin-to-skin" time, reporting is not mandatory for every procedure entered into the STS ACSD, particularly lower-volume procedures. Additionally, it is not always possible to isolate intra-service time for add-on procedures. For codes for which data are available, the specialty society will determine whether the data meet the agreed-upon criteria for use

The society also considers the timeframe for reviewing the codes. Because data retrieval may require substantial time and may be affected by other requests, it may not always be possible to obtain STS National Database™ data within the revaluation timeframe. For each code under review, the society evaluates: the amount of time available to obtain the data; whether the STS National Database™ collects data on the procedure; whether the procedure can be unequivocally mapped to a CPT code; the volume of the procedure; whether Database reporting for the procedure is mandatory; and whether the code or codes meet the agreed-upon criteria.

Based on the above criteria, the STS was able to obtain STS ACSD data for the two stand-alone 90-day global procedures (33267, 33269), but we were unable to isolate the data for the add-on LAA procedures (33268). As such, we are including the STS ACSD data for the two stand-alone codes and this data has been provided within the revised summary spreadsheet. The society has provided the mean and median "Skin to Skin Time (min)" which is the intra-service time for the procedures. We also provided STS ACSD data for the LOS which was capped at 90 days and supports the surveyed LOS.

Rationale 33269

Code 33269 is for stand-alone LAA exclusion via thoracoscopy, which is also uncommon. This procedure is only used for patients in whom treatment for atrial fibrillation using medications or transcatheter techniques such as the Watchmen cannot be used or have failed.

The survey respondents indicated a pre-service evaluation time of 44 minutes, positioning time of 13 minutes and scrub, dress and wait time of 15 minutes, a median intra-service time of 60 minutes and an immediate post-service time of 30 minutes.

Pre-service Time
The specialty societies selected pre-service time package 4 facility for a difficult patient and difficult procedure. Patients undergoing the procedure are typically complicated patients with heart failure and other comorbidities. Adjustments to the pre-service time package include an increase of 4 minutes of pre-evaluation time per the survey. For positioning, 10 minutes were added for a total of 13 minutes to account for padding and positioning. This is consistent with other cardiac procedures, most of which have 15 minutes of positioning time. The society cannot explain why the survey respondents indicated 13 instead of 15 minutes of positioning time typical of other cardiac surgery procedures or why there was a difference in positioning time of 2 minutes between 33267 and 33269. The scrub dress and wait time was decreased by 5 minutes based on the survey.

Immediate Post-Service Time
The societies selected post-service time package 9B for general anesthesia and complex procedure. Per the survey respondents, the immediate post-service time was decreased by 3 minutes for a total of 30 minutes immediate post-service time.

Post Operative Hospital Care
The survey supported the same in-hospital visit pattern as that of the current code with one 99233 and one 99232 level visit as well as a 99238 discharge day management visit.

Post Operative Office Visits
The post hospital office visits for the procedure also remained the same as the current code with 1-92213 outpatient follow-up visit.

Comparison With Key Reference Codes
For 33269 the 2 Key Reference Codes for comparison were: CPT 32654 Thoracoscopy, surgical; with control of traumatic hemorrhage. This was chosen by 30.7% of the respondents making it the top key reference. The second key reference was CPT 32651 Thoracoscopy, surgical; with partial pulmonary decortication. 17.3% chose this. When looking at the overall intensity/complexity measures, 56% of the respondents found the survey code to be the more intense/complex than KRS 1 and 25% of the respondents found the survey code to be much more complex/intense than KRS 1. The survey respondents found that the mental effort and judgement for the survey code was more (56%) intense/complex or the same (38%) as KRS 1. For the technical skill required 88% of the respondents found that the intensity for the survey code more intense/complex than KRS 1. For the physical effort required, the survey respondents indicated that the intensity/complexity for the survey code was the more (56%) or the same (38%) as KRS 1. Finally, the survey respondents indicated that the psychological stress for the survey code was more (56%) intense/complex or the same (31%) as KRS 1. For the second KRS, 55% of the survey respondents indicated that the overall intensity/complexity of the survey code was somewhat more to much more complex than KRS 2 and 33% of the respondents found that it was the same. For the mental effort and judgement, the survey respondents found the intensity/complexity of the survey code to be the same as (56%) or more complex (33%) than KRS 2. For the technical skills, the survey respondents found the survey code to be more complex (89%) than KRS 2. 67% of the survey respondents indicated that the physician effort required for the survey code was more complex/intense than KRS 2 and 22% indicated that it was the same. For the psychological stress, 78% of the survey respondents found the survey code to be the more complex/intense than KRS 2.

While the visit pattern has remained the same for these patients, the survey data points to a somewhat more complex patient per the intensity/complexity measures which the survey respondents found to be predominately more complex than KRS1 and KRS 2, both of which have higher wRVUs (20.1 and 18.31 respectively), intraservice (69.23 and 68.25 respectively) and total times (513.2 and 500.3 respectively) than the survey code. Where 33267 (the open code) is be considered the 4th line treatment, the thoracoscopic LAA would be considered the 3rd tier line of treatment for patients contraindicated for medical treatment and transcatheter techniques.

This increased complexity of the patient is also supported by the STS ACSD when comparing the 2022 to 2025 data for the following comorbidities: While patients with diabetes decreased 32.3% to 27.8%, the number of patients taking insulin increased from 18.6% to 27.5%. Chronic lung disease of mild to moderate went from 14.3% to 20.9%. Patients with liver disease went from 3.4% to 4.8% and patients with liver cirrhosis went from 1.8% to 3.2%. Immunocompromised patients went from 8.3% to 8.5%. Patients with cerebrovascular disease went from 37.8% to 39.1% and those with prior stroke increased from 72.0% to 78.4%.

Recommended wRVU

The expert panel is recommending a wRVU of 13.95 based on a crosswalk to code 33020 which maintains the current value. There was a slight decrease (3.38 minutes) in the intraservice as well as the total time. As with the open code, the expert panel felt that the slight decrease in intra-service time is again due to the predominate use of a clip for exclusion of the LAA as opposed to other techniques (oversewing, ligation). The expert panel did not agree with the median wRVU of 18.88 or the 25th percentile of 15.24 wRVUs from the surveys for the code since both of those are higher than the current value. The intraservice time for the crosswalk code is 58.5 mins 1.5 mins less than the survey code with a total time of 319.5 minutes, which is 1.5 minutes more than the survey code. With the minimal decrease in intra and total time for the survey code, the expert panel felt that using 33020 as a crosswalk to value the code was reasonable. As such, we are recommending a crosswalk value of 13.95 for code 33269.

The following table provides the crosswalk code as well as other codes that bracket the recommended value for 33269:

	CPT Code	Long Desc	Glob	MPC	IWPUT	Work RVU	Adj Intra Time	Adj Total Time	Pre Eval Time	Pre Posit Time	Pre SDW Time	Immd Post Time	Hosp Post-op Visit Count	Office Post-op Visit Count	Time Source	Most Recent RUC Review	2024 Medicare Allowed Charges
	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	090		0.0794	11.70	58.5	305.5	40	20.0	20.0	30	3	2	RUC	2017-01	757
	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	090		0.1153	11.83	58.5	239.5	33	18.0	15.0	34	0.5	3	RUC	2018-04	6679
	67036	Vitrectomy, mechanical, pars plana approach;	090	Yes	0.1041	11.83	48.75	248.75	33	3	15	15	0.5	5	RUC	2013-10	19542
	33025	Creation of pericardial window or partial resection for drainage	090		0.0978	12.87	58.5	299.5	50	10.0	15.0	30	3	1	RUC	2018-04	3137
SVY Code	33269	Thoracoscopic LAA Exclusion	90		0.104	13.95	60	318	44	13	15	30	3	1			368
Xwalk code	**33020**	**Pericardiotomy for removal of clot or foreign body (primary procedure)**	**090**		**0.1002**	**13.95**	**58.5**	**319.5**	**30**	**10.0**	**15.0**	**30**	**4**	**1**	**RUC**	**2018-04**	**119**
	19303	Mastectomy, simple, complete	090	Yes	0.1002	14.63	87.75	280.75	40	3	15	30	0.5	3	RUC	2016-04	23001

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33269

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiac Surgery How often? Sometimes

Specialty General Thoracic Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 405
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that 90% of the patients that receive this procedure are Medicare patients and the remaining 10% will be non-Medicare.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 368
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2024 utilization from the RUC database

Specialty Thoracic Surgery Frequency 225 Percentage 61.14 %

Specialty Cardiac Surgery Frequency 120 Percentage 32.60 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33269

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Exclusion of Left Atrial Appendage (LAA)

TAB: 9

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIEN MIN	MED	75th MAX
1st REF	32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral	ZZZ	2011	20	0.120	0.120			2.93			24.38						24.38																		
2nd REF	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	ZZZ	2017	19	0.103	0.103			4.03			39.00						39.00																		
CURRENT	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy	ZZZ	2020		0.125	0.125			2.44			19.50						19.50																		
SVY	33268	LAA Exclusion with thoracotomy or sternotomy	ZZZ		75	0.400	0.400	0.98	3.00	4.00	6.52	25.00	10.00				4	6	10	23	225														0	30	### 300
REC	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	ZZZ			0.117	0.117	1.17					10						10																		
XWALK	93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and	ZZZ	2023		0.120	0.120	1.17					9.75						9.75																		

Source	CPT	DESC	Global	RUC Review Year	Resp	STS ADULT CARDIAC SURGERY DATABASE (ACSD) DATA CRITERIA MET: 95% confidence intervals within the proposed ±5%	Lower CI Deviation	Upper CI Deviation	MEETS CRITERIA	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMED POST SVY	STS ACSD 2022-2025 Data LOS (capped at 90 days)	STS ACSD 2022-2025 Data Initial ICU Hours	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	090	2006	14					0.124	0.056			23.12			413	60	15	20			117.00			40						1	1	1.0		1	1					
2nd REF	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	090	2018	7					0.100	0.044			13.95			320	30	10	15			58.50			30					1	1	1	1.0		1					
CURRENT	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation,	090	2020						0.074	0.045			18.04			399	45	10	15			87.75			30			1			2		1.0		1						
SVY	33267	Open LAA Exclusion	090		51					0.068	0.043	10.00	15.00	19.20	23.00	30.00	445	43	11	15	5	45	80	120	360	30			1		1	1		1		2			0	0	2	2	100
STS ACSD 2022-2025 DATA - MEAN	33267	Open LAA Exclusion	090		854	YES	4.74%	4.97%	YES	0.038	0.038			18.04			478	43	11	15			112.5			30	4.9	43.0	1		1	1		1		2						
STS ACSD 2022-2025 DATA - MED	33267	Open LAA Exclusion	090							0.049	0.040			18.04			453	43	11	15			88			30	3.0	23.6	1		1	1		1		2						
REC	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	090		51					0.054	0.041			18.04			445	43	11	15			80			30			1		1	1		1		2						

Source	CPT	DESC	Global	RUC Review Year	Resp	STS ACSD DATA CRITERIA MET: 95% confidence intervals within the proposed ±5%	Lower CI Deviation	Upper CI Deviation	MEETS CRITERIA	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	SVY	STS ACSD 2022-2025 Data LOS (capped at 90 days)	STS ACSD 2022-2025 Data Initial ICU Hours	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	090	2005	16					0.079	0.039			20.01			513	10	12	15			69.23			40					2	4	1	1.0		1	1					
2nd REF	32651	Thoracoscopy, surgical; with partial pulmonary decortication	090	2005	9					0.075	0.037			18.31			500	60	15	20			68.25			40						5	1	1.0		1	1					
CURRENT	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing,	090	2020						0.098	0.043			13.95			321	42	15	15			63.38			30					1	1		1.0		1						
SVY	33269	Thoracoscopic LAA Exclusion	090		52					0.186	0.059	2.58	15.24	18.88	21.29	30.00	318	44	13	15	5	40	60	93	320	30					1	1		1.0		1			0	2	5	20	150
STS ACSD 2022-2025 DATA - MEAN	33269	Thoracoscopic LAA Exclusion	090		955	YES	3.35%	3.47%	YES	0.100	0.044			13.95			320	44	13	15			62.3			30	3.2				1	1		1.0		1						
STS ACSD 2022-2025 DATA - MED	33269	Thoracoscopic LAA Exclusion	090							0.122	0.045			13.95			309	44	13	15			51			30	2.0				1	1		1.0		1						
REC	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	090							0.104	0.044			13.95			318	44	13	15			60			30					1	1		1.0		1						

FACILITY DIRECT PE INPUTS

CPT CODE(S): 33267, 33269, 33268
SPECIALTY SOCIETY(IES): STS/AATS
PRESENTER(S): Joesph Turek, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 10/2026

CPT Code	Long Descriptor	Global Period
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	90
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	90
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
33267	A 75-year-old male, who is status post left-lung resection, presents with persistent atrial fibrillation and a CHADS2 (stroke risk) score of 4. Recurrent, significant gastrointestinal bleeding episodes preclude anticoagulation therapy. He is deemed a poor candidate for a left atrial appendage (LAA) endovascular occlusion device. Because of anticipated dense adhesions within the left chest cavity, a thoracoscopic approach is contraindicated and an open approach to LAA exclusion (eg, ligation, plication, clip) is recommended.
33269	An 85-year-old female with persistent atrial fibrillation has undergone numerous electrophysiologic procedures in the past and was deemed a poor candidate for an endovascular LAA occlusion device. Thoracoscopic LAA exclusion (eg, ligation, plication, clip) is recommended.
33268	A 75-year-old male presents with multivessel coronary artery disease with a history of paroxysmal atrial fibrillation. They undergo a coronary artery bypass graft procedure (CABG) (separately reportable) with left atrial appendage exclusion (eg, ligation, plication, clip). [Note: This is an add-on code. Only include the additional work related to performing the left atrial appendage exclusion.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Expert Panel comprised of RUC Advisors and clinical experts representing settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Current CPT Codes were used for comparisons

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

3. Is this code(s) typically reported with an E/M service?

No, these codes (33267, 33269) are not typically billed with an E/M Service

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The increase in PE for 33267 can be entirely accounted for because of an increase in physician time related to the increased staff and equipment time as well as one additional minimum multi-specialty visit pack (SA048) associated with a 99239 discharge day visit and an additional 99213 post op visit if approved by the RUC for the work values. The recommended PE for 33269 remain the same. We are not recommending any PE for the add-on code 33268.

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, the global periods for these codes remain the same 90-days for codes 33267 and 33269 and ZZZ for 33268.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

The clinical staff pre-service work includes completion of pre-service diagnostic and referral forms, for the procedure. Coordination of pre-surgery services and diagnostic tests, which may include chest x-rays, CT Scan, MRI, aortogram and TEE and any laboratory studies if avaiable. The clinical staff must also coordinate with the other specialists that will be needed to diagnose and perform the

procedure, this will include, at a minimum coordination with neurology, anesthesia, assistant surgeon, the ICU, cardiology for the TEE, and perfusion. The clinical staff will schedule the operating room and ensure that all necessary equipment, including for cardiopulmonary bypass is available. Clinical staff will also provide education to the patient on the procedure, including the possibility of using cardiopulmonary bypass, the planned surgical approach or alternative approaches based on findings once the procedure is initiated, the planned method of left atrial appendage (LAA) exclusion the expected post-operative course and obtain consent from the patient. The clinical staff will also complete any pre-procedure phone calls to patient verifying time, pre-op instruction and all pre-operative prescription/medications to take/not take.

b. Service period (includes pre, intra and post):

Code 33267 includes a 99239 discharge day visit with 15 minutes of clinical staff time allocated to standards for assisting in discharge day management, which may include coordination of post-operative prescriptions, appointments, coordination with other physicians.
Code 33268 includes a 99238 discharge day management service with 12 minutes of clinical staff time allocated to standards for assisting in discharge day management, which may include coordination of post-operative prescriptions, appointments, coordination with other physicians.

c. Post-service period:

Code 33267 has two level three E/M visits in the post-service period and code 33269 has one post-operative E/M visit in the post-service period. The clinical staff work includes the standard activities involved in any post-operative E/M visit including ensuring the appropriate supplies are available in the room, rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with wound care, coordination of care, and cleaning of the room.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**4.01**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture & staple)	**SA053**	**pack**		**7.49**
kit, staple removal		kit	1	
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF023 – Table, exam – office visits
EF014 – Light, surgical – office visits

ADDITIONAL INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The majority of offices of our specialty utilize RN's or advance practice providers (PA's or NP's) because of the complexity of triaging outpatient care for cardiac surgery patients. Since CMS does not recognize PAs or NPs as clinical staff, the RN level has been traditionally accepted. This is a long-standing standard and is consistent in the family of cardiothoracic surgery codes that are not typically performed by multiple specialties. Codes 33267, 33268 and 33269 are all performed by cardiothoracic surgeons and would not be considered multi-specialty procedures.

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 33267, 33269, 33268
SPECIALTY SOCIETY(IES): STS/AATS
PRESENTER(S): Joesph Turek, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	J	L	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**	**CURRENT**
2						**33267**	**33267**	**33269**
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Exclusion of left atrial appendage, open, any method (eg, excision,	Exclusion of left atrial appendage, open, any method (eg, excision,	Exclusion of left atrial appendage, thoracoscopic, any method (eg,
5		**LOCATION**				**Facility**	**Facility**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.06**	**$ 128.19**	**$ 94.06**
8		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**108.0**	**147.0**	**108.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**60.0**	**60.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**12.0**	**15.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**36.0**	**72.0**	**36.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 82.08**	**$ 111.72**	**$ 82.08**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms	L051A	RN	0.76	5	5	5
16	CA002	Coordinate pre-surgery services (including test results)	L051A	RN	0.76	20	20	20
17	CA003	Schedule space and equipment in facility	L051A	RN	0.76	8	8	8
18	CA004	Provide pre-service education/obtain consent	L051A	RN	0.76	20	20	20
19	CA005	Complete pre-procedure phone calls and prescription	L051A	RN	0.76	7	7	7
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
48		**Intra-service (of service period)**						
59		**Post-Service (of service period)**						
74	CA036	Discharge day management	L051A	RN	0.76	**12**	**15**	**12**
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications	L051A	RN	0.76			
85	CA038	Coordinate post-procedure services	L051A	RN	0.76			
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16					
88		99212 27 minutes	27					
89		99213 36 minutes	36			1	2	1
90		99214 53 minutes	53					
91		99215 63 minutes	63					
92	CA039	Post-operative visits (total time)	L051A	RN	0.76	**36.0**	**72.0**	**36.0**
99		**End: with last office visit before end of global period**						

	A	B	D	E	F	J	L	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**	**CURRENT**
2						**33267**	**33267**	**33269**
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Exclusion of left atrial appendage, open, any method (eg, excision,	Exclusion of left atrial appendage, open, any method (eg, excision,	Exclusion of left atrial appendage, thoracoscopic, any method (eg,
5		**LOCATION**				**Facility**	**Facility**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.06**	**$ 128.19**	**$ 94.06**
8		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**108.0**	**147.0**	**108.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**60.0**	**60.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**12.0**	**15.0**	**12.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**36.0**	**72.0**	**36.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 11.50**	**$ 15.51**	**$ 11.50**
102	SA048	pack, minimum multi-specialty visit	4.01	pack		1	2	1
103	SA053	pack, post-op incision care (suture & staple)	7.49	pack		1	1	1
104								
105								
106								
107								
108								
109								
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.48**	**$ 0.96**	**$ 0.48**
112	EF023	table, exam	4737.727	Office Visits	0.010538571	36	72.0	36
113	EF014	light, surgical	1256.667	Office Visits	0.002795322	36	72.0	36
114								
115								
116								
117								
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
119								

	A	B	P	R	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2			**33269**	**33268**	**33268**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	Exclusion of left atrial appendage, thoracoscopic, any method (eg,	Exclusion of left atrial appendage, open, performed	Exclusion of left atrial appendage, open, performed at the time of
5		**LOCATION**	**Facility**	**Facility**	**Facility**
6		**GLOBAL PERIOD**	**90**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 94.06**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**108.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**12.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**36.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 82.08**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**			
14		**Start: Following visit when decision for surgery/procedure made**			
15	CA001	Complete pre-service diagnostic and referral forms	5		
16	CA002	Coordinate pre-surgery services (including test results)	20		
17	CA003	Schedule space and equipment in facility	8		
18	CA004	Provide pre-service education/obtain consent	20		
19	CA005	Complete pre-procedure phone calls and prescription	7		
29		**End: When patient enters office/facility for surgery/procedure**			
30		**SERVICE PERIOD**			
31		**Start: When patient enters office/facility for surgery/procedure:**			
32		**Pre-Service (of service period)**			
48		**Intra-service (of service period)**			
59		**Post-Service (of service period)**			
74	CA036	Discharge day management	**12**		
81		**End: Patient leaves office/facility**			
82		**POST-SERVICE PERIOD**			
83		**Start: Patient leaves office/facility**			
84	CA037	Conduct patient communications			
85	CA038	Coordinate post-procedure services			
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**
87		99211 16 minutes			
88		99212 27 minutes			
89		99213 36 minutes	1		
90		99214 53 minutes			
91		99215 63 minutes			
92	CA039	Post-operative visits (total time)	**36.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**			

	A	B	P	R	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2			**33269**	**33268**	**33268**
3		***RUC Collaboration Website***			
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	Exclusion of left atrial appendage, thoracoscopic, any method (eg,	Exclusion of left atrial appendage, open, performed	Exclusion of left atrial appendage, open, performed at the time of
5		**LOCATION**	**Facility**	**Facility**	**Facility**
6		**GLOBAL PERIOD**	**90**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 94.06**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**108.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**12.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**36.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 11.50**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit	1		
103	SA053	pack, post-op incision care (suture & staple)	1		
104					
105					
106					
107					
108					
109					
110	**Equipment Code**	**EQUIPMENT**			
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.48**	**$ -**	**$ -**
112	EF023	table, exam	36.0		
113	EF014	light, surgical	36.0		
114					
115					
116					
117					
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*			
119					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

September 2026

Per-Oral Endoscopic Myotomy (POEM) – Tab 10

CPT code 43497 was flagged on the New Technology/New Services list. In April 2026, the Relativity Assessment Workgroup (RAW) reviewed three years of available Medicare claims data (2022, 2023 and 2024) and the RUC recommended that this service be surveyed for September 2026.

43497 ***Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])***
The RUC reviewed the survey results from 61 gastroenterologists and gastrointestinal surgeons and determined the current work RVU of 12.96, accounts for the work required to perform this service. The RUC recommends 33 minutes pre-evaluation time, 3 minutes pre-positioning time, 10 minutes scrub/dress/wait time, 90 minutes intra-service time, 50 minutes immediate post-service time, 0.5-99238 and 2-99213 post-operative visits as supported by the survey, totaling 251 minutes. The RUC discussed the addition of 20 minutes of immediate post-service time to the initial value of 30 minutes of immediate post-service time, for a final recommendation of 50 minutes of immediate post-service time. The societies explained that it is typical for the performing physician to check in on the patient following the procedure. To be consistent with CMS's 23-hour rule policy for hospital stays of less than 24 hours, this observation time is included in the immediate post-service time.

Peroral endoscopic myotomy (POEM) is an endosurgical treatment for achalasia, which is a very rare disorder in which incomplete lower esophageal sphincter relaxation and loss of normal peristalsis lead to difficulty swallowing. POEM allows the gastroenterologist to cut the lower esophageal sphincter through a flexible endoscope, whereas previously this would have required open and now more commonly laparoscopic surgery. POEM is one of, if not the most, technically demanding and complex procedures performed by gastroenterologists. It is a third space procedure, in that it is neither within the lumen nor outside the lumen but involves creating a submucosal tunnel within the thin wall of the esophagus itself. Creation of the tunnel requires precise submucosal dissection using specialized hybrid electrosurgical knives, meticulous hemostatic techniques and continuous assessment of tissue planes that are adjacent to critical mediastinal structures. Once the submucosal tunnel has been created, the physician then dissects and cuts the underlying muscle while being vigilant to preserve the overlying mucosa, which is then closed. Unlike laparoscopic surgery, which benefits from multiple ports and traction devices, POEM is performed through a single forward-facing endoscope. Movements at the control wheel reach the endoscope tip, about a meter away, with a lag, while vascular motion, respiratory motion, and esophageal spasm displace the operative field and instruments and bleeding obscure the area in which the physician must dissect and cut. This makes for a technically demanding and stressful procedure that can result in serious complications due to extravasation of CO2 into the mediastinal and peritoneal spaces and direct damage to the mediastinal structures.

The specialty societies explained in detail why the intra-service time has decreased and intensity has increased for this service. While refinements of pre-procedural fasting protocols have decreased the time that clinicians spend clearing the esophagus of retained food and debris, the greatest low-intensity time savings have come from advances in hybrid electrosurgical instruments. In the past, the tunneling and dissection portion of the POEM procedure had to be paused every few minutes to exchange the electrosurgical knife with an injection needle used to expand the

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

submucosal plane. This cycle of withdrawing the knife, inserting the needle, performing the injection, withdrawing the needle, and reinserting the surgical knife would happen dozens of times per case. Now, hybrid electrosurgical instruments capable of performing submucosal injection and delivering energy for tissue dissection have minimized these low-intensity but time-consuming device exchanges. A similar advancement in electrosurgical equipment and imaging technology has also allowed for fewer device exchanges for hemostasis. In the past, similar to the injection needle, the electrosurgical knife would have to be exchanged for hemostatic forceps to treat bleeding from submucosal vessels. Now physicians can identify vessels in the upcoming submucosa, strip or skeletonize the vessels to allow for precise coagulation, modulate the energy settings, and apply low-intensity current through the electrosurgical knife to prophylactically coagulate these vessels prior to transection. That work of prophylactic coagulation adds additional high-intensity work and also decreases these low-intensity device exchanges. Overall, these and other advances have disproportionately reduced time spent on lower intensity activities. The demanding dissection, hemostasis, myotomy, and closure remain, and now occupy a greater proportion of the shorter procedure, which explains how the average intra-service intensity has increased while time has decreased, and together with the survey and relativity evidence, supports maintaining the work RVU. The RUC agreed that the intensity and complexity to perform CPT code 43497 has increased.

To support maintaining the current value, the RUC compared the surveyed code to the top key reference service 43889 *Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed* (work RVU = 12.56, 90 minutes intra-service time and 274 minutes total time). CPT code 43889 requires more standardized suturing maneuvers within the larger stomach lumen, whereas POEM, CPT code 43497, is a substantially more technically demanding, highly variable procedure with little margin for error. At the current work value of 12.96, the intensity of CPT code 43497 appropriately exceeds that of CPT code 43889, acknowledging this relationship. Of the respondents who chose CPT code 43889 as the key reference service, 83% indicated that the surveyed code is somewhat more to much more intense and complex to perform on all measures examined: mental effort and judgment, technical skill/physical effort and psychological stress. Therefore, the surveyed code is appropriately valued higher.

For additional support, the RUC referenced MPC code 15730 *Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)* (work RVU = 13.16, 87.75 minutes intra-service time and 253.25 minutes total time), and CPT code 57260 *Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;* (work RVU = 12.92, 87.75 minutes intra-service time and 238.75 minutes total time) and noted these services require similar physician work and time and demonstrate the appropriate relativity across the payment schedule. **The RUC recommends a work RVU of 12.96 for CPT code 43497.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Digestive System** **Esophagus** **Other Procedures**			
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM]) (Do not report 43497 in conjunction with 32665, 43191, 43197, 43200, 43235)	090	12.96 (No Change) (2026 Work RVU = 12.96)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43497 Tracking Number Original Specialty Recommended RVU: **12.96**
Presented Recommended RVU: **12.96**
Global Period: 090 Current Work RVU: **12.96** RUC Recommended RVU: **12.96**

CPT Descriptor: Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48-year-old male presents with progressive dysphagia for solids and liquids. Testing has confirmed achalasia. The patient is referred for peroral endoscopic myotomy (POEM).

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 13% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 23%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review symptoms, history, and preadmission work-up, paying particular attention as to the use of a systematic symptoms inventory and any available imaging reports (esophagram, CT), relevant diagnostic tests (ECG, esophageal manometry, prior endoscopy) and laboratory studies, especially as they relate to coagulation status, CBC, and basic metabolic panel. Review the patient's allergies and medications noting use of antiplatelets or anticoagulants. Determine the need for timing of preprocedure antibiotics, steroids, or contrast allergy prophylaxis. Perform a preprocedural examination, including vitals, body mass index (BMI), airway assessment, cardiopulmonary assessment, and abdominal examination. Review achalasia type, prior interventions history, and likely benefit from POEM based on evidence. Counsel the patient accordingly to set realistic expectations, including the need for secondary interventions. Document preprocedural history and physical. Review the risks, benefits alternatives, and potential complications of the procedure with the patient and the patient's family. Review the logistics of the planned procedure and the postoperative management. Document informed consent. Review the length and type of anesthesia with the anesthesiologist and discuss the need for aspiration precaution measures. Plan the technical aspects of the procedure. Determine the length of myotomy based on preprocedural work-up. Verify that all required instruments and supplies are available, including endoscopic tools. Position the patient on the procedure table. Position the endoscopic, imaging, electrocautery, and monitoring equipment to provide access for the procedure. Apply appropriate protective attire and shielding to all in the suite, including the patient. Perform a preprocedure time out.

Description of Intra-Service Work: Place a bite-block in the patient's mouth. Confirm with anesthesiology that an adequate level of anesthesia is in place to begin intubation of the esophagus. Insert a flexible upper endoscope with a clear cap attached through the mouth into the oropharynx and into the esophagus. Suction secretions and remove retained food and debris as needed to permit adequate visualization. Assess esophageal anatomy including degree of esophageal dilation and tortuosity. Advance the endoscope through the lower esophageal sphincter into the proximal stomach. Insufflate the stomach with CO2. Perform an examination of the entire stomach in the forward and retroflexed position. Advance the endoscope through the pylorus into the duodenal bulb. Perform circumferential inspection of the duodenum after insufflation. Once initial examination confirms that there are no contraindications to proceeding, it is optional to lavage the esophagus with antibiotics and/or place an esophageal overtube. Record careful measurements of critical landmarks (teeth and overtube, squamocolumnar junction, proximal gastric folds). Identify anterior and posterior wall to determine approach. Observe esophageal motility and mucosa and make final adjustments to planned endpoints and length of myotomy as appropriate. Position the endoscope in the esophageal lumen at the anticipated proximal end of the myotomy

and perform a submucosal injection with appropriate lifting solution using an injection needle. After an adequate fluid cushion is achieved, create a mucosal incision using the electrocautery dissection knife selected at the appropriate energy settings to create a submucosal entry tunnel for the endoscope. Incision should be several centimeters proximal to the planned myotomy. Once the esophageal submucosal space has been entered, carefully dissect the layers of submucosal tissue to further expand the submucosal tunnel and expose the esophageal muscle below it. It is essential to prophylactically coagulate and ensure meticulous hemostasis of submucosal vessels encountered during creation of the tunnel. Extend the tunnel distally until the tunnel reaches 1.5 to 3 cm onto the gastric cardia below the gastroesophageal (GE) junction. Perform continuous monitoring of the patient's vital signs and physical examination of the chest and abdomen to assess and manage any perforations or complications due to extraluminal CO2 extravasation. Once the submucosal tunnel creation is complete and its adequacy documented, incise and divide the intended muscle fibers, extending the full length of the myotomy. Once the myotomy is complete, repeat the endoscopy to evaluate the adequacy of the myotomy and patency of the GE junction. Carefully examine the esophageal mucosa for any mucosal injury. Close the mucosal defect at the entry point of the submucosal tunnel. Perform careful inspection of the incision site to ensure adequate closure and hemostasis. After suctioning to deflate the stomach and esophagus, withdraw the endoscope.

Description of Post-Service Work: Hospital: Monitor the patient during reversal of anesthesia, paying particular attention to hypercapnia issues and aspiration risk. Reassess for crepitus and pneumoperitoneum. Monitor the transport of the patient from the operating area to the recovery room. Complete postprocedure orders. Discuss the patient's postoperative recovery with the anesthesia and nursing staff. Discuss the procedure and outcome with the patient's family. Write or dictate an operative note and complete final operative documentation. Forward the procedure report to referring physicians. Write orders for transferring the patient to the hospital inpatient floor and discuss ongoing care with the floor team, including physicians and nurses. Discuss the plan for monitoring, barium esophagram, antibiotics, postmyotomy diet, monitoring, and discharge criteria. Examine the patient daily while admitted, including taking vitals and performing a cardiopulmonary examination and abdominal examination. Review the patient's pain and treat appropriately. Answer questions from the patient, the patient's family, and nursing staff. Once the patient is taking adequate nutrition, has adequate pain control with oral analgesics, and has a normal esophagram or no physical contraindications, consider discharge. Discuss orders for follow-up visits, laboratory studies, medications, and studies prior to discharge. Complete all appropriate medical records, including day-of-discharge progress notes, a discharge summary, and discharge instructions.

Clinic: Examine and obtain a history from the patient. Pay specific attention to pain, swallowing function, and symptoms of acid reflux. Discuss postoperative testing, which may include esophagram, esophageal manometry, pH testing, and/or endoscopy with impedance planimetry. Arrange for return visits to monitor progress and review follow-up testing. Educate patients regarding the long-term, natural history of achalasia and the need for long term follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026		
Presenter(s):	R. Bruce Cameron, MD, Patricia Garcia, MD, Shelby Sullivan, MD, Ketan Sheth, MD		
Specialty Society(ies):	ACG, AGA, ASGE, SAGES		
CPT Code:	43497		
Sample Size:	3426	**Resp N:**	61
Description of Sample:	The ACG, AGA, ASGE and SAGES conducted a survey for the September 2026 RUC meeting including a 2,500 random sample of subsets of ACG, AGA, and ASGE society members plus a 1,000 random sample of SAGES members totaling 3,500 physicians. The ACG, AGA and ASGE obtained random sample of each society's advanced endoscopy special interest group: ACG performed a random sample of 500, AGA of 1,000, and ASGE of 1,000. A total of 3,426 physicians received the survey after accounting for failed deliveries, resulting in 61 completed surveys. The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	28.00	80.00
Survey RVW:	8.80	15.00	**19.00**	20.00	25.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	43497	**Recommended Physician Work RVU: 12.96**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**50.00**	**30.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43889	090	12.56	**RUC Time**

CPT Descriptor Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43775	090	19.87	**RUC Time**

CPT Descriptor Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15730	090	13.16	**RUC Time**	1,764

CPT Descriptor 1 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36821	090	11.60	**RUC Time**	18,177

CPT Descriptor 2 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
57260	090	12.92	**RUC Time**

CPT Descriptor Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 37.7 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 34.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 43497	Top Key Reference CPT Code: 43889	2nd Key Reference CPT Code: **43775**
Median Pre-Service Time	46.00	53.00	85.00
Median Intra-Service Time	90.00	90.00	117.00
Median Immediate Post-service Time	50.00	43.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	60.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	46.0	69.00	79.00
Median Total Time	**251.00**	**274.00**	**424.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	8%	9%	57%	26%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	26%	74%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	30%	70%
Physical effort required	9%	35%	56%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	26%	74%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	29%	42%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	19%	81%
Physical effort required	5%	38%	57%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: Peroral endoscopic myotomy (POEM) remains one of the most technically demanding and complex procedures performed by gastroenterologists. POEM is an endosurgical procedure that requires creation of a tunnel inside the thin wall of the esophagus followed by a full-thickness incision through the muscle layers, at a location adjacent to critical structures in the mediastinum. This technique requires precise dissection within a confined field (made more difficult by a limited forward-only view), meticulous hemostasis, preservation of mucosal integrity, and

monitoring/management of serious complications including bleeding, pneumoperitoneum and pneumomediastinum. These demands distinguish POEM from conventional luminal endoscopic procedures in both time and intensity.
We recommend maintaining 12.96 work RVUs for CPT 43497. This recommendation is supported by the current survey, the intensity of the physician work, clinical relativity to endoscopic sleeve gastroplasty (ESG), and consistency with comparison services.

Survey support: The current survey is robust and includes 61 experienced respondents. The data supports maintaining 12.96 work RVUs, a value below the survey's 25th percentile of 15.00 work RVUs.

Appropriate intraservice intensity: At the recommended work value and time, POEM's calculated IWPUT is approximately 0.093. Efficiency gains have reduced time spent on lower-intensity activities such as esophageal clearance, repeated orientation maneuvers, and instrument exchanges (see Supporting Rationale section for greater detail), consolidating the demanding endosurgical work into a shorter duration higher intensity service.

Clinical relativity to ESG: ESG (CPT 43889) was the most frequently selected key reference service. Among respondents selecting ESG, 83% rated POEM as more intense or complex. At 12.96 work RVUs, POEM's IWPUT of 0.093 appropriately exceeds ESG's 0.078. This relationship reflects the additional demands of creating and operating within a confined submucosal tunnel adjacent to mediastinal structures.

Consistency with comparison services: The wRVU recommendation is also supported by contemporary comparison codes. These relationships support the reasonableness of 12.96 work RVUs and an IWPUT of 0.093 for POEM. (See table below)

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Util
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	090	12.68	90	87.75	311.75	Yes	RUC	2008-02	0.0712		2177
43889	**KRS#1** - Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	090	12.56	90	90	274		RUC	2025-01	0.0774		
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	090	12.68	90	87.75	260.75	Yes	RUC	2024-09	0.0866		9883
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	090	13.16	90	87.75	273.75	Yes	RUC	2013-10	0.0907		11845
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	090	12.96	90		251			2026	0.0930		
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	090	13.50	90	90	254		RUC	2025-01	0.0961		
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	090	13.03	90	87.75	245.75	Yes	RUC-CMS Revised	2010-10	0.0964		1024
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	090	12.92	90	87.75	238.75	Yes	RUC	2017-01	0.0983		8493
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	090	13.16	90	87.75	253.25	Yes	RUC	2017-01	0.0984	Yes	1764
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	090	13.03	90	87.75	238.75	Yes	RUC	2014-04	0.0996		434

Survey Process: The ACG, AGA, ASGE and SAGES conducted a survey for the September 2026 RUC meeting including a 2,500 random sample of subsets of ACG, AGA, and ASGE society members plus a 1,000 random sample of SAGES members totaling 3,500 physicians. The ACG, AGA and ASGE obtained random sample of each society's advanced endoscopy special interest group: ACG performed a random sample of 500, AGA of 1,000, and ASGE of 1,000.

A total of 3,426 physicians received the survey after accounting for failed deliveries, resulting in 61 completed surveys. The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.

Recommendations

We recommend the current value wRVU of 12.96.

Pre- time package 3: We recommend a total of 46 minutes of pre-service evaluation time
Pre-service evaluation = 33 minutes, reflecting the package time.
Pre-service positioning = 3 minutes, reflecting the package time.

Pre-service scrub, dress, wait time = 10 minutes, reflecting the survey median which is less than the package time.

Post-time package 9A: We recommend 50 minutes of immediate post-service time, 0.5-99238 discharge visit, and 2-99213 office visits. During the October 2020 meeting, the RUC discussed the addition of 20 minutes of immediate post-service time to the initial value of 30 minutes of immediate post-service time, for a final recommendation of 50 minutes of immediate post-service time. Our societies explained that it is typical for the performing physician to assess the patient following the procedure; however, given CMS rules prohibiting an observation visit during hospital stays of less than 24 hours (as would be the case for CPT code 43497), listing such a visit would be improper. Therefore, we included this observation time in the immediate post-service time, which was accepted by the RUC.

Intra-service time: 90 minutes of intra-service time, reflecting the survey median.

Key reference services
Two reference services were selected more often than others, 43889 and 43775.

1. 43889– *Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed)* (23/61)
2. 43775– *Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)* (21/61)

Supporting Rationale: Clinical expert review of the *Description of Intra-Service Work* from 2020 identified efficiencies that selectively reduce time spent on relatively lower-intensity activities, concentrating the remaining time on demanding endosurgical work. This change in the composition of the procedure explains why POEM is now a shorter-duration, higher-intensity service. Relevant excerpts from the 2020 intraservice work description appear in italics below along with explanations of the efficiencies gained in those areas. The intraservice work descriptions in this SOR have been updated to reflect current practice.

Esophageal clearance and initial examination
"Pay meticulous attention to suctioning and removing solid and liquid debris and secretions from the esophagus to allow complete visualization of the esophageal mucosa and anatomy."

Refined fasting and preparation protocols have reduced the frequency and volume of retained food in the esophagus at the time of POEM. Previously, time-consuming suction and extraction techniques were required to clear the esophagus before the endosurgical portion could begin. Assessment of anatomy and confirmation that the esophagus is adequately cleared remains necessary but is now performed more quickly due to less retained solid and liquid debris.

Orientation and identification of the entry site
Observe esophageal motility and mucosa and make final adjustments to planned endpoints and length of myotomy as appropriate. Instill water into the esophageal lumen to determine anterior vs posterior wall, because approach may differ in each case."

Physicians are now more adept at identifying esophageal landmarks by pattern recognition, allowing selection of the entry site without time-consuming maneuvers like water instillation. Judgment about the approach, trajectory, and endpoints remains essential, but obtaining the information needed for those decisions has become more efficient.

Cap placement and repeated scope insertion
"Once initial examination and landmarks are noted, and anterior vs posterior approach determined, remove the endoscope, and fit and securely fix the endoscope with a clear cap. Reinsert the cap-fitted endoscope into the esophagus…"

In the past, physicians often performed an initial endoscopic examination without a clear cap attached and then withdrew the endoscope to attach a clear cap before proceeding with the endosurgical portion. The examination without a cap was done to facilitate clearing retained food debris and for better visualization of the underlying anatomy. With more robust pre-procedure protocols, large amounts of retained food are less common. Enhanced preprocedure imaging techniques and pattern recognition have also improved intraprocedural anatomic assessment. Physicians now frequently perform the initial endoscopic examination with the cap in place and then proceed with the endosurgical portions directly, reducing the need for withdrawal and reinsertion of the endoscope.

Repeated device exchanges for injection and dissection

"…perform a submucosal injection with appropriate lifting solution using an injection needle. After an adequate fluid cushion is achieved, create a mucosal incision using the electrocautery dissection knife selected at the appropriate energy settings to create a submucosal entry tunnel for the endoscope."

The original technique required pausing dissection every few minutes to alternate between an injection needle and an electrosurgical knife. In each cycle, the knife was withdrawn, the needle advanced, injection performed to expand the submucosal tissue planes, and the knife reintroduced to continue dissection. Use of hybrid electrosurgical instruments capable of performing submucosal injection and delivering energy for cutting has decreased these low-intensity device exchanges concentrating the work required to maintain a safe dissection plane.

Repeated device exchanges for hemostasis

"It is essential to ensure meticulous hemostasis of submucosal vessels as encountered during creation of the tunnel, and, as needed, use alternative instruments, settings, and interventions."

Control of bleeding previously required frequent exchanges of the dissection knife for hemostatic forceps and then reinsertion of the dissection knife once it was safe to proceed. Recent advancements in electrosurgical instruments and endoscope optics, like narrow wavelength imaging, now permit earlier identification and prophylactic coagulation of submucosal vessels using the electrosurgical knife itself. Meticulous prophylactic hemostatic maneuvers are high-intensity but decrease the overall time spent by reducing low-intensity time-consuming device exchanges.

Persistent demands of submucosal tunneling, myotomy and closure

Reductions in time spent on relatively lower-intensity activities — clearing retained contents, performing repeated orientation maneuvers, withdrawing and reinserting the endoscope, and exchanging instruments — have improved procedural efficiency. The demanding work of submucosal dissection, hemostasis, preservation of mucosal integrity, myotomy, recognition and management of complications, and secure closure of the mucosal entry site remains. These demanding tasks now occupy a greater proportion of the remaining procedure time, supporting a higher average intraservice intensity (IWPUT). Together with the survey results and comparison-code relationships, this change in the composition of intraservice work supports maintaining the current value of 12.96 work RVUs.

See the table on the following page for a complete comparison list of 90-day global codes.

Comparison Table

90-day global; RVU 9-20; IS 90; RUC Review 2008-current												
CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	090	9.14	90	87.75	268.75	Yes	RUC	2008-10	0.047		4810
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	090	9.73	90	87.75	258.75	Yes	RUC	2020-01	0.0555		6068
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	090	9.78	90	87.75	280.75	Yes	RUC	2008-02	0.0515		1590
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	090	9.86	90	87.75	281.75	Yes	RUC	2009-02	0.0489		418
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	090	9.87	90	87.75	294.75	Yes	RUC	2008-10	0.0435		408
27654	Repair, secondary, Achilles tendon, with or without graft	090	10.27	90	87.75	280.75	Yes	RUC	2008-04	0.0478		3157
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	090	10.65	90	87.75	251.75	Yes	RUC-CMS Revised	2010-10	0.0678		5785
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	090	10.85	90	87.75	317.75	Yes	RUC	2009-02	0.048		1457
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	090	10.85	90	87.75	312.75	Yes	RUC	2009-02	0.0493		2350
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	090	10.85	90	87.75	317.75	Yes	RUC	2009-02	0.048		558
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	090	10.85	90	87.75	307.75	Yes	RUC	2009-02	0.0506		801
26260	Radical resection of tumor, proximal or middle phalanx of finger	090	10.88	90	87.75	253.75	Yes	RUC	2009-02	0.0682		16
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	090	10.91	90	87.75	264.75	Yes	RUC-CMS Revised	2010-10	0.0696		6943
28725	Arthrodesis; subtalar	090	10.94	90	87.75	295.75	Yes	RUC-CMS	2011-02	0.0533		4593

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	090	11.00	90	90	252		RUC	2025-01	0.0769		
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	090	11.11	90	87.75	274.75	Yes	RUC	2008-02	0.0657		1897
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	090	11.18	90	87.75	235.75	Yes	RUC-CMS Revised	2010-10	0.0831		29333
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	090	11.19	90	87.75	248.75	Yes	RUC-CMS Revised	2011-02	0.0807		1523
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	090	11.20	90	87.75	354.75	Yes	RUC	2020-01	0.0218		209
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	090	11.23	90	87.75	270.75	Yes	RUC	2009-04	0.0671		504
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	090	11.30	90	90	242		RUC	2025-01	0.0827		
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	090	11.37	90	87.75	228.75	Yes	RUC	2020-01	0.0824		5043
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	090	11.55	90	87.75	293.75	Yes	RUC	2023-09	0.0558		
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090	11.70	90	87.75	302.75	Yes	RUC	2022-01	0.0612		16333

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	090	11.70	90	87.75	269.75	Yes	RUC	2017-01	0.0699		647
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	090	11.73	90	87.75	245.75	Yes	RUC	2013-10	0.0868		10213
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	090	12.07	90	87.75	331.75	Yes	RUC	2009-02	0.0488		89
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	090	12.08	90	87.75	245.75	Yes	RUC	2013-10	0.0908		2246
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	090	12.10	90	87.75	241.75	Yes	RUC	2022-01	0.0874		1603
43889	**KRS#1** - Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	090	12.56	90	90	274		RUC	2025-01	0.0774		
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	090	12.68	90	87.75	260.75	Yes	RUC	2024-09	0.0866		9883
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	090	12.68	90	87.75	311.75	Yes	RUC	2008-02	0.0712		2177
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	090	12.92	90	87.75	238.75	Yes	RUC	2017-01	0.0983		8493
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	090	12.96	90					2026	0.0930		

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	090	13.03	90	87.75	238.75	Yes	RUC	2014-04	0.0996		434
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	090	13.03	90	87.75	245.75	Yes	RUC-CMS Revised	2010-10	0.0964		1024
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	090	13.16	90	87.75	253.25	Yes	RUC	2017-01	0.0984	Yes	1764
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	090	13.16	90	87.75	273.75	Yes	RUC	2013-10	0.0907		11845
32100	Thoracotomy; with exploration	090	13.41	90	87.75	408.75	Yes	RUC	2011-04	0.0405		285
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	090	13.50	90	90	254		RUC	2025-01	0.0961		
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	090	13.58	90	87.75	192.75	Yes	RUC	2008-04	0.1161		5797
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	090	14.38	90	87.75	252.75	Yes	RUC	2014-04	0.1038		162
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	090	14.47	90	87.75	341.75	Yes	RUC	2020-01	0.0714		5488
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	090	14.54	90	87.75	376.75	Yes	RUC	2022-01	0.063		680
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	090	14.54	90	87.75	386.75	Yes	RUC	2008-02	0.0597		28

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	090	14.63	90	87.75	272.75	Yes	RUC	2022-04	0.1083		8
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	090	14.63	90	87.75	394.75	Yes	RUC	2017-01	0.0702		939
19303	Mastectomy, simple, complete	090	14.63	90	87.75	280.75	Yes	RUC	2016-04	0.1002	Yes	23001
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090	14.63	90	87.75	268.75	Yes	RUC	2016-01	0.105		736
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	14.63	90	87.75	238.75	Yes	RUC	2014-04	0.1178		23208
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	090	14.63	90	87.75	267.75	Yes	RUC	2010-04	0.1068		197
29916	Arthroscopy, hip, surgical; with labral repair	090	14.63	90	87.75	267.75	Yes	RUC	2010-04	0.1068		513
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	090	14.87	90	87.75	403.75	Yes	RUC	2010-10	0.0532		1737
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	090	14.98	90	87.75	350.75	Yes	RUC-CMS Revised	2011-02	0.0719		609
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090	14.99	90	87.75	359.75	Yes	RUC	2013-01	0.075		76477

CPT Code	Long Desc	Glob	Work RVU	Intra Time	Adj Intra-Svc Time	Adj Total Time	Effic Adj	Time Source	Most Recent RUC Review	IWPUT	MPC	2024 Medicare Utilization
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	090	15.21	90	87.75	192.75	Yes	RUC	2008-04	0.1347		577
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	090	15.36	90	87.75	424.75	Yes	RUC	2011-04	0.0573		697
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	090	15.60	90	87.75	287.75	Yes	RUC	2015-04	0.1008		345
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	16.70	90	87.75	307.75	Yes	RUC	2021-04	0.1169		11498
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	090	16.70	90	87.75	292.75	Yes	RUC	2015-04	0.1121		15601
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	090	17.17	90	87.75	415.75	Yes	RUC	2012-10	0.0786		53492
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	090	18.04	90	87.75	398.75	Yes	RUC	2020-10	0.0739		247
33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed	090	19.41	90	87.75	483.75	Yes	RUC	2025-01	0.0609		239
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	090	19.41	90	87.75	483.75	Yes	RUC	2025-01	0.0609		192
Current 43497 values for reference:												
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	090	12.96	120	117	278	Yes	RUC	2020-10	0.0716		1230

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 43497

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty GASTROENTEROLOGY How often? Commonly

Specialty GENERAL SURGERY How often? Sometimes

Specialty THORACIC SURGERY How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 4,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is the expected proportion of total eligible patients undergoing POEM over a one-year period, providing a realistic projection of utilization during recent adoption.

Specialty GASTROENTEROLOGY Frequency 3,000 Percentage 75.00 %

Specialty GENERAL SURGERY Frequency 600 Percentage 15.00 %

Specialty THORACIC SURGERY Frequency 160 Percentage 4.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,230
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on reported utilization in RUC data base.

Specialty GASTROENTEROLOGY Frequency 959 Percentage 77.96 %

Specialty GENERAL SURGERY Frequency 172 Percentage 13.98 %

Specialty THORACIC SURGERY Frequency 49 Percentage 3.98 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 43497

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. n/a

ISSUE: 43497 (POEM)

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inp		
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33
1st REF	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG),	090	Sep-24	23	0.078	0.046			12.56			274	40	3	10			90			43			
2nd REF	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie,	090	Apr-09	21	0.096	0.049			19.87			409	40	25	20			117			30			
CURRENT	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy	090	Oct-20		0.072	0.047			12.96			278	33	3	10			117			50			
2020 RUC REC	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy				0.091	0.055			15.50			281	33	3	10			120			50			
SVY	**43497**	**Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])**	**90**		**61**	**0.126**	**0.055**	**8.80**	**15.00**	**19.00**	**20.00**	**25.00**	**343**	**45**	**10**	**10**	**30**	**60**	**90**	**120**	**240**	**30**			
REC	**43497**	**Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])**	**090**			**0.0930**	**0.052**			**12.96**			**251**	**33**	**3**	**10**			**90**			**50**			

ISSUE: 43497 (POEM)

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	t or obs/disch 32	t or obs/disch 31	t or obs/disch 38	t or obs/disch 39	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG),	090	Sep-24			0.5		3								
2nd REF	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie,	090	Apr-09	1	1	1.0		1	1	1						
CURRENT	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy	090	Oct-20			0.5		2								
2020 RUC REC	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy					0.5		2								
SVY	**43497**	**Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])**	**90**			**1**	**1.0**		**2**				**0**	**1**	**10**	**28**	**80**
REC	**43497**	**Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])**	**090**				**0.5**		**2**								

FACILITY DIRECT PE INPUTS **CPT CODE(S):**43497

SPECIALTY SOCIETY(IES): ACG, AGA, ASGE, SAGES

PRESENTER(S): R. Bruce Cameron, MD (ACG), Patricia Garcia, MD (AGA), Shelby Sullivan, MD and Seth Gross, MD (ASGE) Ketan Sheth, MD (SAGES)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
43497	A 48-year-old male presents with progressive dysphagia for solids and liquids. Testing has confirmed achalasia. The patient is referred for per-oral endoscopic myotomy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA, ASGE, and SAGES convened an RVS expert panel of the surveying specialty societies to review practice expense data for code 43497. The panel included both sub-specialists and generalists from within the specialties of a variety of settings across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   43279, Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   We are not recommending more minutes than the PE Subcommittee standards

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

NA

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

NA

8. Please provide a brief description of the clinical staff work for the following:
   1. Pre-Service period:

Complete pre-service diagnostic and referral forms = 5 minutes Coordinate pre-surgery services (including test results) = 20 minutes Schedule space and equipment in facility = 8 minutes Provide pre-service education/obtain consent = 20 minutes Complete pre-procedure phone calls and prescription = 7 minutes

   2. Service period (includes pre, intra and post):

NA

   3. Post-service period:

Discharge day management = 6 minutes

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

NA

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

NA

MEDICAL SUPPLIES / INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

NA

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Pack, minimum multi-specialty visit - SA048; unit price = $2.11 paper, exam table = 7 feet gloves, non-sterile = 2 pair gown, patient = 1 item pillowcase = 1 item cover, thermometer probe = 1 item

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

NA

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

NA

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

NA

18. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

NA

ADDITIONAL INFORMATION

19. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

NA

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

NA

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NA

22. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

NA

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**43279**		**43497**		**43497**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 10** **Specialty: ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laparoscopy, surgical, esophagomyotomy (Heller type), with		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 93.67**	**$ -**	**$ 83.53**	**$ -**	**$ 83.53**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**144.0**	**0.0**	**138.0**	**0.0**	**138.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**72.0**	**0.0**	**72.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 77.76**	**$ -**	**$ 74.52**	**$ -**	**$ 74.52**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**6**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36				2		2		2
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**72.0**	**0.0**	**72.0**
93			L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**43279**		**43497**		**43497**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 10** **Specialty: ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laparoscopy, surgical, esophagomyotomy (Heller type), with		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 93.67**	**$ -**	**$ 83.53**	**$ -**	**$ 83.53**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**144.0**	**0.0**	**138.0**	**0.0**	**138.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**72.0**	**0.0**	**72.0**
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**43279**		**43497**		**43497**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 10** **Specialty: ACG, AGA, ASGE, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laparoscopy, surgical, esophagomyotomy (Heller type), with		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy		Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 93.67**	**$ -**	**$ 83.53**	**$ -**	**$ 83.53**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**144.0**	**0.0**	**138.0**	**0.0**	**138.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**72.0**	**0.0**	**72.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 14.55**	**$ -**	**$ 8.02**	**$ -**	**$ 8.02**
102	SA048	pack, minimum multi-specialty visit	4.01	pack			2		2		2
103	SA054	pack, post-op incision care (suture)	6.53	pack			1				
104											
105											
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.36**	**$ -**	**$ 0.99**	**$ -**	**$ 0.99**
112	EQ168	light, exam	1232.887	Office Visits	0.003271745		72.0		72.0		72.0
113	EF031	table, power	5906.76	Office Visits	0.015674926		72.0				
114	EF023	table, exam	4737.727	Office Visits	0.010538571				72.0		72.0
115											
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
119											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: QHP Inappropriately Included in Direct PE Inputs

September 2026

Vertical Electrodes (PE Only) – Tab 11

At the September 2025 RUC meeting, a RUC member requested review of CPT codes that have L052A *Audiologist* as clinical staff in the direct practice expense. Audiology has been able to independently bill Medicare since 2008; therefore, it should no longer be accounted for in the direct practice expense inputs as clinical staff. The direct practice expense should be examined to identify any other qualified health care professionals captured in the clinical labor staff to ensure that time is appropriately counted in the work component. In April 2026, the specialty societies indicated that these services would be reviewed for PE for the September 2026 meeting.

CPT code 92547 describes the recording and interpretation of eye movements using vertical electrodes as part of a comprehensive vestibular function evaluation. This procedure is performed in conjunction with other vestibular diagnostic tests, including video nystagmography (VNG), electronystagmography (ENG), caloric testing, rotational chair testing, or positional testing, when clinically indicated. The physician or other qualified health care professional reviews the recorded tracings in the context of the patient's history, symptoms, and findings from the comprehensive vestibular evaluation to establish or refine the diagnosis and guide subsequent patient management.

Since CPT code 92547 has a ZZZ global period, the Practice Expense (PE) Subcommittee referenced the base-code family with which it is typically reported (CPT codes 92537, 92540 and 92546) to determine whether the recommended inputs exceed those already included in the base codes. The add-on and base codes were reviewed at different meetings because they were identified through separate RAW screens. Code 92547 was flagged for review because its PE inputs include audiologist time, while base codes 92537 *Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)* and 92540 *Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording* were identified in April 2026 through the "Codes Reported Together 75% or More" screen. Accordingly, they are undergoing a separate review, with action plans presented at the September 2026 meeting. Base code 92546 *Sinusoidal vertical axis rotational testing* will be deleted for CPT 2027 and replaced by two new codes, therefore was not included in the spreadsheet.

The PE Subcommittee reviewed the direct practice expense inputs for add-on code 92547 and acknowledged the removal of L052A *Audiologist* time from the PE inputs. There are no additional clinical activities recommended and no medical equipment inputs. The Subcommittee discussed the updated supplies and confirmed that no sanitizing wipes are necessary for the add-on service since they are present in the base code. The specialty societies explained the type of electrodes that are used and clarified that the addition of two SJ019 *electrode adhesive disk* supply inputs are typical, as self-adhesive electrode disks are applied to place the electrodes and tape is no longer used.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies for CPT code 92547.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Vestibular Function Tests, With Recording (eg, ENG)**			
+92547	Use of vertical electrodes (List separately in addition to code for primary procedure) (Use 92547 in conjunction with 92540-92546) (For unlisted vestibular tests, use 92700) (Do not report 92547 in conjunction with 92270)	ZZZ	PE Only (2026 Work RVU = 0.00)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92547**

SPECIALTY SOCIETY(IES): American Academy of Audiology, American Speech-Language-Hearing Association and American Academy of Neurology

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD., Marianna Spanaki, M.D.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92547	During vestibular testing (reported separately), a 67-year-old female with dizziness of uncertain etiology undergoes recording of vertical eye movement in addition to standard horizontal eye movement recording (reported separately). [Note: This is an add-on code. Only include the additional work of recording of vertical eye movement.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The AAA, ASHA and AAN convened an RVS expert panel of the surveying of specialty societies and clinical experts to review practice expense data for code 92547.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Comparison was made to existing CPT code 92547. CPT codes 92537 and 92540 are included for reference as they are base codes to which this ZZZ code will be applied.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   N/A

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   There is a mixture of providers in the non-facility setting for CPT code 92547 – Neurology – 34.9%; Audiology – 27.1% and Otolaryngology – 25.2%.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    N/A

    b. Service period (includes pre, intra and post):

    N/A

    c. Post-service period:

    N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

    No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92547**

SPECIALTY SOCIETY(IES): American Academy of Audiology, American Speech-Language-Hearing Association and American Academy of Neurology

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD., Marianna Spanaki, M.D.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
24.

Clinical Staff Time:
1 minute of Audiology time has been removed from code.

Supplies:

Supply Code	Supply	Price	Per Unit	Current 92547	Proposed 92547	Rationale / Discussion
SD062	electrode, surface	1.58	item	2	2	Maintain 2 electrodes
SG050	gauze, non-sterile 2in x 2in	0.56	item	1	2	Addition of 1 2inX2in gauze – 1 for each electrode
SG079	tape, surgical paper 1in (Micropore)	0.01	inch	2		Delete – no longer needed for electrodes
SJ001	alcohol isopropyl 70%	0.03	ml	2	2	Maintain
SJ021	electrode conductive paste	1.81	oz	1		Delete - no longer needed for electrodes
SJ022	electrode skin prep gel (NuPrep)	0.15	ml	2	2	Maintain
SK059	paper, recording (per sheet)	0.06	item	4		Delete
SJ019	electrode adhesive disk	0.21	each		2	Addition of 2 self-adhesive electrode disks to place electrodes
~~SM021~~	~~sanitizing cloth-wipe (patient)~~	~~0.07~~	~~item~~		~~1~~	~~Addition of 1 cleaning wipe for patient to remove make-up / clean face prior to application~~
~~SM022~~	~~sanitizing cloth-wipe (surface, instruments, equipment)~~	~~0.07~~	~~item~~		~~1~~	~~Addition of 1 cleaning wipe to clean equipment at the end of the procedure~~

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92547**

SPECIALTY SOCIETY(IES): American Academy of Audiology, American Speech-Language-Hearing Association and American Academy of Neurology

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD., Marianna Spanaki, M.D.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Equipment:
Note that equipment has been removed as this service will utilize the base service recording and related equipment.

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

We estimate this service to be performed approximately 50,000 nationally We estimate this service to be performed approximately 20,000 times in the Medicare population in a one-year period.

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

Neurology / Audiology – CPT code 92652

27. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

CPT code 92547 describes the recording and interpretation of eye movements using vertical electrodes as part of a comprehensive vestibular function evaluation. The service measures vertical ocular responses generated by the vestibulo-ocular reflex (VOR) to assess the integrity of the peripheral and central vestibular pathways responsible for maintaining visual fixation and postural stability. Surface electrodes are placed above and below the eye to detect vertical corneo-retinal potentials while the patient performs standardized positional, gaze, or vestibular stimulation maneuvers. The recorded eye movements are analyzed to identify abnormalities such as vertical nystagmus or other ocular motor findings that may indicate vestibular or neurologic dysfunction. This procedure is performed in conjunction with other vestibular diagnostic tests, including video nystagmography (VNG), electronystagmography (ENG), caloric testing, rotational chair testing, or positional testing, when clinically indicated. The physician or other qualified health care professional reviews the recorded tracings in the context of the patient's history, symptoms, and findings from the comprehensive vestibular evaluation to establish or refine the diagnosis and guide subsequent patient management.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92547**

SPECIALTY SOCIETY(IES): American Academy of Audiology, American Speech-Language-Hearing Association and American Academy of Neurology

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD., Marianna Spanaki, M.D.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**CPT Code 92537**		**CPT Code 92540**		**92547**		**92547**	
3		***RUC Collaboration Website***				Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in		Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation		Use of vertical electrodes (List separately in addition to code for primary		Use of vertical electrodes (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 11 Specialty:AAA,ASHA and AAN**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 6.17**	**$ -**	**$ 21.04**	**$ -**	**$ 7.11**	**$ -**	**$ 5.06**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.81**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54								
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54								
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54								
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54								
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54								
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54								
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54								
23			L037D	RN/LPN/MTA	0.54								
24			L037D	RN/LPN/MTA	0.54								
25			L037D	RN/LPN/MTA	0.54								
26		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
27		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
28		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54								
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54								
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54								
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54								
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54								
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54								
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54								
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54								
42			L037D	RN/LPN/MTA	0.54								
43			L037D	RN/LPN/MTA	0.54								
44			L037D	RN/LPN/MTA	0.54								
45		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
46		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
47		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
48		**Intra-service (of service period)**											
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54								
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54								
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54								
52	CA021	Perform procedure/service---NOT directly related to physician work time	L052A	Audiologist	0.81					1			
53			L037D	RN/LPN/MTA	0.54								
54			L037D	RN/LPN/MTA	0.54								
55			L037D	RN/LPN/MTA	0.54								
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
57		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
58		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
59		**Post-Service (of service period)**											
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54								
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54								
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54								
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54								
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54								
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54								
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54								
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54								
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54								
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54								
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54								
76			L037D	RN/LPN/MTA	0.54								
77			L037D	RN/LPN/MTA	0.54								
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
79		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
80		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54								
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54								
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27										
89		99213 36 minutes	36										
90		99214 53 minutes	53										
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54								
94			L037D	RN/LPN/MTA	0.54								
95			L037D	RN/LPN/MTA	0.54								
96		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
97		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
98		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54								
99		**End: with last office visit before end of global period**											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**CPT Code 92537**		**CPT Code 92540**		**92547**		**92547**	
3		***RUC Collaboration Website***				Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in		Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation		Use of vertical electrodes (List separately in addition to code for primary		Use of vertical electrodes (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 11 Specialty:AAA,ASHA and AAN**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 6.17**	**$ -**	**$ 21.04**	**$ -**	**$ 7.11**	**$ -**	**$ 5.06**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 1.14**	**$ -**	**$ 12.15**	**$ -**	**$ 6.15**	**$ -**	**$ 5.06**	**$ -**
102	SD062	electrode, surface	1.58	item						2		2	
103	SB022	gloves, non-sterile	0.3	pair		1		1					
104	SG030	cotton balls, non-sterile	0.02	item		1							
105	SJ010	basis, emesis	0.25	item		1		1					
106	SJ053	swab-pad, alcohol	0.04	item		1		1					
107	SK087	water, distilled	0.02	oz		1							
108	SM025	specula tips, otoscope	0.45	item		1		1					
109	SB036	paper, exam table	0.0143	foot				7					
110	SB042	towel, non-sterile	0.45	item				2					
111	SD053	electrode, ECG (single)	0.06	item				5					
112	SF021	cautery, patient ground pad w-cord	7.02	item				1					
113	SG008	applicator, cotton-tipped, non-sterile, 6in	0.07	item				2					
114	SG050	gauze, non-sterile 2in x 2in	0.56	item						1		2	
115	SG079	tape, surgical paper 1in (Micropore)	0.01	inch				12		2			
116	SJ001	alcohol isopropyl 70%	0.03	ml						2		2	
117	SJ021	electrode conductive paste	1.81	oz				1		1			
118	SJ022	electrode skin prep gel (NuPrep)	0.15	ml						2		2	
119	SK059	paper, recording (per sheet)	0.06	item		1		12		4			
120	SJ019	electrode adhesive disk	0.21	each								2	
121	SM021	sanitizing cloth-wipe (patient)	0.07	item								0	
122	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item								0	
123													
124													
125	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
126		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 5.03**	**$ -**	**$ 8.89**	**$ -**	**$ 0.15**	**$ -**	**$ -**	**$ -**
127	EQ077	caloric stimulator, air or water	7423.503	Other Formula	0.023960336	30				1		0	
128	EQ025	ENG recording system	33531	Other Formula	0.129936889			60		1		0	
129	EQ367	VNG Recording System	29,607.50	Other Formula	0.114732828	30							
130	EQ170	Light, fiberoptic headlight with source	4,036.94	Other Formula	0.01599516	30							
131	EF008	chair with headrest, exam, reclining	5808.692	Other Formula	0.012920819	30		60					
132	ED021	computer, desktop, w-monitor	1332.333	Other Formula	0.005278965			60					
133		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*											
134													

Other Relativity Assessment Workgroup (RAW) Related Recommendations – October 2026

Open Neuroplasty -Arm or Leg and Internal Neurolysis (64708 and 64727)

In September 2026, the RAW reviewed action plans for CPT codes 64708 N*europlasty, major peripheral nerve, arm or leg, open; other than specified*, and 64727 I*nternal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)*, identified as codes with Medicare utilization of 10,000 or more that has increased by at least 100% from 2019 through 2024. CPT 64708 was last reviewed by the RUC in 2008, and CPT 64727 was Harvard-valued. Utilization of 64708 and 64727 have increased by 249% and 1,054% between 2019 and 2024, respectively.

The RUC Database shows that the majority of these services are being performed by ophthalmologists, and a large percentage are being performed in the physician office, despite having an "NA" in the Non-Facility NA Indicator field on the National Physician Fee Schedule Relative Value File, which indicates that this procedure is rarely or never performed in the non-facility setting. The significant increase in utilization by ophthalmologists is due to a commercial entity promoting the reporting of office-based cataract surgery using a code-set methodology, which happens to be built with these codes. AAO has no documentation of a payer approving this approach. The tables below contain data from the CMS Medicare Physician & Other Practitioners – by Provider and Service dataset and demonstrate the increase in ophthalmologists billing these codes.

	64708 Billing by Year					
	2019	**2020**	**2021**	**2022**	**2023**	**2024**
Ophthalmologists billing 64708	0	9	23	48	61	101
Total services billed	0	462	2,078	4,074	6,138	9,956

	64727 Billing by Year					
	2019	**2020**	**2021**	**2022**	**2023**	**2024**
Ophthalmologists billing 64727	1	9	25	50	63	102
Total services billed	37	495	1,956	4,297	6,393	10,313

AAO is in the process of educating members on how to appropriately bill cataract surgery using the appropriate CPT codes, not including these codes unless directed by a payer. Such instructions have been placed on the AAO website, and the specialty society has shared their concerns with the commercial entity promoting the codes. They have also made outreach to CMS flagging this reporting trend.

The RUC would like to notify CMS's program integrity office about possible misreporting of these services. Ophthalmologists should not be reporting CPT codes 64708 and 64727 and NCCI edits should be created to indicate that these services should not be reported with cataract surgery.

PE High Cost Supplies (>$500) Analysis for 2027		
Supply_Code	DESCRIPTION	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)	$ 218,095,745
SD384	Embolic protection for atherectomy	$ 181,055,844
SD324	Varithena (foam)	$ 169,884,995
SD382	Drug coated balloon	$ 152,300,047
SD248	human amniotic membrane allograft mounted on a non-absorbable self-	$ 97,600,656
SF058	LC Beads (2mL vial)	$ 95,267,370
SA127	subcutaneous cardiac rhythm monitor system	$ 94,203,368
SD255	Reentry device (Frontier, Outback, Pioneer)	$ 86,896,100
SF056	Detachable coil	$ 80,264,352
SD323	Venaseal (glue)	$ 79,381,510
SH110	Esketamine (84 mg vial)	$ 72,089,322
SD254	covered stent (VIABAHN, Gore)	$ 60,150,832
SA111	Kyphoplasty kit, first fracture	$ 44,772,386
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	$ 43,147,790
SD304	IVUS catheter	$ 37,700,429
SA126	Biodegradable Material Kit - PeriProstatic	$ 30,493,642
SD280	Trial lead kit	$ 18,931,393
SD383	Drug eluting stent	$ 17,109,500
SD340	venous stent system	$ 15,984,500
SD357	Radiofrequency Stylus / wand	$ 14,314,950
SD356	Dorsal SI Joint Arthrodesis Implant	$ 14,062,500
SD379	drug eluting stent, tibial	$ 12,809,500
SD281	Trial lead array	$ 12,652,056
SD291	Urolift Implant and implantation device	$ 12,258,750
SD352	VivAer Stylus	$ 10,288,200
SD334	implantable interstitial glucose sensor	$ 9,342,000
SL261	FISH pre-treatment kit	$ 8,860,755
SA134	kit, eustachian tube procedure	$ 8,723,400
SD256	Embolic Protection Device Spider FX (EV3, documentation available)	$ 7,961,372
SA128	kit, Rezum delivery device	$ 6,575,520
SA015	kit, for percutaneous thrombolytic device (Trerotola)	$ 6,352,984
SA112	Kyphoplasty kit, additional fracture	$ 6,072,083
SD381	FemPop IVL Catheter	$ 5,757,500
SH109	Esketamine (56 mg vial)	$ 5,753,703
SF059	Hysteroscopic tissue removal device	$ 4,758,798
SD358	Cryoablation handpiece and 2 canisters (one per side)	$ 4,716,414
SA103	stent, vascular, deployment system, Cordis SMART	$ 3,150,837
SA011	kit, CVA catheter, tunneled, with subcut port	$ 3,129,753
SD396	urethral bulking agent	$ 2,266,575
SJ090	Voice Augmentation Gel	$ 1,786,988
SC103	catheter, RF ablation, endoscopic	$ 1,770,000
SD343	3C patch system	$ 1,703,534
SA122	Claravein Kit	$ 1,186,312
SD380	Iliac IVL Catheter	$ 1,138,500
SD351	Ellipsys Vascular Access Catheter	$ 922,344
SD350	Wavelinq EndoAVF catheters	$ 826,000
SD368	RF Electrodes 18 Gauge 70 mm Length	$ 750,120
SD299	stent, balloon, implantable	$ 739,311

SA087	**tray, RTS applicator (MammoSite)**	$	698,481
SD390	**Dorsal SI joint articular fixation device**	$	635,844
SD191	**plate, surgical, reconstruction, left, 5 x 16 hole**	$	606,058
SA133	**Absorabable nasal implant and delivery device**	$	486,780
SA036	**kit, transurethral microwave thermotherapy**	$	467,000
SD267	**IVC filter**	$	460,171
SD186	**plasma LDL adsorption column (Liposorber)**	$	373,208
SD341	**EECP compression equipment package**	$	362,042
SD109	**probe, radiofrequency, 3 array (StarBurstSDE)**	$	357,084
SA099	**Kit, probe, cryoablation, prostate (Galil-Endocare)**	$	320,000
SD359	**Optilume DCB, guidewire, and inflation device**	$	273,890
SA136	**TULSA-PRO Disposable Kit**	$	242,109
SD233	**probe, cryoablation, renal**	$	227,023
SA140	**Kit, UltraguideCTR**	$	189,028
SA039	**kit, vertebroplasty (LP2, CDO)**	$	182,450
SD221	**catheter, CVA, system, tunneled w-port, dual (LifeSite)**	$	168,000
SD247	**human amniotic membrane allograft**	$	148,630
SA097	**kit, locatable guide, ext. working channel, w-b-scope adapter**	$	131,852
SA077	**kit, pleural catheter insertion**	$	116,210
SD177	**hysteroscope, ablation device**	$	91,421
SD342	**EECP electrical equipment package**	$	82,327
SD366	**iTIND device**	$	68,368
SD272	**SmartPill capsule**	$	60,403
SA100	**kit, probe, radiofrequency, XIi-enhanced RF probe**	$	53,100
SA141	**Scalp Cooling Cap/Kit**	$	41,400
SA025	**kit, PICC with subcut port**	$	38,782
SD240	**strut, replacement, dynamic external fixation**	$	36,759
SA094	**kit, capsule, ESO, endoscopy w-application supplies (ESO)**	$	32,414
SD245	**Renessa probe**	$	28,689
SA037	**kit, transurethral needle ablation (TUNA)**	$	24,300
SD238	**stent, GORE VIATORR TIPS Endoprosthesis**	$	22,615
SA101	**kit, stent, urethral, prostatic, insertion tool and surveyor**	$	11,784
SA024	**kit, photopheresis procedure**	$	9,499
SD313	**Viabil covered biliary stent**	$	8,297
SA138	**Optilume BPH Prostatic Dilation Kit**	$	5,900
SD215	**probe, endometrial cryoablation (Her Option)**	$	5,180
SD361	**RFA Handpiece, sterile (Sonata)**	$	5,000
SA120	**intrastromal corneal ring**	$	4,580
SD232	**probe, cryoablation (Visica ICE 30 or 40)**	$	4,116
SD346	**PillCam COLON capsule**	$	3,125
SD222	**catheter, intradiscal (spineCATH)**	$	2,760
SA139	**IB-Stim device kit**	$	2,390
SD018	**catheter, balloon, thermal ablation (Thermachoice)**	$	2,288
SD220	**catheter, balloon, lacrimal**	$	2,170
SD348	**ORBERA Intragastric Balloon System (balloon, placement catheter and co**	$	1,850
SD372	**inFlow Activator Kit**	$	1,250
SA075	**kit, hysteroscopic tubal implant for sterilization**	$	1,178
SA091	**tray, scoop, fast track system**	$	750
Grand Total		**$**	**1,773,059,094**

PE High Cost Supplies (>$500) Source Data for 2027

CPT_Code	Short Descriptor	NPRM Total Utilization (NPRM)	NPRM Non-Facility Global + TC Utilization	2024 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Fac_Quantity	Aggregate NF Global & TC Cost
0446T	Insj impltbl glucose	1,273	1,267	NURSE PRACTITIONER	0.413	SD334	implantable interstitial glucose sensor	item	$ 6,000	1	0	$ 7,602,000
0448T	Remvl insj impltbl g	293	290	ENDOCRINOLOGY	0.52	SD334	implantable interstitial glucose sensor	item	$ 6,000	1	0	$ 1,740,000
0583T	Tmpst auto tube dl	3	2	OTOLARYNGOLOGY	1	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sp	kit	$ 2,338	0.5	0	$ 2,338
0596T	Temp fml iu vlv-pm	2	1			SD372	inFlow Activator Kit	item	$ 1,250	1	0	$ 1,250
19105	Cryosurg ablate fa	6	3	DIAGNOSTIC RADIOLOGY	0.941	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	$ 1,372	1	0	$ 4,116
19296	Place po breast cat	260	247	GENERAL SURGERY	0.61	SA087	tray, RTS applicator (MammoSite)	item	$ 2,828	1	0	$ 698,481
20697	App mltpln uni xtrr	31	31	ORTHOPEDIC SURGERY	0.558	SD240	strut, replacement, dynamic external fixation	item	$ 1,186	1	0	$ 36,759
20982	Ablate bone tumor	1,645	106	DIAGNOSTIC RADIOLOGY	0.356	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289	1	0	$ 242,634
20983	Ablate bone tumor	263	3	INTERVENTIONAL RADIOLOG	0.667	SD233	probe, cryoablation, renal	item	$ 1,170	3	0	$ 10,532
21125	Augmentation mnc	70	19	ORAL SURGERY	1	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846	1	0	$ 16,083
21127	Augmentation mnc	41	40	ORAL SURGERY	0.887	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846	1	0	$ 33,858
21215	Lower jaw bone gra	956	657	ORAL SURGERY	0.731	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846	1	0	$ 556,118
22510	Perq cervicothoraci	1,586	45	INTERVENTIONAL RADIOLOG	0.48	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970	1	0	$ 43,672
22511	Perq lumbosacral ir	2,160	143	DIAGNOSTIC RADIOLOGY	0.322	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970	1	0	$ 138,779
22513	Perq vertebral augr	18,236	5,352	ORTHOPEDIC SURGERY	0.236	SA111	Kyphoplasty kit, first fracture	kit	$ 3,721	1	0	$ 19,913,722
22514	Perq vertebral augr	21,524	6,681	ORTHOPEDIC SURGERY	0.242	SA111	Kyphoplasty kit, first fracture	kit	$ 3,721	1	0	$ 24,858,665
22515	Perq vertebral augr	12,581	2,825	ORTHOPEDIC SURGERY	0.254	SA112	Kyphoplasty kit, additional fracture	kit	$ 2,149	1	0	$ 6,072,083
22526	Idet single level	2	1			SD222	catheter, intradiscal (spineCATH)	item	$ 1,380	1	0	$ 1,380
22527	Idet 1 or more leve	2	1			SD222	catheter, intradiscal (spineCATH)	item	$ 1,380	1	0	$ 1,380
27278	Arthrd si jt plmt iar	2,165	1,125	ANESTHESIOLOGY	0.39	SD356	Dorsal SI Joint Arthrodesis Implant	item	$ 12,500	1	0	$ 14,062,500
27279	Arthrd si jt plmt tar	8,713	44	PAIN MANAGEMENT	0.312	SD390	Dorsal SI joint articular fixation device	item	$ 14,451	1	0	$ 635,844
30468	Rpr nsl vlv collapse	609	244	OTOLARYNGOLOGY	0.974	SA133	Absorabable nasal implant and delivery device	kit	$ 1,995	1	0	$ 486,780
30469	Rpr nsl vlv collapse	6,130	5,276	OTOLARYNGOLOGY	0.994	SD352	VivAer Stylus	item	$ 1,950	1	0	$ 10,288,200
31242	Nsl/sinus ndsc rf ab	8,335	7,341	OTOLARYNGOLOGY	0.99	SD357	Radiofrequency Stylus / wand	item	$ 1,950	1	0	$ 14,314,950
31243	Nsl/sinus ndsc cryo	3,331	2,505	OTOLARYNGOLOGY	0.979	SD358	Cryoablation handpiece and 2 canisters (one per s	item	$ 1,883	1	0	$ 4,716,414
31295	Nsl/sins ndsc surg r	14,648	14,147	OTOLARYNGOLOGY	0.996	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sp	kit	$ 2,338	0.5	0	$ 16,537,843
31296	Nsl/sins ndsc surg f	4,086	3,309	OTOLARYNGOLOGY	0.998	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sp	kit	$ 2,338	0.5	0	$ 3,868,221
31297	Nsl/sins ndsc surg s	959	814	OTOLARYNGOLOGY	0.999	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sp	kit	$ 2,338	0.5	0	$ 951,566
31298	Nsl/sins ndsc surg f	9,698	9,319	OTOLARYNGOLOGY	0.995	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sp	kit	$ 2,338	1	0	$ 21,787,822
31574	Largsc w/njx augme	4,949	3,018	OTOLARYNGOLOGY	0.999	SJ090	Voice Augmentation Gel	ml	$ 592	1	0	$ 1,786,988
31627	Navigational bronc	43,419	135	PULMONARY DISEASE	0.862	SA097	kit, locatable guide, ext. working channel, w-b-sco	kit	$ 977	1	0	$ 131,852
31730	Intro windpipe wire	84	1	INTERNAL MEDICINE	1	SA091	tray, scoop, fast track system	tray	$ 750	1	0	$ 750
32550	Insert pleural cath	13,062	107	DIAGNOSTIC RADIOLOGY	0.273	SA077	kit, pleural catheter insertion	kit	$ 551	1	0	$ 58,931
32556	Insert cath pleura v	5,495	92	PULMONARY DISEASE	0.517	SA077	kit, pleural catheter insertion	kit	$ 551	1	0	$ 50,670
32994	Ablate pulm tumor	462	2	DIAGNOSTIC RADIOLOGY	0.667	SD233	probe, cryoablation, renal	item	$ 1,170	3	0	$ 7,021
32998	Ablate pulm tumor	276	4	DIAGNOSTIC RADIOLOGY	0.5	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289	1	0	$ 9,156
33285	Insj subq car rhythr	68,318	18,719	CARDIOLOGY	0.52	SA127	subcutaneous cardiac rhythm monitor system	item	$ 5,033	1	0	$ 94,203,368
36465	Njx noncmpnd sclrs	124,470	123,063	VASCULAR SURGERY	0.237	SD324	Varithena (foam)	item	$ 3,495	0.33	0	$ 141,934,711
36466	Njx noncmpnd sclrs	24,640	24,234	VASCULAR SURGERY	0.269	SD324	Varithena (foam)	item	$ 3,495	0.33	0	$ 27,950,284
36473	Endovenous mchnc	1,382	1,343	CARDIOLOGY	0.284	SA122	Claravein Kit	kit	$ 883	1	0	$ 1,186,312
36482	Endoven ther chem	55,630	53,098	VASCULAR SURGERY	0.217	SD323	Venaseal (glue)	item	$ 1,495	1	0	$ 79,381,510
36516	Apheresis immunoa	1,085	263	ENDOCRINOLOGY	0.465	SD186	plasma LDL adsorption column (Liposorber)	item	$ 1,419	1	0	$ 373,208
36522	Photopheresis	5,187	11	HEMATOLOGY/ONCOLOGY	0.591	SA024	kit, photopheresis procedure	kit	$ 864	1	0	$ 9,499
36560	Insert tunneled cv c	16	1			SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	0	$ 511
36561	Insert tunneled cv c	105,051	6,087	DIAGNOSTIC RADIOLOGY	0.363	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	0	$ 3,108,814
36563	Insert tunneled cv c	105	1	MEDICAL ONCOLOGY	1	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	0	$ 511
36566	Insert tunneled cv c	224	48	CARDIOLOGY	1	SD221	catheter, CVA, system, tunneled w-port, dual (Life	item	$ 1,750	2	0	$ 168,000
36570	Insert picvad cath	2	1			SA025	kit, PICC with subcut port	kit	$ 718	1	0	$ 718
36571	Insert picvad cath	1,074	49	GENERAL SURGERY	0.578	SA025	kit, PICC with subcut port	kit	$ 718	1	0	$ 35,191
36582	Replace tunneled c	969	38	VASCULAR SURGERY	0.426	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	0	$ 19,408
36583	Replace tunneled c	22	1	VASCULAR SURGERY	0.667	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	0	$ 511
36585	Replace picvad cath	40	4	INTERVENTIONAL RADIOLOG	0.25	SA025	kit, PICC with subcut port	kit	$ 718	1	0	$ 2,873
36836	Prq av fstl crtj uxtr	463	125	NEPHROLOGY	0.378	SD351	Ellipsys Vascular Access Catheter	item	$ 7,379	1	0	$ 922,344
36837	Prq av fstl crt uxtr s	198	118	VASCULAR SURGERY	0.396	SF056	Detachable coil	item	$ 1,199	1	0	$ 141,517
36837	Prq av fstl crt uxtr s	198	118	VASCULAR SURGERY	0.396	SD350	Wavelinq EndoAVF catheters	item	$ 7,000	1	0	$ 826,000
36903	Intro cath dialysis c	10,424	3,526	VASCULAR SURGERY	0.356	SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	1	0	$ 13,861,305
36904	Thrmbc/nfs dialysis	1,536	247	VASCULAR SURGERY	0.354	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 172,003
36905	Thrmbc/nfs dialysis	16,398	4,525	NEPHROLOGY	0.397	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 3,151,074
36906	Thrmbc/nfs dialysis	6,780	2,159	NEPHROLOGY	0.34	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 1,503,463
36906	Thrmbc/nfs dialysis	6,780	2,159	NEPHROLOGY	0.34	SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	1	0	$ 8,487,396
36908	Stent plmt ctr dialy	2,523	747	NEPHROLOGY	0.304	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 804	1	0	$ 600,274
36909	Dialysis circuit emb	2,979	1,337	VASCULAR SURGERY	0.412	SF056	Detachable coil	item	$ 1,199	1	0	$ 1,603,464
37183	Revision tips	754	5	DIAGNOSTIC RADIOLOGY	0.6	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	$ 4,523	1	0	$ 22,615
37184	Prim art m-thrmbc	15,546	882	VASCULAR SURGERY	0.412	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 614,198
37186	Sec art thrombecto	1,832	847	VASCULAR SURGERY	0.27	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 589,825
37187	Venous mech thror	8,528	461	DIAGNOSTIC RADIOLOGY	0.283	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 321,027
37188	Ven mechnl thrmbc	131	2	FAMILY MEDICINE	1	SA015	kit, for percutaneous thrombolytic device (Treroto	kit	$ 696	1	0	$ 1,393
37191	Ins endovas vena ca	17,946	385	VASCULAR SURGERY	0.593	SD267	IVC filter	item	$ 1,195	1	0	$ 460,171
37236	Open/perq place st	10,812	826	VASCULAR SURGERY	0.481	SD299	stent, balloon, implantable	item	$ 812	1	0	$ 671,067
37237	Open/perq place st	1,184	84	VASCULAR SURGERY	0.5	SD299	stent, balloon, implantable	item	$ 812	1	0	$ 68,244
37238	Open/perq place st	9,635	4,362	CARDIOLOGY	0.29	SD340	venous stent system	item	$ 1,750	1.5	0	$ 11,450,250
37239	Open/perq place st	4,000	2,591	CARDIOLOGY	0.313	SD340	venous stent system	item	$ 1,750	1	0	$ 4,534,250
37241	Vasc embolize/occl	1,673	315	THORACIC SURGERY	0.25	SF056	Detachable coil	item	$ 1,199	1	0	$ 377,780
37242	Vasc embolize/occl	22,388	12,628	INTERVENTIONAL RADIOLOG	0.478	SF056	Detachable coil	item	$ 1,199	5	0	$ 75,723,802
37243	Vasc embolize/occl	27,063	13,557	INTERVENTIONAL RADIOLOG	0.571	SF058	LC Beads (2mL vial)	item	$ 2,342	3	0	$ 95,248,635
37244	Vasc embolize/occl	15,622	504	INTERVENTIONAL RADIOLOG	0.429	SF056	Detachable coil	item	$ 1,199	4	0	$ 2,417,789
37252	Intrvasc us noncorc	68,750	43,923	VASCULAR SURGERY	0.369	SD304	IVUS catheter	item	$ 858	1	0	$ 37,700,429
37258	Revsc evasc ivt ster	15,570	2,800			SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 804	1	0	$ 2,250,024
37258	Revsc evasc ivt ster	15,570	2,800			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$ 1,143	1	0	$ 3,200,092
37259	Revsc evasc ivt ster	2,699	374			SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 804	1	0	$ 300,539
37260	Revsc evasc ivt st cp	2,754	496			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$ 1,143	1	0	$ 566,873
37260	Revsc evasc ivt st cp	2,754	496			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$ 3,100	1	0	$ 1,537,600
37260	Revsc evasc ivt st cp	2,754	496			SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	1	0	$ 1,949,860
37261	Revsc evasc ivt st cp	483	69			SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	1	0	$ 271,251
37262	Iv lithotrp ivt w/in s	971	330			SD380	Iliac IVL Catheter	item	$ 3,450	1	0	$ 1,138,500
37263	Revsc evasc fpvt an	18,848	1,895			SD382	Drug coated balloon	item	$ 2,343	2	0	$ 8,881,221
37264	Revsc evasc fpvt an	7,246	729			SD382	Drug coated balloon	item	$ 2,343	1	0	$ 1,708,288
37265	Revsc evsc fpvt ang	8,087	816			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$ 1,143	1	0	$ 932,598
37265	Revsc evsc fpvt ang	8,087	816			SD382	Drug coated balloon	item	$ 2,343	2	0	$ 3,824,315
37266	Rvsc evsc fpvt angi	1,280	131			SD382	Drug coated balloon	item	$ 2,343	1	0	$ 306,976
37267	Revsc evsc fpvt ster	11,080	1,084			SD383	Drug eluting stent	item	$ 1,900	1	0	$ 2,059,600
37267	Revsc evsc fpvt ster	11,080	1,084			SD382	Drug coated balloon	item	$ 2,343	1	0	$ 2,540,170
37268	Revsc evasc fpvt ste	1,071	109			SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	1	0	$ 428,498
37269	Revsc evasc fpvt st	4,758	469			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$ 1,143	1	0	$ 536,015
37269	Revsc evasc fpvt st	4,758	469			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$ 3,100	1	0	$ 1,453,900
37269	Revsc evasc fpvt st	4,758	469			SD254	covered stent (VIABAHN, Gore)	item	$ 3,931	2	0	$ 3,687,437

37270	Revsc evasc fpvt st	1,071	109			SD254	covered stent (VIABAHN, Gore)	item	$	3,931	1	0	$ 428,498
37271	Revsc evsc fpvt ath	24,275	15,825			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 45,291,150
37271	Revsc evsc fpvt ath	24,275	15,825			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 54,556,688
37271	Revsc evsc fpvt ath	24,275	15,825			SD382	Drug coated balloon	item	$	2,343	2	0	$ 74,166,395
37272	Revsc evsc fpvt ath	3,441	2,243			SD382	Drug coated balloon	item	$	2,343	1	0	$ 5,256,089
37273	Revsc evsc fpvt ath	10,410	6,785			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 19,418,670
37273	Revsc evsc fpvt ath	10,410	6,785			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 21,033,500
37273	Revsc evsc fpvt ath	10,410	6,785			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 23,391,288
37273	Revsc evsc fpvt ath	10,410	6,785			SD382	Drug coated balloon	item	$	2,343	2	0	$ 31,798,988
37274	Rvsc evsc fpvt athrc	3,441	2,243			SD382	Drug coated balloon	item	$	2,343	1	0	$ 5,256,089
37275	Rvsc evsc fpvt st atl	11,539	7,921			SD383	Drug eluting stent	item	$	1,900	1	0	$ 15,049,900
37275	Rvsc evsc fpvt st atl	11,539	7,921			SD382	Drug coated balloon	item	$	2,343	1	0	$ 18,561,517
37275	Rvsc evsc fpvt st atl	11,539	7,921			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 22,669,902
37275	Rvsc evsc fpvt st atl	11,539	7,921			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 27,307,648
37276	Rvsc evsc fpvt st atl	490	332			SD254	covered stent (VIABAHN, Gore)	item	$	3,931	1	0	$ 1,305,148
37277	Rvsc evsc fpvt st atl	4,948	3,395			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 9,716,490
37277	Rvsc evsc fpvt st atl	4,948	3,395			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 10,524,500
37277	Rvsc evsc fpvt st atl	4,948	3,395			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 11,704,263
37277	Rvsc evsc fpvt st atl	4,948	3,395			SD254	covered stent (VIABAHN, Gore)	item	$	3,931	2	0	$ 26,692,644
37278	Rvsc evsc fpvt st atl	1,129	773			SD254	covered stent (VIABAHN, Gore)	item	$	3,931	1	0	$ 3,038,794
37279	Iv lithotrp fpvt w/ir	3,612	1,225			SD381	FemPop IVL Catheter	item	$	4,700	1	0	$ 5,757,500
37282	Rvsc evsc tpvt angi	12,129	2,051			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$	1,143	1	0	$ 2,344,067
37282	Rvsc evsc tpvt angi	12,129	2,051			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 6,358,100
37284	Revsc evasc tpvt st	1,354	167			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$	1,143	1	0	$ 190,863
37284	Revsc evasc tpvt st	1,354	167			SD379	drug eluting stent, tibial	item	$	2,750	1	0	$ 459,250
37285	Revsc evasc tpvt st	97	31			SD379	drug eluting stent, tibial	item	$	2,750	1	0	$ 85,250
37286	Revsc evasc tpvt st	1,354	167			SD256	Embolic Protection Device Spider FX (EV3, docume	item	$	1,143	1	0	$ 190,863
37286	Revsc evasc tpvt st	1,354	167			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 517,700
37286	Revsc evasc tpvt st	1,354	167			SD379	drug eluting stent, tibial	item	$	2,750	2	0	$ 918,500
37287	Revsc evasc tpvt st	220	70			SD379	drug eluting stent, tibial	item	$	2,750	2	0	$ 385,000
37288	Revsc evsc tpvt ath	17,578	13,442			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 38,471,004
37288	Revsc evsc tpvt ath	17,578	13,442			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 46,341,295
37290	Revsc evsc tpvt ath	17,578	13,442			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 38,471,004
37290	Revsc evsc tpvt ath	17,578	13,442			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 41,670,200
37290	Revsc evsc tpvt ath	17,578	13,442			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 46,341,295
37292	Rvsc evsc tpvt st atl	1,660	1,226			SD379	drug eluting stent, tibial	item	$	2,750	1	0	$ 3,371,500
37292	Rvsc evsc tpvt st atl	1,660	1,226			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 3,508,812
37292	Rvsc evsc tpvt st atl	1,660	1,226			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 4,226,635
37293	Rvsc evsc tpvt st atl	74	56			SD379	drug eluting stent, tibial	item	$	2,750	1	0	$ 154,000
37294	Rvsc evsc tpvt st atl	1,660	1,226			SD384	Embolic protection for atherectomy	item	$	2,862	1	0	$ 3,508,812
37294	Rvsc evsc tpvt st atl	1,660	1,226			SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	3,100	1	0	$ 3,800,600
37294	Rvsc evsc tpvt st atl	1,660	1,226			SD253	atherectomy device (Spectronetics laser or Fox Hc	kit	$	3,448	1	0	$ 4,226,635
37294	Rvsc evsc tpvt st atl	1,660	1,226			SD379	drug eluting stent, tibial	item	$	2,750	2	0	$ 6,743,000
37295	Rvsc evsc tpvt st atl	164	126			SD379	drug eluting stent, tibial	item	$	2,750	2	0	$ 693,000
43290	Egd flx trnsorl dplm	9	1			SD348	ORBERA Intragastric Balloon System (balloon, plac	item	$	1,850	1	0	$ 1,850
44401	Colonoscopy with a	43	2	COLORECTAL SURGERY (PROC	0.333	SC103	catheter, RF ablation, endoscopic	item	$	1,500	1	0	$ 3,000
45346	Sigmoidoscopy w/a	856	45	COLORECTAL SURGERY (PROC	0.651	SC103	catheter, RF ablation, endoscopic	item	$	1,500	1	0	$ 67,500
45388	Colonoscopy w/abl	15,852	1,133	GASTROENTEROLOGY	0.555	SC103	catheter, RF ablation, endoscopic	item	$	1,500	1	0	$ 1,699,500
47382	Percut ablate liver	2,704	27	DIAGNOSTIC RADIOLOGY	0.537	SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	kit	$	1,967	1	0	$ 53,100
47383	Perq abltj lvr cryoal	284	6	GENERAL SURGERY	0.924	SD233	probe, cryoablation, renal	item	$	1,170	4	0	$ 28,085
47538	Perq plmt bile duct	615	1	INTERVENTIONAL RADIOLOG	1	SD313	Viabil covered biliary stent	Item	$	2,766	1	0	$ 2,766
47539	Perq plmt bile duct	100	1			SD313	Viabil covered biliary stent	Item	$	2,766	1	0	$ 2,766
47540	Perq plmt bile duct	115	1			SD313	Viabil covered biliary stent	Item	$	2,766	1	0	$ 2,766
50592	Perc rf ablate renal	1,530	46	DIAGNOSTIC RADIOLOGY	0.641	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$	2,289	1	0	$ 105,294
50593	Perc cryo ablate re	4,037	62	DIAGNOSTIC RADIOLOGY	0.556	SD233	probe, cryoablation, renal	item	$	1,170	2.5	0	$ 181,384
51715	Endoscopic injectio	13,730	1,929	OBSTETRICS/GYNECOLOGY	0.571	SD396	urethral bulking agent	2 mL vial	$	1,175	1	0	$ 2,266,575
52284	Cysto rx balo cath u	5,791	122	UROLOGY	1	SD359	Optilume DCB, guidewire, and inflation device	item	$	2,245	1	0	$ 273,890
52441	Cysto insj trnsprstc	10,720	2,417	UROLOGY	0.997	SD291	Urolift Implant and implantation device	item	$	875	1	0	$ 2,114,875
52442	Cysto ins trnsprstc	43,860	11,593	UROLOGY	0.998	SD291	Urolift Implant and implantation device	item	$	875	1	0	$ 10,143,875
52443	Cysto 1st trurl prst	97	1			SA138	Optilume BPH Prostatic Dilation Kit	item	$	5,900	1	0	$ 5,900
53850	Prostatic microwav	469	467	UROLOGY	0.991	SA036	kit, transurethral microwave thermotherapy	kit	$	1,000	1	0	$ 467,000
53852	Prostatic rf thermo	57	27	UROLOGY	1	SA037	kit, transurethral needle ablation (TUNA)	kit	$	900	1	0	$ 24,300
53854	Trurl dstrj prst8 tiss	3,919	2,128	UROLOGY	0.999	SA128	kit, Rezum delivery device	item	$	3,090	1	0	$ 6,575,520
53855	Insert prost urethra	53	23	UROLOGY	0.99	SA101	kit, stent, urethral, prostatic, insertion tool and su	kit	$	512	1	0	$ 11,784
53860	Transurethral rf tre	14	13	OBSTETRICS/GYNECOLOGY	1	SD245	Renessa probe	item	$	2,207	1	0	$ 28,689
53865	Cysto insj dev ischn	282	23			SD366	iTIND device	item	$	2,973	1	0	$ 68,368
55873	Cryoablate prostat	1,206	80	UROLOGY	0.988	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	$	4,000	1	0	$ 320,000
55874	Tprnl plmt biodegr	25,497	7,555	UROLOGY	0.576	SA126	Biodegradable Material Kit - PeriProstatic	item	$	4,036	1	0	$ 30,493,642
55881	Ablt trurl prst8 tis t	105	22			SA136	TULSA-PRO Disposable Kit	item	$	8,967	1	0	$ 197,274
55882	Ablt trurl prst8 tis t	88	5			SA136	TULSA-PRO Disposable Kit	item	$	8,967	1	0	$ 44,835
58353	Endometr ablate th	32	3	OBSTETRICS/GYNECOLOGY	1	SD018	catheter, balloon, thermal ablation (Thermachoice	tray	$	763	1	0	$ 2,288
58356	Endometrial cryoab	5	4			SD215	probe, endometrial cryoablation (Her Option)	item	$	1,295	1	0	$ 5,180
58558	Hysteroscopy biops	43,877	6,600	OBSTETRICS/GYNECOLOGY	0.952	SF059	Hysteroscopic tissue removal device	item	$	721	1	0	$ 4,758,798
58563	Hysteroscopy ablat	876	47	OBSTETRICS/GYNECOLOGY	1	SD177	hysteroscope, ablation device	item	$	1,945	1	0	$ 91,421
58565	Hysteroscopy steril	2	1			SA075	kit, hysteroscopic tubal implant for sterilization	kit	$	1,178	1	0	$ 1,178
58580	Transcrv abltj utrn	22	2	OBSTETRICS/GYNECOLOGY	1	SD361	RFA Handpiece, sterile (Sonata)	item	$	2,500	1	0	$ 5,000
60660	Abltj 1/+thyr ndul 1	638	376			SD368	RF Electrodes 18 Gauge 70 mm Length	item	$	1,995	1	0	$ 750,120
61626	Tcat perm occls/en	1,266	4	DIAGNOSTIC RADIOLOGY	1	SF058	LC Beads (2mL vial)	item	$	2,342	2	0	$ 18,735
63650	Implant neuroelect	82,108	16,700	PAIN MANAGEMENT	0.294	SD281	Trial lead array	item	$	641	1	0	$ 10,702,529
63650	Implant neuroelect	82,108	16,700	PAIN MANAGEMENT	0.294	SD280	Trial lead kit	item	$	959	1	0	$ 16,014,298
64553	Implant neuroelect	187	159	INTERNAL MEDICINE	0.778	SD281	Trial lead array	item	$	641	1	0	$ 101,898
64553	Implant neuroelect	187	159	INTERNAL MEDICINE	0.778	SD280	Trial lead kit	item	$	959	1	0	$ 152,471
64555	Implant neuroelect	20,976	2,883	PAIN MANAGEMENT	0.206	SD281	Trial lead array	item	$	641	1	0	$ 1,847,628
64555	Implant neuroelect	20,976	2,883	PAIN MANAGEMENT	0.206	SD280	Trial lead kit	item	$	959	1	0	$ 2,764,624
64567	Perq elec nrv field s	3	2			SA139	IB-Stim device kit	item	$	1,195	1	0	$ 2,390
64728	Dcmprn median nr	712	172			SA140	Kit, UltraguideCTR	kit	$	1,099	1	0	$ 189,028
65778	Cover eye w/memb	85,747	84,944	OPTOMETRY	0.549	SD248	human amniotic membrane allograft mounted on	item	$	1,149	1	0	$ 97,600,656
65779	Cover eye w/memb	549	178	OPHTHALMOLOGY	0.969	SD247	human amniotic membrane allograft	item	$	835	1	0	$ 148,630
65785	Impltj ntrstrml crnl	10	4	OPHTHALMOLOGY	1	SA120	intrastromal corneal ring	pair	$	1,145	1	0	$ 4,580
68816	Probe nl duct w/ba	127	4	OPHTHALMOLOGY	1	SD220	catheter, balloon, lacrimal	item	$	542	1	0	$ 2,170
69705	Nps surg dilat eust	2,061	1,255	OTOLARYNGOLOGY	0.998	SA134	kit, eustachian tube procedure	kit	$	2,010	1	0	$ 2,522,550
69706	Nps surg dilat eust	4,255	3,085	OTOLARYNGOLOGY	0.999	SA134	kit, eustachian tube procedure	kit	$	2,010	1	0	$ 6,200,850
88120	Cytp urne 3-5 prob	51,462	38,122	PATHOLOGY	0.5	SL261	FISH pre-treatment kit	kit	$	579	0.3	0	$ 6,624,193
88121	Cytp urine 3-5 prob	23,165	19,307	PATHOLOGY	0.64	SL261	FISH pre-treatment kit	kit	$	579	0.2	0	$ 2,236,561
91111	Gi trc img intral esc	138	46	GASTROENTEROLOGY	0.88	SA094	kit, capsule, ESO, endoscopy w-application supplie	kit	$	705	1	0	$ 32,414
91112	Gi wireless capsule	85	48	GASTROENTEROLOGY	0.917	SD272	SmartPill capsule	item	$	1,258	1	0	$ 60,403
91113	Gi trc img intral col	14	5			SD346	PillCam COLON capsule	kit	$	625	1	0	$ 3,125
96440	Chmotx admn plrl c	30	12	HEMATOLOGY/ONCOLOGY	0.467	SA077	kit, pleural catheter insertion	kit	$	551	1	0	$ 6,609
97007	Mchnl sclp cool me	24	23			SA141	Scalp Cooling Cap/Kit	item	$	1,800	1	0	$ 41,400
G0166	Extrnl counterpulse	43,791	43,791	CARDIOLOGY	0.743	SD342	EECP electrical equipment package	item	$	752	0.0025	0	$ 82,327
G0166	Extrnl counterpulse	43,791	43,791	CARDIOLOGY	0.743	SD341	EECP compression equipment package	item	$	827	0.01	0	$ 362,042

G0465	Autolog prp diab w	3,536	2,210	NURSE PRACTITIONER	0.667	SD343	3C patch system	item	$	771	1	0	$	1,703,534
G2082	Visit esketamine 56	6,757	6,428	PSYCHIATRY	0.665	SH109	Esketamine (56 mg vial)	item	$	895	1	0	$	5,753,703
G2083	Visit esketamine, >	56,148	54,421	PSYCHIATRY	0.63	SH110	Esketamine (84 mg vial)	item	$	1,325	1	0	$	72,089,322

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: QHP Inappropriately Included in Direct PE Inputs

September 2026

Laryngeal Function Studies – Tab 14A

At the September 2025 RUC meeting, a RUC member requested review of CPT codes that have L052A *Audiologist* as clinical staff in the direct practice expense. Audiology has been able to independently bill Medicare since 2008 and therefore should no longer be accounted for in the direct practice expense inputs as clinical staff. At the same time as this review, the direct practice expense should be examined to identify any other qualified health care professionals captured in the clinical labor staff to ensure that time is appropriately counted in the work component. The Relativity Assessment Workgroup identified CPT code 92520 as including QHP L055A *Speech Pathologist* as clinical labor staff in the direct practice expense inputs. At the April 2026 meeting, the specialty societies indicated that these services would be surveyed for the September 2026 meeting.

Compelling Evidence
The specialty societies presented compelling evidence based on incorrect assumptions made in the previous valuation of the service by either the RUC or CMS. According to Medicare utilization data, the majority of claims for this service are billed by speech-language pathologists (SLPs), who account for 69.8 percent of utilization, followed by otolaryngologists at 23.2 percent. The current intra-service time of 10.73 minutes reflects only the physician's time spent interpreting the results when the procedure is performed by an SLP and does not include the professional work performed by the SLP. Historically, SLP time associated with furnishing this service has been captured as clinical labor within the Practice Expense (PE) methodology.

However, because speech-language pathologists are authorized to bill Medicare independently for these services, their time and professional work should no longer be accounted for as clinical labor under PE. Instead, the professional work performed by SLPs in furnishing this service should be appropriately captured and incorporated into the professional work component and removed from the practice expense component. Currently, SLPs perform not only the procedure itself but also the interpretation of findings, preparation of the report, and coordination of appropriate referrals. Historically, these professional activities were attributed to the physician work component and did not recognize or account for the work performed by SLPs. The valuation should appropriately acknowledge the full scope of professional services now provided by SLPs. **The RUC HCPAC Review Board accepted compelling evidence based on incorrect assumptions for CPT code 92520.**

92520 ***Laryngeal function studies (ie, aerodynamic testing and acoustic testing)***
The RUC HCPAC reviewed the survey results from 40 speech-language pathologists and recommends a work RVU of 1.25 based on the survey 25th percentile, which maintains relativity within the MFS. The RUC HCPAC recommends 7 minutes of pre-service evaluation time, 40 minutes intra-service time, and 10 minutes immediate post-service time, totaling 57 minutes. The HCPAC Review Board adjusted the pre-time to reflect multiple procedures performed on the same day by the same SLP. The 7 minutes of pre-time that is specific to this service, does not overlap with other services, and is only for device calibration.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Laryngeal function assessment plays an important role in comprehensive evaluation and treatment of patients with voice and upper airway disorders. This procedure consists of both aerodynamic and acoustic testing. Aerodynamic assessment analysis measures average glottal airflow rate, air pressures, and vocal sound pressure levels, etc. Acoustic testing is performed through a series of core tasks and measurements for acoustic analysis such as cepstral peak prominence (CPP), mean vocal frequency, and sound pressure levels, etc.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the top key reference service codes 92611 *Motion fluoroscopic evaluation of swallowing function by cine or video recording* (work RVU = 1.31, 29.25 minutes intra-service, and 46.25 minutes total time). The surveyed code work RVU is appropriately lower than the key reference service given the lower intensity/completely to perform, albeit the higher intra-service and total time.

For additional support, the RUC HCPAC referenced HCPAC MPC code 92604 *Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming* (work RVU = 1.25, 50 minutes intra-service, and 65 minutes total time). The surveyed code has similar total time when compared to the MPC code and therefore should be valued similarly. **The RUC HCPAC recommends a work RVU of 1.25 for CPT code 92520.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for supplies and equipment based on changes in technique/technology. The increase over current cost reflects significant changes in clinical practice and the resources required to perform laryngeal function studies since the practice expense inputs for CPT code 92520 were last reviewed more than 20 years ago in 2005.

The Practice Expense Subcommittee reviewed the direct practice expense inputs and acknowledged the removal of L055A *Speech Pathologist* from the PE inputs. The Subcommittee discussed the updated supplies and equipment and confirmed that SD182 *mask, CPR (RespAide)* is the most accurate input as this is what is typically used for phonatory aerodynamic testing which requires connecting a sealed CPR mask to the cardboard tube to the equipment. The CPR mask is used to create a hermetic seal to prevent any air leaks from the nose or mouth. The Subcommittee also accepted a new equipment item, *System, acoustic assessment (Visipitch)* and clarified that this is not a mobile piece of equipment rather akin to the ophthalmology screening lane.

The Subcommittee made modifications to the equipment time, adding 10 minutes to reflect the 7 minutes of pre-service time required for calibration of equipment which includes turning on and allowing manufacturer recommended warm-up time for pneumotach, calibration of the phonatory aerodynamic system, and directly inputting data acquisition parameters for acoustic and/or speech data signals; and 3 minutes of post-service time required for cleaning, disinfecting the equipment, and report printing. Thus, the Other Formula to calculate minute equipment is in use, encompasses the duration of QHP time of 50 minutes: total intra service time of 40 minutes, plus 7 minutes for pre-service activities and 3 minutes post-service time for cleaning. **The RUC HCPAC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** *Diagnostic or treatment procedures that are reported as evaluation and management services (eg, otoscopy, anterior rhinoscopy, tuning fork test, removal of non-impacted cerumen) are not reported separately.* *Special otorhinolaryngologic services are those diagnostic and treatment services not included in an evaluation and management service, including office or other outpatient services (99202-99215) or office or other outpatient consultations (99242, 99243, 99244, 99245).* *Codes 92507, 92508, 92520, 92521, 92522, 92523, 92524, and 92526 are used to report evaluation and treatment of speech sound production, receptive language, and expressive language abilities, voice and resonance production, speech fluency, and swallowing. Evaluations may include examination of speech sound production, articulatory movements of oral musculature, oral-pharyngeal swallowing function, qualitative analysis of voice and resonance, and measures of frequency, type, and duration of stuttering. Evaluations may also include the patient's ability to understand the meaning and intent of written and verbal expressions, as well as the appropriate formulation and utterance of expressive thought.*			
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing) (For performance of a single test, use modifier 52) (To report flexible fiberoptic laryngeal evaluation of swallowing and laryngeal sensory testing, see 92611-92617) (To report other testing of laryngeal function (eg, electroglottography), use 92700)	XXX	1.25 (2026 Work RVU = 0.73)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92520 Tracking Number N/A Original Specialty Recommended RVU: **1.37**
Presented Recommended RVU: **1.37**
Global Period: XXX Current Work RVU: **0.73** RUC Recommended RVU: **1.25**

CPT Descriptor: Laryngeal function studies (ie, aerodynamic testing and acoustic testing)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48-year-old female with persistent dysphonia and bilateral vocal fold lesions undergoes aerodynamic and acoustic evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional (QHP) reviews the patient's referral information, medical records, results of physical imaging, vocal habits, environmental and behavioral changes, and previous vocal function assessment and treatment records. The QHP configures the software and associated hardware for both procedures. The QHP assembles the hardware for the aerodynamic testing including, pneumotachograph, and intraoral tube for aerodynamic analysis. Following Phonatory Aerodynamic System (PAS) assembly, the internal heating element is activated to prevent condensation build up during the procedure. Once the desired temperature is achieved, zero-flow and dynamic volume calibration is performed and verified for volume and flow rate by the QHP. Next, the QHP prepares the acoustic analysis equipment with microphone set-up for specified distance and angle then obtains and records ambient noise via sound pressure level. The QHP prepares the remaining testing materials and supplies to be utilized during the evaluation..

Description of Intra-Service Work: The patient is taken to an acoustically appropriate room where the patient is placed in an optimal position for testing and data collection. The QHP outlines the tasks the patient is expected to perform during the procedure, provides clear instructions, and ensures that the patient can carry out these tasks appropriately throughout the evaluation.

The QHP calibrates the aerodynamic equipment specifically for the patient, with calibration performed immediately prior to the procedure while the patient is present, to obtain accurate, patient-specific measurements. The QHP proceeds with aerodynamic assessment, securely positioning a face mask over the nose and mouth (ensuring no leakage) and intraoral tube placed between the lips without obstruction connected to the manometry system and computer hardware . The patient is provided with instructions and completes a series of standardized aerodynamic assessments to measure airflow and pressure during breathing and vocal tasks. Objective aerodynamic testing modules are performed with maximum inhalation and exhalation, sustained phonation and syllable repetition, and phonation pressure levels to measure vital capacity, average glottal airflow rate, peak airflow, vocal efficiency, phonation threshold pressure, and average subglottal air pressure. The QHP then instructs the patient to remove the intraoral tube and repositions the mask to reestablish the airtight seal. The patient completes multiple trials of standardized stimuli to measure aerodynamic power, efficiency, and glottal/subglottal resistance. Stimulability testing with variations in pitch, effort, and/or loudness are performed based on preliminary analysis.

The QHP then proceeds with the acoustic assessment by repositioning the patient for optimal voice output. The microphone is placed at a precisely measured distance and angle from the mouth, and the sound pressure level of the

acoustic analysis equipment is configured and verified. The patient produces multiple trials of both maximum and comfortable sustained phonation followed by connected speech with standardized/validated series of sentences, reading passages, and spontaneous speech sample recordings. Speech sound analysis including resonance is further obtained using spectrograms. The QHP completes the acoustic and resonance assessment and obtains data related to fundamental frequency, intensity, cepstral peak prominence, jitter/shimmer, formants, and harmonic frequency distribution. Further stimulability testing is conducted to assess appropriateness for intervention and to refine a plan of care.

Real-time analysis of acoustic and aerodynamic signals is performed concurrently throughout the examination to ensure that each trial represents an accurate and reliable sample, thereby minimizing the risk of skewed or invalid results.
The QHP analyzes the data, compares findings to normative data, and documents the findings. Preliminary data and findings are reviewed with the patient. Interpretation and report of the examination is completed.

Description of Post-Service Work: Interpretation and integration of findings with results of behavioral assessment and imaging is performed. Information regarding findings, treatment recommendations, and prognosis is provided to the patient and/or caregiver and the report is signed off. Equipment and material used for procedure were cleaned and disinfected. Referrals are made for additional assessments and/or treatments as appropriate. Final findings and recommendations are communicated to referral source and care team members.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Duane Trahan, MS, CCC-SLP, Wendy Leborgne, PhD, CCC-SLP					
Specialty Society(ies):	American Speech-Language-Hearing Association					
CPT Code:	92520					
Sample Size:	7933	**Resp N:**	40			
Description of Sample:	Random sample of speech-language pathology membership of the American Speech-Language-Hearing Association					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**10.00**	50.00	625.00
Survey RVW:		0.52	1.25	**1.37**	1.75	100.00
Pre-Service Evaluation Time:				**13.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		4.00	25.00	**40.00**	56.00	92.00
Immediate Post Service-Time:	**16.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92520	**Recommended Physician Work RVU: 1.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92611	XXX	1.31	**RUC Time**

CPT Descriptor Motion fluoroscopic evaluation of swallowing function by cine or video recording

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.60	**Other**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92611	XXX	1.31	**RUC Time**	10,821

CPT Descriptor 1 Motion fluoroscopic evaluation of swallowing function by cine or video recording

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.60	**Other**	8,657,928

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 37.5 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 92520	Top Key Reference CPT Code: 92611	2nd Key Reference CPT Code: **99203**
Median Pre-Service Time	10.00	7.00	3.00
Median Intra-Service Time	40.00	29.25	39.00
Median Immediate Post-service Time	10.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**46.25**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	7%	7%	40%	33%	13%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	53%	27%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	20%	33%	47%
Physical effort required	20%	47%	33%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	26%	27%	47%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	43%	28%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	43%	43%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	14%	86%
Physical effort required	14%	57%	29%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	28%	14%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
In February 2026, the Relativity Assessment Workgroup (RAW) identified 92520 as a part of 26 services with QHP included in the clinical staff direct practice expense (PE) inputs. It was noted that provider types that can independently bill Medicare cannot be included under direct practice expense. CPT code 92520 includes speech-language pathology time under clinical staff direct PE input. However, speech-language pathologists (SLPs) can now independently bill for Medicare services. After carefully reviewing the clinical practice patterns, ASHA presented the action plan to survey the code. This action plan was approved during the April 2026 AMA RUC Meeting.

CPT code 92520 describes laryngeal function studies including aerodynamic testing and acoustic testing. Laryngeal function assessment plays an important role in comprehensive evaluation and treatment of patients with voice and upper airway disorders. This procedure consists of both aerodynamic and acoustic testing. Aerodynamic assessment analysis measures average glottal airflow rate, air pressures, and vocal sound pressure levels etc. Acoustic testing is performed through a series of core tasks and measurements for acoustic analysis such as cepstral peak prominence (CPP), mean vocal frequency, and sound pressure levels, etc.

Expert Panel Recommendations
An expert panel of speech-language pathologists was convened to review the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The specialty recommends the median work RVUs of 1.37, pre-service time of 10 minutes, intra-service time of 40 minutes, and post-service time of 10 minutes for 60 minutes of total time.

Survey Sample
The survey data and recommendations are based upon a random sample of ASHA membership. A total of 7933 surveys were sent to a random sample of ASHA's speech-language pathology members to survey laryngeal function studies. A total of **40** completed responses were received for this specific code.

Compelling Evidence
After comprehensive review of current practice patterns, the expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.73 to 1.37 and intra-service time from 10 minutes to 40 minutes** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS.***

According to Medicare utilization data, the majority of claims for this service are billed by speech-language pathologists (SLPs), who account for 69.8% of utilization, followed by otolaryngologists at 23.2%.

The current intra-service time of 11 minutes (adjusted to 10.73 minutes) reflects only the physician's time spent interpreting the results when the procedure is performed by an SLP and does not include the professional work performed by the SLP. Historically, SLP time associated with furnishing this service has been captured as clinical labor within the Practice Expense (PE) methodology.

However, because speech-language pathologists are now authorized to bill Medicare independently for these services, their time and professional work should no longer be accounted for as clinical labor under Practice Expense. Instead, the professional work performed by SLPs in furnishing this service should be appropriately captured and incorporated into the professional work component. Currently, SLPs perform not only the procedure itself but also the interpretation of findings, preparation of the report, and coordination of appropriate referrals. Historically, these professional activities were attributed to the physician work component and did not recognize or account for the work performed by SLPs. The proposed valuation appropriately acknowledges the full scope of professional services now provided by SLPs.

Additionally, the CPT code 92520, which is currently used to capture the services mentioned above, needs an updated clinical vignette and a detailed description of the procedure. The historic description of procedure likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required.

2. ***Changes in physician work due to advancement in technique, knowledge/technology, and physician time***

There are changes to clinical practice patterns and how laryngeal function studies have been performed. Advances in voice research and clinical practice have shifted standard assessment from isolated sustained phonation toward analysis of connected speech. Sustained phonation provides a controlled, steady-state signal that reflects underlying vocal fold biology; however, it does not engage the complex neural and muscular coordination required for functional spoken communication. Incorporating connected speech analysis extends beyond vocal fold physiology to capture the true functional impact of voice disorders. It reflects motor speech coordination, higher-order cortical planning, rapid modulation of airflow, and the ability to differentiate organic lesions from functional or neurologic disorders.
While sustained phonation yields a uniform acoustic signal, connected speech introduces substantial acoustic, phonetic, and linguistic variability. These complexities require additional manual and computational processing to segment, filter, and evaluate the signal, resulting in increased work intensity, cognitive load, and analysis time.

Additionally, the current physician time accounts only for interpretation and report writing and does not include the time required to perform the procedure, as described above. The time SLPs spend performing the procedure is currently captured as clinical labor within the practice expense component. Therefore, the proposed changes also reflect a shift in how the work associated with performing the procedure is recognized and captured as physician/QHP work.

Time

The expert panel agreed with the **median intra-service time of 40 minutes**, **pre-service time of 10 minutes and post-service times of 10 minutes**.

Pre- and Post- Service Times: These times are adequate to complete pre- and post-service activities and align with the existing pre- and post-service times for this service. Even though the survey indicated 16 minutes of post service time, the expert panel believes 10 minutes is adequate to complete the post-service-related work. This is particularly appropriate when considering that a portion of the SLPs (L055A) work is currently recognized within the Practice Expense (PE) component of the valuation. 10 minutes of pre-service time is required for the QHP to review medical and vocal history, imaging and assessment records, and prepare and calibrate the necessary equipment, materials, and software for the evaluation. 10 minutes of post-service time is required for the QHP to further analyze the data, communicate findings, recommendations, prognosis, and any necessary referrals to the patient, caregiver, and referral source(s), clean and disinfect the equipment.

The current valuation includes 10 minutes of pre- and post- service times within the work component, which reflects the physician work time related primarily to interpretation and report writing. In addition, 3 minutes of Qualified Health Professional (QHP) pre- and post- service time performed by the SLP are captured under the Practice Expense (PE) component. Therefore, the total pre- and post- service time associated with this service are reflective of both the work-related pre-service activities and the QHP pre-service activities recognized within PE.

Intra-Service Time: Similarly, the recommended intra-service time of 40 minutes is adequate to complete the intra-Service work of this procedure. The current valuation includes 11 (adjusted 10.73) minutes of intra-service time within the work component. In addition, 29 minutes of QHP intra-service time performed by the SLP is captured under the PE component. Therefore, currently, the total intra-service time associated with this service is 40 minutes, reflecting both the work-related intra-service activities and the QHP intra-service activities recognized within PE. Therefore, the survey-reported median intra-service time is consistent with the current valuation and supports the recommended intra-service time recommendation. 40-minutes of intra-service time is required to re-calibrate the equipment for the individual patient after initial equipment calibration (e.g., mouth-to-microphone calibration after procedure begins), complete the procedure to capture both objective aerodynamic measures testing to collect vital capacity, average glottal airflow rate, peak airflow, vocal efficiency, phonation threshold pressure, and average subglottal air pressure; and then to repositioned the patient to be seated with the microphone to gather acoustic measures to gather data related to fundamental frequency, intensity, cepstral peak prominence, jitter/shimmer and harmonic frequency distribution. The QHP needs to be actively and constantly engaged during this continuous and dynamic assessment providing directions to the patient, adjusting highly specialized equipment for the individual patient and based on the results, performing the assessment, and gathering data.

Work RVU

The expert panel recommends the **median work RVU of 1.37** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in laryngeal function studies, especially given that the SLP work which was historically captured under PE will now be captured under the work component. This valuation also supports appropriate rank order within similar codes with similar intra-service times.

In addition, the recommended median work RVU is supported by clinical complexity, cognitive workload, and high level of professional skill, use of highly specialized equipment, and engagement required to perform laryngeal function studies. Laryngeal function studies require continuous assessment and adjustment based on the acoustic and aerodynamic data received, and adjust the equipment as needed.

The current work RVU of 0.73 reflects only the physician work associated with interpretation of the test results and report preparation; and does not capture the work required to actively perform the procedure. It does not recognize or account for the professional work performed by speech-language pathologists (SLPs), who now perform not only the procedure itself but also the interpretation of findings, report writing, patient counseling, and coordination of appropriate referrals. As a result, the current valuation understates the full scope of professional work required to furnish this service.

Additionally, the limited number of respondents is reflective of the highly specialized nature of this area of practice. Only 0.2% of ASHA's over 200,000 speech language pathologists are able to secure a job in this area of practice. A complex understanding of equipment, calibration, test administration, and results interpretation significantly exceeds the typical standard training of speech pathologists. Specifically, qualified providers who administer this procedure must directly provide hands on calibration immediately prior to the procedure, they must constantly monitor the patient, and data acquisition throughout the entire procedure. The industry specific requirements to meet standards for this procedure require the QHP to constantly and directly monitor appropriate placement of the equipment (ensuring mask seal, intraoral pressure monitor, pneumotach, microphone to mouth distance consistency, task elicitation, task production, task

consistency) for the duration of the testing procedure to ensure valid data acquisition for interpretation. The QHP must provide direct and constant prompts to the patient using verbal, visual, and tactile means to ensure adequate acoustic and aerodynamic samples are obtained. This procedure requires real-time clinician monitoring and immediate interpretation of results to ensure the data collected is valid and reliable for each patient tested. Therefore, we believe, recommended work RVU of 1.37 appropriately and accurately capture the clinical intensity and professional effort involved in laryngeal function studies.

The expert panel also reviewed the 25th percentile work RVU of 1.25 and believes that this undervalues a procedure with 40 minutes of intra-service work and would create rank order anomaly, not only within the speech-language pathology family of codes, but also within the entire CPT code set. The work RVUs of the key reference service (KRS) codes further support this conclusion- the first KRS, with 30 (adjusted 29.25) minutes of intra-service time is valued at 1.31 RVUs and second KRS, with 25 minutes of intra-service time is valued at 1.60 RVUs.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92520.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjus Total Time	Pre	Intra	Adjus Intra	Post	Note
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	0.85	0.0195	42	41.33	5	27	26.33	10	
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	1.02	0.0196	50	49.25	10	30	29.52	10	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	1.24	0.0613	27	26.58	5	17	16.58	5	
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	1.31	0.0318	47	46.25	7	30	29.25	10	KRS 1 MPC
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	1.37	0.023	60	-	7	40	-	10	Current Survey Code
92609	Therapeutic services for the use of speech-generating device, including programming and modification	1.50	0.0175	80	80	10	60	60	10	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.60	0.0550	35	35	5	25	25	5	KRS 2 MPC
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	1.75	0.0239	74	74	4	60	60	10	MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate that CPT code 92520 will typically be billed in conjunction with 92524 (Behavioral and qualitative analysis of voice and resonance), 31579 (Laryngoscopy, flexible or rigid telescopic, with stroboscopy), and 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual), which is expected to be replaced by new codes 92X8X and 92X9X in 2027. The specific combination of services will depend on the patient's clinical presentation and the complexity of the disorder.

   For patients presenting with voice, resonance, and upper airway disorders, the initial assessment typically includes a behavioral and qualitative analysis of voice and resonance, reported under 92524. Findings from this assessment help guide the clinician in determining whether additional evaluation is warranted. When indicated, further assessment may include laryngoscopy with stroboscopy, reported under 31579, as well as laryngeal function studies, reported under 92520. Together, these diagnostic procedures provide complementary information regarding the patient's voice, resonance, laryngeal function, and upper airway function. Following completion of the appropriate evaluations, the clinician may proceed with treatment of the identified voice and/or upper airway disorder, currently reported under 92507 and anticipated to be reported under new codes 92X8X and 92X9X beginning in 2027. Collectively, this group of services enables the clinician to comprehensively characterize the disorder, establish an appropriate diagnosis, and develop an individualized treatment plan.

   Please see the CPT code information below (Code, Global Period, RVW, Pre, Intra, Post times, Billed together data):

CPT Code	Global Period	WRVU	Pre	Intra	Post
92524	XXX	1.92	5	60	10 min
31579	XXX	1.83	14	9.75	10 min
92507 (92X8X/92X9X)	XXX	1.30	5	50	5 min

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92520

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Speech-Language Pathology How often? Commonly

Specialty Otolaryngology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24,063
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Speech-Language Pathology Frequency 16,795 Percentage 69.79 %

Specialty Otolaryngology Frequency 5,535 Percentage 23.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8021
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2024 Medicare utilization data for CPT codes 92520 from the AMA RUC database.

Specialty Speech-Language Pathology Frequency 5,614 Percentage 69.99 %

Specialty Otolaryngology Frequency 1,845 Percentage 23.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92520

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Laryngeal Function Studies

TAB: 14 A

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	92611	Motion fluoroscopic evaluation of swallowing function by cine or video	XXX	2009	15	0.032	0.028			1.31			46.25	7					29			10					
2nd REF	99203	Office or other outpatient visit for the evaluation and management of a new	XXX	2019	7	0.055	0.046			1.60			35	5					25			5					
CURRENT	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic	XXX	2005		0.026	0.024			0.73			30.73	10					10.73			10					
SVY	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic	XXX		40	0.018	0.020	0.52	1.25	1.37	1.75	100.00	69	13			4	25	40	56	92	16	0	0	10	50	625
REC	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	XXX			0.022	0.022	1.25					57	7					40			10					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 92520
SPECIALTY SOCIETY(IES): American Speech-Language-Hearing Association
PRESENTER(S): Luis F. Riquelme, PhD, Duane Trahan, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 24-26, 2026

CPT Code	Long Descriptor	Global Period
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92520	A 48-year-old female with persistent dysphonia and bilateral vocal fold lesions undergoes aerodynamic and acoustic evaluation.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American Speech-Language-Hearing Association (ASHA) convened an expert panel of speech-language pathologists (SLPs) who deliver services described under the CPT code being reviewed from different settings (e.g., private practice, hospital outpatient clinics), across different age groups, and geographic regions. This expert panel of clinicians provided the direct practice inputs related to laryngeal function studies.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The code 92520 being reviewed is an existing code. Therefore, the reference code is the existing code 92520 used for PE input recommendations.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   This service is not typically reported with E/M services.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Speech-language pathologists provide this service 69.8% of the time in the non-facility setting.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

CPT CODE(S): 92520
SPECIALTY SOCIETY(IES): American Speech-Language-Hearing Association
PRESENTER(S): Luis F. Riquelme, PhD, Duane Trahan, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Compelling Evidence:
The increase over the aggregated current cost reflects significant changes in clinical practice and the resources required to perform laryngeal function studies since the practice expense inputs for CPT code 92520 were last reviewed more than 20 years ago, in 2005. The current aggregated cost is based on outdated practice expense inputs that no longer adequately reflect the equipment, supplies, and technology necessary to provide these services under contemporary clinical practice.

Since 2005, advances in research and technology have resulted in more sophisticated and specialized equipment for aerodynamic and acoustic testing, allowing clinicians to perform more precise and comprehensive assessments of laryngeal function. These advancements have increased the resources necessary to appropriately furnish the service compared with those reflected in the existing practice expense inputs.

In addition, infection prevention and control standards have evolved substantially, particularly since the COVID-19 pandemic. Laryngeal function studies involve close contact with the patient's airway and potential exposure to respiratory secretions, requiring enhanced infection control measures and greater use of disposable and infection prevention supplies. These resources were not fully reflected in the practice expense inputs established in 2005.

Please see the table listed below under question 26 (additional information) for further details and rationale for requested supplies and equipment.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

N/A

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

New Supply: Cardboard Tube– The set-up and supplies for phonatory aerodynamic testing requires connecting a sealed CPR mask to the cardboard tube to the equipment. The cardboard tube is to allow for hub hookup from the coupler and airflow head (both sterilized equipment) to the 1.0-liter calibration syringe as well as standardization of distance for flow rate to the equipment. A paid invoice is attached.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

New Equipment – Acoustic Assessment System (Visipitch) **Formula**- Other Formula for the duration of QHP time of 50 minutes. This equipment is required for the duration of QHP time: total intra service time of 40 minutes, plus 7 minutes for all pre-time activities, including first calibration, and 3 minutes post-service time for cleaning. Visipitch is an acoustic and biofeedback station. Acoustic assessment equipment is utilized to analyze various components to objectively measure vocal stability, range, and quality including: real-time pitch tracking (fundamental frequency, intensity, amplitude), vocal perturbation analysis (cycle-to-cycle variability in the vocal signal to quantify hoarseness, roughness); noise and spectral metrics (harmonics-to-noise ratio providing an objective metric for breathiness). A paid invoice is submitted as a part of this SOR.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Useful Life Estimate of the new equipment (Acoustic assessment system (Visipitch) is **5 years**.

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

CPT Code 92520

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Formula- **Other formula** (The formula used is for **QHP total intra-service time of 40 minutes, plus 7 minutes for all pre-time activities and 3 minutes post-service time** for cleaning. Equipment is not available for other use for the duration of this time)

EQ287- System, speech analysis 50 minutes
EQ286- System, phonatory function testing–50 minutes
ED032- Printer, laser, paper–8 minutes
EF027 table, instrument, mobile–50 minutes
New System, acoustic assessment (Visipitch) –50 minutes

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Please see the tables below for detailed rationale of requested supplies and equipment.

ROW	CODE	92520	Current	REC	Rationale
CLINICAL ACTIVITIES					
22	**CA008**	Perform regulatory mandated quality assurance activity (pre-service)	3	0	**REMOVE:** The speech-language pathologist (SLP) time will be removed from direct PE as SLPs can now bill Medicare independently. The work of SLP will now move under professional work.
52	**CA021**	Perform procedure/service--NOT directly related to physician work time	29	0	**REMOVE:** The SLP time will be removed from direct PE as SLPs can now bill Medicare independently. The work of SLP will now move under professional work.
85	**CA038**	Coordinate post-procedure services	3	0	**REMOVE:** The SLP time will be removed from direct PE as SLPs can now bill Medicare independently. The work of SLP will now move under professional work.
MEDICAL SUPPLIES					
102	**SB022**	gloves, non-sterile	1	2	**INCREASE**: Required when QHP is physically touching the patient's face and oral cavity during treatment to maintain hygiene around oral cavity and for equipment cleaning. One set of gloves required for equipment cleaning prior to patient use, one set of gloves required with patient use.
103	**SD099**	mouthpiece, respiratory	1	1	**RETAIN:** One mouthpiece is used per patient. The mouthpiece is inserted into their oral cavity for measurement purposes.

104	**SD130**	tubing, latex	1	1	**RETAIN:** One intraoral tube is placed between the patient's lips in the oral cavity. Due to the patient inserting the intraoral tube into their oral cavity, these are single-use, disposable pieces of tubing.
105	**SG051**	gauze, non-sterile 4in x 4in	1	1	**RETAIN:** Used for lingual manipulation during assessment and clean any secretions.
106	**SJ053**	swab-pad, alcohol	2	2	**RETAIN:** Used to disinfect the microphone, mask, and/or the mic-to-mouth measuring device (which sits on the patient's chin during the procedure)
107	**SK059**	paper, recording (per sheet)	8	8	**RETAIN:** Used to print results and provide visual prompts for the elicitation of the acoustic task protocol.
108	**SM012**	disinfectant spray (Transeptic)	30ml	0	**REMOVE:** This product is no longer required. Sanitized cloth wipes (listed below) will be used for disinfecting purposes.
109	**SD182**	CPR Mask (Respaide)	0	1	**ADD**: The set-up and supplies for phonatory aerodynamic testing requires connecting a sealed CPR mask to the cardboard tube to the equipment. CPR mask is used to create a hermetic seal to prevent any air leaks from the nose or mouth.
110	**SM022**	sanitizing cloth-wipe (surface, instruments, equipment)	0	2	**ADD**: required to sanitize and clean hard surfaces and equipment before and after treatment services. Multiple wipes are needed as disinfecting phonatory aerodynamic testing equipment requires strict infection control because multiple components directly contact the patient's mucous membranes, saliva, and breath as there are both disposable/single-use (High-risk) items and reusable hardware and the workstation (Low-risk).
111	**SK018**	Cup, drinking	0	1	**ADD**: required to serve/drink water to prevent spasmodic episodes during sustained phonation tasks.
112	**New**	Cardboard Tube	0	1	**ADD**: The set-up and supplies for phonatory aerodynamic testing requires connecting a sealed CPR mask to the cardboard tube to the equipment. The cardboard tube is to allow for hub hookup from the coupler and airflow head (both sterilized equipment) to the 1.0-liter calibration syringe as well as standardization of distance for flow rate to the equipment.
EQUIPMENT					

120	**EQ287**	system, speech analysis	29 min	50 min	**RETAIN:** Equipment needed for the duration of QHP total intra-service time to complete connected speech sound and voice analysis. Additionally, pre-service time is required for calibration of equipment which includes directly inputting data acquisition parameters for acoustic and/or speech data signals; post-service time required for cleaning, disinfecting the equipment, and report printing.
121	**EQ286**	system, phonatory function testing	29 min	50 min	**RETAIN:** Equipment needed for the duration of QHP total intra-service time to assess the voice quality, pitch, and by analyzing patient speech during conversation and reading tasks. Equipment is used to identify acoustic and aerodynamic parameters of voice/phonation including fundamental frequency, voice quality, and voice stability. Patient specific recalibration is completed during intra-service time. Additionally, pre-service time is required for calibration of equipment which includes turning on and allowing manufacturer recommended 15 minute warm-up time for pneumotach, calibration of the phonatory aerodynamic system; post-service time required for cleaning, disinfecting the equipment, and report printing.
122	**ED032**	printer, laser, paper	8 min	8 min	**RETAIN:** equipment is needed for 8 minutes to print the test results.
123	**ED021**	computer, desktop, w-monitor	29 min	0	**Remove:** Standalone computer is no longer required. A dedicated computer system with software systems is available with testing equipment.
124	**EF027**	Table, instrument, mobile	0	50 mins	**ADD**: equipment is needed for the duration of QHP total intra-service time. This equipment will be used to place assessment material and serve as a surface to complete therapeutic exercises to assess stimulability.
125	**New**	System, acoustic assessment (Visipitch)	0	50 min	**ADD**: equipment is needed for the duration of QHP total intra-service time. Visipitch is an acoustic and biofeedback station. Acoustic Assessment equipment is utilized to analyze various components to objectively measure vocal stability, range, and quality including: real-time pitch tracking (fundamental frequency, intensity, amplitude), vocal perturbation analysis (cycle-to-cycle variability in the vocal signal to quantify hoarseness, roughness); noise and spectral metrics (harmonics-to-noise ratio providing an objective metric for breathiness). Additionally, pre-service time is required for calibration of equipment which includes turning on and allowing manufacturer

					recommended warm-up for pneumotach, calibration of the phonatory aerodynamic system; post-service time required for cleaning, disinfecting the equipment, and report printing.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

10 minutes added to equipment time- 7 minutes of pre-service time is required for calibration of equipment which includes turning on and allowing manufacturer recommended warm-up time for pneumotach, calibration of the phonatory aerodynamic system, and directly inputting data acquisition parameters for acoustic and/or speech data signals; 3 minutes of post-service time required for cleaning, disinfecting the equipment, and report printing.

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**92520**		**92520**	
3		***RUC Collaboration Website***				Laryngeal function studies (ie, aerodynamic testing and acoustic testing)		Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14A Specialty: American Speech-Language-Hearing Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 36.55**	**$ -**	**$ 58.15**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L055A	Speech Pathologist	0.82	**35.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L055A	Speech Pathologist	0.82	**3.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L055A	Speech Pathologist	0.82	**29.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L055A	Speech Pathologist	0.82	**3.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 28.70**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L055A	Speech	0.82	3		0	
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54				
50	CA019	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54				
51	CA020	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.54				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L055A	Speech	0.82	29		0	
59		**Post-Service (of service period)**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				
85	CA038	Coordinate post-procedure services	L055A	Speech	0.82	3		0	
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 3.18**	**$ -**	**$ 49.10**	**$ -**
102	SB022	gloves, non-sterile	0.3	pair		1		2	
103	SD099	mouthpiece, respiratory	0.24	item		1		1	
104	SD130	tubing, latex	0.55	foot		1		1	
105	SG051	gauze, non-sterile 4in x 4in	0.03	item		1		1	
106	SJ053	swab-pad, alcohol	0.04	item		2		2	
107	SK059	paper, recording (per sheet)	0.06	item		8		8	
108	SM012	disinfectant spray (Transeptic)	0.05	ml		30		0	
109	SD182	mask, CPR (RespAide)	46.32	item		0		1	
110	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		0		2	
111	SK018	cup, drinking	0.025	item		0		1	
112	*New*	Cardboard Tubes	0.63	item		0		1	
113									
114									
115									
116									
117									
118	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
119		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 4.67**	**$ -**	**$ 9.06**	**$ -**
120	EQ287	system, speech anaysis	32721.355	Other Formula	0.126799412	29		50	
121	EQ286	system, phonatory function testing	7000	Other Formula	0.027735374	29		50	
122	ED032	printer, laser, paper	1014.25	Other Formula	0.004018658	8		8	
123	ED021	computer, desktop, w-monitor	1332.333	Other Formula	0.005278965	29		0	
124	EF027	table, instrument, mobile	531.926	Other Formula	0.001183213			50	
125	*New*	System, acoustic assessment (visipitch)	6250	Other Formula	0.024763726			50	
126									
127									
128									
129		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
130									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: QHP Inappropriately Included in Direct PE Inputs

September 2026

Stenger Tests – Tab 14B

At the September 2025 RUC meeting, a RUC member requested review of CPT codes that have L052A Audiologist as clinical staff in the direct practice expense. Audiology has been able to independently bill Medicare since 2008, therefore, should no longer be accounted for in the direct practice expense inputs as clinical staff. At the same time as this review, the direct practice expense should be examined to identify any other qualified health care professionals captured in the clinical labor staff to ensure that time is appropriately counted in the work component. At the April 2026 meeting, the specialty societies indicated that these services be surveyed for the September 2026 meeting.

Compelling Evidence
The specialty societies presented compelling evidence based on incorrect assumptions made in the previous valuation of the service by either the RUC or CMS. According to Medicare utilization data, the majority of claims for this service are reported by audiologists, who account for majority of utilization, followed by otolaryngologists. Historically, audiologist time associated with furnishing this service was captured as clinical labor within the Practice Expense (PE) methodology.

However, because audiologists are authorized to bill Medicare independently for these services, their time and professional work should no longer be accounted for as clinical labor under PE. Instead, the professional work performed by audiologists in furnishing this service should be appropriately captured and incorporated into the professional work component and removed from the practice expense component. Currently, audiologists perform not only the procedure itself but also the interpretation of findings, preparation of the report, and coordination of appropriate referrals. Historically, these professional activities were attributed to the physician work component and did not recognize or account for the work performed by audiologists. The valuation should appropriately acknowledge the full scope of professional services now provided by audiologists. **The RUC HCPAC Review Board accepted compelling evidence based on incorrect assumptions for CPT codes 92565 and 92577.**

92565 ***Stenger test, pure tone***
The RUC HCPAC reviewed the survey results from 74 audiologists and recommends a work RVU of 0.29 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC HCPAC recommends 3 minutes of pre-service evaluation time, 6 minutes intra-service time, and 3 minutes immediate post-service time, totaling 12 minutes. The professional organizations had adjusted the post-service time to reflect multiple procedures performed on the same day, by the same provider to the same patient.

This service describes the pure tone Stenger test, a behavioral assessment used to identify whether a unilateral or significantly asymmetric hearing loss includes a non-organic component. It is commonly performed when the reliability of pure tone threshold testing is in doubt. The Stenger test operates on the principle that when two tones of the same frequency are simultaneously presented to both ears, only the louder tone is perceived.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

During the procedure, the intensity of the tone presented to the better hearing ear is increased at least 10 dB HL louder than the patient's stated threshold, while the tone delivered to the poorer ear is decreased by at least 10 dB HL quieter than the patient's volunteered threshold. According to the Stenger principle, if the patient's pure tone thresholds are valid, they will continue to respond because the signal in the better ear remains louder than their threshold. This produces a negative Stenger, supporting the accuracy of the original volunteered threshold.

If the patient stops responding, despite the tone in the better ear being audible, the test yields a positive Stenger, indicating that the pure tone thresholds, in at least the poorer responding ear, may not be reliable and that additional objective measures may be needed to more accurately determine hearing sensitivity. Pure-tone Stenger testing is typically presented at any frequency with a significant asymmetry (typically 20 dB or greater difference) between ears to establish the consistency of the patient's responses.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the top key reference service codes 92587 *Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report* (work RVU = 0.35, 12 minutes intra-service, and 18 minutes total time) and 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29, 8 minutes intra-service, and 10 minutes total time). The surveyed code work RVU is appropriately supported by the key reference services given the lower intra-service and total time compared to CPT code 92587 and the similarity in physician work to CPT code 92568. **The RUC HCPAC recommends a work RVU of 0.29 for CPT code 92565.**

92577 ***Stenger test, speech***
The RUC HCPAC reviewed the survey results from 63 audiologists and recommends a work RVU of 0.25 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC HCPAC recommends 2 minutes of pre-service evaluation time, 5 minutes intra-service time, and 3 minutes immediate post-service time, totaling 10 minutes. The professional organizations had adjusted the pre- and post-service times to reflect multiple procedures performed on the same day, by the same provider to the same patient.

This behavior speech threshold assessment is used to determine whether a unilateral or significantly asymmetric hearing loss has a non-organic component. It is commonly performed when the reliability of the speech reception threshold result is in doubt. The Stenger test operates on the principle that when a speech signal is simultaneously presented to both ears, only the louder speech signal is perceived.

During the procedure, the intensity of the spondaic word presented to the better hearing ear is increased by at least 10 dB HL louder than the patient's stated speech threshold, while the speech signal delivered to the poorer ear is decreased 10 dB HL, quieter than the patient's stated speech threshold. According to the Stenger principle, if the patient's speech reception threshold is valid in the poorer ear, they will continue to respond because the signal in the better ear remains louder than their threshold. This produces a negative speech Stenger, supporting the accuracy of the original results.

If the patient stops responding, despite the speech signal in the better ear being audible, the test yields a positive Stenger, indicating that the speech reception threshold may not be reliable and that additional objective measures may be needed to more accurately determine hearing sensitivity. The process is typically repeated to establish consistency of the patient's responses.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the top key reference service codes 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29, 8 minutes intra-service, and 10 minutes total time) and 92587 *Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report* (work RVU = 0.35, 12 minutes intra-service, and 18 minutes total time). The surveyed code recommended work RVU is appropriately below both key reference services.

For additional support, the RUC HCPAC referenced MPC code 92567 *Tympanometry (impedance testing)* (work RVU = 0.20, 4 minutes intra-service, and 6 minutes total time). The surveyed code has slightly more intra-service, total time, is more complex, and is therefore valued appropriately higher. **The RUC HCPAC recommends a work RVU of 0.25 for CPT code 92577.**

Practice Expense
Acknowledging the removal of L052A *Audiologist* from the PE inputs, the Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC HCPAC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Audiologic Function Tests** *The audiometric tests listed below require the use of calibrated electronic equipment, recording of results, and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic evaluation and management services are not reported separately. All services include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two ears.*			
92565	Stenger test, pure tone	XXX	0.29 (2026 Work RVU = 0.00)
92577	Stenger test, speech	XXX	0.25 (2026 Work RVU = 0.00)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92565 Tracking Number

Original Specialty Recommended RVU: **0.29**
Presented Recommended RVU: **0.29**
RUC Recommended RVU: **0.29**

Global Period: XXX Current Work RVU: **0.00**

CPT Descriptor: Stenger test, pure tone

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Following a recent motor vehicle accident, a 34-year-old male with asymmetry in hearing sensitivity identified by pure-tone audiometry (reported separately), undergoes a pure-tone Stenger test.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient response patterns during pure-tone threshold evaluation,observed test behaviors, overall response reliability, and reported history are reviewed to determine whether Stenger testing is indicated. When non-organic or exaggerated threshold responses are suspected, the QHP reviews patient's reported audiometric thresholds and inter-aural threshold differences to identify the frequencies appropriate for Stenger testing. The degree of pure-tone response asymmetry is assessed, and the initial Stenger presentation levels are calculated for each frequency.

Description of Intra-Service Work: QHP instructs the patient to respond to all tones that he hears in each ear regardless of perceived loudness. At each frequency being evaluated, a repeat threshold measurement is obtained in the poorer ear to confirm reliability. After repeating the threshold measurement, the QHP configures a two-channel audiometer to deliver simultaneous pure tone signals to both ears. Using the volunteered pure tone responses, the QHP sets one channel 10-20 dB HL quieter than the volunteered threshold of the poorer ear and the other channel 10-20 dB HL louder than the volunteered threshold of the better ear. The QHP presents pure tone stimuli simultaneously to each ear. QHP records a Positive Stenger if the patient does not respond/ stops responding when simultaneous presentation is initiated. The procedure is repeated to confirm the results. Testing continues at additional pure-tone frequencies where asymmetries exist. The QHP determines if additional objective tests are warranted. The findings are interpreted in the context of other audiometric results and incorporated into a formal diagnostic report to inform clinical management.

Description of Post-Service Work: Test results and relevant clinical observations are communicated to the patient/family/caregiver and referral source. When indicated, recommendations for objective assessment (e.g., Evoked Auditory Potentials, Otoacoustic Emissions, Acoustic Threshold testing) are discussed with patient/family/caregiver and referral source. Recommendations for consultation or referral to other qualified health professionals are also discussed with the referral source to facilitate appropriate interdisciplinary follow-up. Relevant clinical observations, agreed on care plan and recommendations are documented in the patient's medical record. The final report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Erin Miller, AuD, Debra Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92565					
Sample Size:	3948	**Resp N:**	74			
Description of Sample:	Random sample of membership of the American Academy of Audiology and audiology membership of the American Speech-Language-Hearing Association					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	15.00	260.00	
Survey RVW:	0.15	0.29	**0.36**	0.54	1.45	
Pre-Service Evaluation Time:			**3.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	4.00	**6.00**	10.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92565	**Recommended Physician Work RVU: 0.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92587	XXX	0.35	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92568	XXX	0.29	**RUC Time**

CPT Descriptor Acoustic reflex testing, threshold

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	2,454

CPT Descriptor 1 Acoustic reflex testing, threshold

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97530	XXX	0.44	**RUC Time**	44,663,845

CPT Descriptor 2 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 28.3 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 26.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 92565	Top Key Reference CPT Code: 92587	2nd Key Reference CPT Code: **92568**
Median Pre-Service Time	3.00	3.00	1.00
Median Intra-Service Time	6.00	12.00	8.00
Median Immediate Post-service Time	3.00	3.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**12.00**	**18.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	14%	33%	38%	14%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	43%	52%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	10%	19%	71%
Physical effort required	14%	62%	24%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	48%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	20%	20%	60%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	30%	50%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	15%	25%	60%
Physical effort required	35%	60%	5%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	20%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Relativity Assessment Workgroup (RAW) identified CPT code 92565 as a part of the 26 services with QHP time included in the clinical staff direct PE inputs. Upon review of the history of these codes, AAA and ASHA noted that none of them have associated vignettes, procedural descriptions or have been surveyed for QHP time or work RVU. In addition, the audiologist's time is currently included within the clinical staff time for direct practice expense inputs rather than in work RVU for these codes.

CPT code 92565 describes the pure tone Stenger test, a behavioral assessment used to identify whether a unilateral or significantly asymmetric hearing loss includes a non-organic component. It is commonly performed when the reliability of pure tone threshold testing is in doubt. The Stenger test operates on the principle that when two tones of the same frequency are simultaneously presented to both ears, only the louder tone is perceived.

During the procedure, the intensity of the tone presented to the better hearing ear is increased at least 10 dB HL louder than the patient's stated threshold, while the tone delivered to the poorer ear is decreased at least 10 dB HL quieter than the patient's volunteered threshold. According to the Stenger principle, if the patient's pure tone thresholds are valid, they will continue to respond because the signal in the better ear remains louder than their threshold. This produces a negative Stenger, supporting the accuracy of the original volunteered threshold.

If the patient stops responding, despite the tone in the better ear being audible, the test yields a positive Stenger, indicating that the pure-tone thresholds, in at least the poorer responding ear, may not be reliable and that additional objective measures may be needed to more accurately determine hearing sensitivity. Pure-tone Stenger testing is typically presented at any frequency with a significant asymmetry (typically 20 dB or greater difference) between ears to establish the consistency of the patient's responses.

Compelling Evidence

The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.00 to 0.29** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS, as documented, such as: a misleading vignette, survey and/or flawed crosswalk assumptions in a previous valuation, and***
2. ***Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to changes in physician time, as described below:***

- According to Medicare utilization data, the majority of the billing is from audiology (93.7%) followed by otolaryngology (6.1%). QHP time is only captured as clinical labor in practice expense inputs. However, audiologists now bill Medicare independently, and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.
- CPT code 92565, which is currently used to capture these services, has never been surveyed for QHP time or Work RVU, and does not have a clinical vignette or a detailed description of the procedure. This lack of surveyed time, work RVU, vignette and description does not reflect the actual cognitive complexity, clinical judgment, and interpretive workload required to accurately complete the test or interpret findings.

Expert Panel Recommendations

An expert panel of audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel recommends the 25th percentile work RVU of 0.29, pre-service time of 3 minutes, intra service time of 6 minutes and post-service time of 3 minutes for a total time of 12 minutes.

Survey Sample

The survey data and recommendations are based upon a random sample of AAA and ASHA membership. A total of 3948 surveys were sent to a random sample of AAA and ASHA's audiology members to survey Stenger, pure-tone test. A total of **74** completed responses were received for this specific code.

Time

The expert panel validated the median survey times of ***3 minutes*** *(****pre-service time), 6 minutes (intra-service time), and 3 minutes (post-service time), for a total time of 12 minutes,*** *concluding that these values accurately reflect the clinical intensity and workflow associated with the puretone Stenger test.* Currently, 13 minutes of audiology time (L052A) is captured in the intra-service time under clinical labor time of the PE input. These recommended times align well with the audiology time captured in the PE inputs.

Pre- and Post-service Times: The expert panel believes the recommended 3-minutes of pre-service will provide the QHP with sufficient time to review the patient's volunteered pure-tone thresholds, evaluate interaural threshold differences across frequencies, and use this information to determine whether the pure-tone Stenger test should be performed. The 3-minutes of postservice time is adequate to complete discussion of test results, clinical implications, prognosis and any needed follow-up with the patient/family/caregivers and to share results with the referring provider. Even though the survey post-service time is 5 minutes, the expert panel believes 3-minutes is sufficient to complete these post-service-related activities.

Intra-Service Time: Similarly, the recommended median intra-service time of 6 minutes is adequate to complete the intra-Service work of this procedure. The QHP must assess patient responses and make continuous clinical judgments to determine if additional presentations should be provided to ensure accuracy of the results. Currently, 13 minutes of audiology time is captured under intra-Service time in the PE input. The recommended intra-service time is less than the currently allocated intra-service time for clinical labor in the PE inputs, but the expert panel believes 6-minutes is adequate time to complete the intra-service portion of this procedure.

Work RVU

The expert panel recommends the **25th percentile work RVU of 0.29** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in Stenger, pure-tone testing, especially given that the

audiologist's work was historically captured under clinical staff in practice expense and will now be captured under the work component. This valuation also supports appropriate rank-order within the broader family of audiometry codes and with similar codes with similar intra-service times.

In addition, the recommended work RVU is supported by clinical complexity, cognitive workload, high level of professional skill, use of highly specialized equipment, and QHP engagement required to perform Stenger, pure-tone testing.

Comparison to Key Reference Services Codes

The work RVUs of the key reference service (KRS) codes further support this recommendation. The first KRS code 92587, with 12 minutes of intra-service time is valued at 0.35 RVUs and second KRS code, with 8 minutes of intra-service time is valued at 0.29 RVUs. In addition, the survey results demonstrate that the overall intensity and complexity of the Stenger pure-tone service are identical or greater than those of both reference services, supporting a valuation of 0.29 RVUs. Notably, a detailed review of the intensity and complexity data shows that more than 90% of respondents rated the service as equal to or greater than KRS 1 with respect to overall mental effort and judgment, as well as technical skill, further validating the proposed work RVU.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92565.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adjusted intra Time	Post	Note
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	0.17	0.0250	7	7		5	5	2	
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	0.24	0.0011	25	24.63	5	15	14.63	5	
92568	Acoustic reflex testing, threshold	0.29	0.018	10	8	1	8	8	1	KRS 2 MPC
92565	Stenger test, puretone	0.29	0.026	12	-	3	6	-	3	Survey code
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	0.35	0.031	18	18	3	12	12	3	KRS 1
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.0234	19	19	2	15	15	2	MPC
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	0.55	0.0252	22.5	22.5	3	16.5	16.5	3	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
   CPT code 92565 is expected to be reported in conjunction with 92557 and 92567 when clinically indicated, as it represents one component of a comprehensive audiologic test battery. These services were structured as a continuum of diagnostic assessments, typically beginning with a comprehensive hearing evaluation (92557), followed by additional testing when warranted based on the patient's presentation and initial findings.

   Although performed during the same encounter, these are distinct diagnostic services requiring separate clinical judgment, test administration, interpretation, and documentation. Prior AMA CPT Assistant guidance (March 2005 and August 2014) supports the appropriate reporting of individual audiologic testing services when performed as part of a comprehensive evaluation.

   The pre- and post-service work associated with each service—including equipment preparation and calibration, patient set-up, test performance, interpretation of results, and documentation—has been considered and accounted for in the prior and proposed valuation process and should not be viewed as duplicative when multiple tests are appropriately performed. Each code reflects the unique professional work required to obtain and interpret clinically meaningful information that contributes to diagnosis and management decisions. Note: see references - AMA CPT Assistant. March 2005, AMA CPT Assistant. August 2014.

   Typical clinical scenario: A 35-year-old male was referred by his attorney for a hearing evaluation following a motor vehicle accident. The patient reported hearing loss in his right ear after the accident. Initial volunteered pure-tone thresholds revealed a significant asymmetry between the two ears. The Stenger test was administered to verify the accuracy of the initial volunteered thresholds and to determine whether the reported hearing loss reflected true auditory function or whether the thresholds had been exaggerated or feigned.
   Please see the CPT code information below (Code, Global Period, Work RVU, Pre, Intra, Post times,

CPT Code	Global Period	Work	Pre	Intra	Post
92557	XXX	0.60	3 min	20 min	5 min
92567	XXX	0.20	1 min	4 min	1 min
92550	XXX	0.3	3 min	10 mi	3 min

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92565

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4,104
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Audiology Frequency 3,843 Percentage 93.64 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,367
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2024 Medicare Claims Data from RUC Database

Specialty Audiology Frequency 1,280 Percentage 93.63 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92565

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92577 Tracking Number

Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
RUC Recommended RVU: **0.25**

Global Period: XXX Current Work RVU: **0.00**

CPT Descriptor: Stenger test, speech

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old female with asymmetry identified by speech threshold testing (reported separately) undergoes a speech Stenger test.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Patient response patterns during speech threshold evaluation, observed test behaviors, response reliability, and reported history are reviewed to determine whether Stenger testing is indicated. When non-organic or exaggerated threshold responses are suspected, the QHP reviews patient's reported speech threshold responses and inter-aural threshold differences to identify the appropriateness for Stenger testing. The degree of response asymmetry is assessed, and initial Stenger presentation levels are calculated.

Description of Intra-Service Work: QHP instructs the patient to repeat the word she hears regardless of perceived loudness. A repeat speech reception threshold measurement is obtained in the poorer ear to confirm reliability. After repeating the SRT measurement, the QHP configures a two-channel audiometer to deliver simultaneous speech signals to both ears. Using the volunteered SRT responses, the QHP sets one channel to 10-20 dB HL quieter than the volunteered threshold of the poorer ear and the other channel to 10-20 dB HL louder than the volunteered threshold of the better ear. The QHP presents speech stimuli simultaneously to each ear. QHP records a Positive Stenger if the patient does not respond or stops responding when simultaneous presentation is initiated. The procedure is repeated to confirm the result. The QHP determines if additional objective tests are warranted. The findings are interpreted in the context of other audiometric results and incorporated into a formal diagnostic report to inform clinical management.

Description of Post-Service Work: Test results and relevant clinical observations are communicated to the patient/family/caregiver and referral source. Behavioral, family, and school-related factors are discussed to support the development of appropriate recommendations for the referral source and facilitate timely interdisciplinary follow-up. When indicated, recommendations for objective assessment (e.g., Evoked Auditory Potentials, Otoacoustic Emissions, Acoustic Reflex Threshold testing) are discussed with patient/family/caregiver and referral source. Relevant clinical observations, agreed on care plan and recommendations are documented in the patient's medical record. The final report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Erin Miller, AuD, Debra Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92577					
Sample Size:	3948	**Resp N:**	63			
Description of Sample:	Random sample of membership of the American Academy of Audiology and audiology membership of the American Speech-Language-Hearing Association					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**3.00**	7.00	100.00	
Survey RVW:	0.17	0.25	**0.34**	0.50	1.45	
Pre-Service Evaluation Time:			**4.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	4.00	**5.00**	10.00	30.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92577	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92568	XXX	0.29	**RUC Time**

CPT Descriptor Acoustic reflex testing, threshold

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92587	XXX	0.35	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	**RUC Time**	990,854

CPT Descriptor 1 Tympanometry (impedance testing)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	2,454

CPT Descriptor 2 Acoustic reflex testing, threshold

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 39.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92577	Top Key Reference CPT Code: 92568	2nd Key Reference CPT Code: **92587**
Median Pre-Service Time	2.00	1.00	3.00
Median Intra-Service Time	5.00	8.00	12.00
Median Immediate Post-service Time	3.00	1.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**10.00**	**10.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	4%	12%	28%	56%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	36%	52%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	16%	24%	60%
Physical effort required	28%	60%	12%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	32%	68%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	14%	43%	29%	14%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	36%	43%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	14%	14%	71%
Physical effort required	29%	57%	14%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	36%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The Relativity Assessment Workgroup (RAW) identified CPT code 92577 as a part of the 26 services with QHP time included in the clinical staff direct PE inputs. Upon review of the history of these codes, AAA and ASHA noted that none of them have associated vignettes, procedural descriptions, or have been surveyed. In addition, the audiologist's time is currently included within the clinical staff time for direct practice expense inputs rather than in work RVU for these codes.

CPT code 92577 describes the speech Stenger Test. This behavioral speech threshold assessment is used to determine whether a unilateral or significantly asymmetric hearing loss has a non-organic component. It is commonly performed when the reliability of the speech reception threshold result is in doubt. The Stenger test operates on the principle that when a speech signal is simultaneously presented to both ears, only the louder speech signal is perceived. During the procedure, the intensity of the spondaic word presented to the better hearing ear is increased at least 10 dB HL louder than the patient's stated speech threshold, while the speech signal delivered to the poorer ear is decreased 10 dB HL quieter than the patient's stated speech threshold. According to the Stenger principle, if the patient's speech reception threshold is valid in the poorer ear, they will continue to respond because the signal in the better

ear remains louder than their threshold. This produces a negative speech Stenger, supporting the accuracy of the original results.

If the patient stops responding, despite the speech signal in the better ear being audible, the test yields a positive Stenger, indicating that the speech reception threshold may not be reliable and that additional objective measures may be needed to more accurately determine hearing sensitivity. The process is typically repeated to establish consistency of the patient's responses.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.00 to 0.25** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS, as documented, such as: a misleading vignette, survey and/or flawed crosswalk assumptions in a previous valuation, and***
2. ***Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to changes in physician time, as described below:***

- According to Medicare utilization data, most of the billing is from audiology (86.3%) followed by otolaryngology (11.6%). QHP time is only captured as clinical labor in practice expense inputs. However, audiologists now bill Medicare independently, and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.
- CPT code 92577, which is currently used to capture these services, has never been surveyed for QHP time or work RVU, and does not have a clinical vignette or a detailed description of the procedure. This omission fails to convey the actual cognitive complexity, clinical judgment, and interpretive workload required.

Expert Panel Recommendations
An expert panel of audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel recommends the 25th percentile work RVU of 0.25, pre-service time of 2 minutes, intra-service time of 5 minutes and post-service time of 3 minutes for a total time of 10 minutes.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA and ASHA membership. A total of 3948 surveys were sent to a random sample of AAA and ASHA's audiology members to survey Stenger, speech test. A total of **64** completed responses were received for this specific code.

Time
The expert panel recommends ***pre-service time of 2 minutes, intra-service time of 5 minutes and post-service time of 3 minutes for a total of 10 minutes.*** Currently, 13 minutes of audiology time (L052A) is captured in Intra-Service time under clinical labor time of the PE input. These recommended times align well with the audiology time captured in the PE inputs.

Pre- and Post-service Times: Even though the survey pre-service time is 4 minutes and post service time is 5 minutes, the expert panel believes that 2 minutes of pre-service time and 3 minutes of post-service times are adequate to complete pre- and post-service-related activities.

Intra-Service Time: The expert panel recommends 5 minutes of intra-service time which is the median survey value. The expert panel believes that this is adequate time to complete intra-service portion of the procedure. Even though 13 minutes of audiology time is currently captured under PE clinical staff intra-service time, expert panel believes 5 minutes is adequate to complete the intra-service portion of this procedure.

Work RVU
The expert panel recommends the **25th percentile work RVU of 0.25** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in Stenger speech testing, especially given that the audiologist's work was historically captured under PE will now be captured under the work component. This valuation also supports appropriate rank-order within similar codes with similar intra-service times.

In addition, the recommended work RVU is supported by clinical complexity, cognitive workload, and high level of professional skill, use of highly specialized equipment, and engagement required to perform Stenger, speech testing.

Stenger, speech testing requires the audiologist to independently administer the test, monitor response reliability, recognize inconsistent behavioral responses, and interpret findings to differentiate functional from organic hearing loss.

Comparison to Key Reference Services Codes

The work RVUs of the key reference service (KRS) codes further support this recommendation. The first KRS code 92568, with 8 minutes of intra-service time is valued at 0.29 RVUs and second KRS code 92587, with 12 minutes of intra-service time is valued at 0.35 RVUs. In addition, the survey results demonstrate that the overall intensity and complexity of the Stenger speech test are identical or greater than those of both reference services, supporting a valuation of 0.25 RVUs. Notably, a detailed review of the intensity and complexity data shows that more than 80% of respondents rated the service as equal to or greater than KRS 1 and KRS 2 with respect to overall mental effort and judgment, as well as technical skill, further validating the proposed work RVU.

Comparison Other codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92577.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adjusted Intra Time	Post	Note
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	0.17	0.0250	7	7		5	5	2	
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	0.24	0.0011	25	24.63	5	15	14.63	5	
92577	Stenger Test, Speech	0.25	0.028	10	--	2	5	-	3	Survey code
92568	Acoustic reflex testing, threshold	0.29	0.031	10		1	8	8	1	KRS 1 MPC
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	0.35	0.018	18		3	12	12	3	KRS 2
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.0234	19	19	2	15	15	2	MPC
92588	Distortion product	0.55	0.0252	22.5	22.5	3	16.5	16.5	3	

	evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report									

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☒ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
   We anticipate CPT code 92577 will typically be billed together with 92557 and/or 92555 based on the patient presentation and complexity. CPT code 92577 is expected to be reported in conjunction with 92557 and 92555 when clinically indicated, as it represents one component of a comprehensive audiologic test battery. These services were structured as a continuum of diagnostic assessments, typically beginning with a comprehensive hearing evaluation (92557) or speech threshold testing (92555),followed by additional testing when warranted based on the patient's presentation and initial findings.

   Although performed during the same encounter, these are distinct diagnostic services requiring separate clinical judgment, test administration, interpretation, and documentation. Prior AMA CPT Assistant guidance (March 2005 and August 2014) supports the appropriate reporting of individual audiologic testing services when performed as part of a comprehensive evaluation.

   The pre- and post-service work associated with each service—including equipment preparation and calibration, patient set-up, test performance, interpretation of results, and documentation—has been considered and accounted for in the prior and proposed valuation process and should not be viewed as duplicative when multiple tests are appropriately performed. Each code reflects the unique professional work required to obtain and interpret clinically meaningful information that contributes to diagnosis and management decisions. Note: see references - AMA CPT Assistant. March 2005, AMA CPT Assistant. August 2014.

   Typical clinical scenario: A 12-year-old female was referred by her pediatrician following a self-reported unilateral hearing loss in the left ear and a failed hearing screening. Initial volunteered speech reception thresholds demonstrated significant interaural asymmetry. During SRT testing, the patient consistently repeated only half of the spondaic word correctly at softer presentation levels, raising concern for nonorganic hearing loss. The Stenger speech test was administered to evaluate the validity of the volunteered speech reception

threshold (SRT).
Please see the CPT code information below (Code, Global Period, WRVU, Pre, Intra, Post times, Billed together data). Please note: CPT Code 92555 will also be undergoing survey and re-valuation in the current CPT cycle. It currently has only clinical staff time captured in PE, similar to 92577.

CPT Code	Global Period	Work RVU	Pre	Intra	Post
92557	XXX	0.60	3	20	5
92555	XXX	0.00	0	0	0
92577	XXX	0.25	2	5	3

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92577

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 438
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Audiology Frequency 378 Percentage 86.30 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 146
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2024 Medicare utilization data from the AMA RUC database.

Specialty Audiology Frequency 126 Percentage 86.30 %

Specialty Otolaryngology Frequency 16 Percentage 11.64 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:

Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92577

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Stenger Tests

TAB: 14B

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm	XXX	2011	21	0.018	0.019			0.35			18	3					12			3					
2nd REF	92568	Acoustic reflex testing, threshold	XXX	2009	20	0.031	0.029			0.29			10	1					8			1					
CURRENT	92565	Stenger test, pure tone	XXX	n/a		-	-			0.00			0														
SVY	**92565**	**Stenger test, pure tone**	**XXX**		**74**	**0.030**	**0.026**	**0.15**	**0.29**	**0.36**	**0.54**	**1.45**	**14**	**3**			**2**	**4**	**6**	**10**	**30**	**5**	**0**	**2**	**5**	**15**	**260**
SVY	AAA	Stenger test, pure tone	XXX		41	0.014	0.018	0.17	0.30	0.35	0.55	1.45	19	5			2	5	9	12	30	5	0	2	5	12	100
SVY	ASHA	Stenger test, pure tone	XXX		33	0.043	0.031	0.15	0.28	0.37	0.46	1.30	12	2			2	3	5	10	30	5	0	3	9	20	260
REC	**92565**	**Stenger test, pure tone**	**XXX**			**0.026**	**0.024**			**0.29**			**12**	**3**					**6**			**3**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	92568	Acoustic reflex testing, threshold	XXX	2009	25	0.031	0.029			0.29			10	1					8			1					
2nd REF	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm	XXX	2011	14	0.018	0.019			0.35			18	3					12			3					
CURRENT	92577	Stenger test, speech	XXX	n/a		-	-						0														
SVY	**92577**	**Stenger test, speech**	**XXX**		**63**	**0.028**	**0.024**	**0.17**	**0.25**	**0.34**	**0.48**	**1.45**	**14**	**4**			**2**	**4**	**5**	**10**	**30**	**5**	**0**	**0**	**3**	**7**	**100**
SVY	AAA	Stenger test, speech	XXX		36	0.019	0.021	0.17	0.27	0.34	0.50	1.45	16	5			2	5	6	12	22	5	0	0	3	6	100
SVY	ASHA	Stenger test, speech	XXX		27	0.033	0.027	0.17	0.24	0.32	0.45	0.70	12	2			2	3	5	9	30	5	0	0	3	10	20
REC	**92577**	**Stenger test, speech**	**XXX**			**0.028**	**0.025**			**0.25**			**10**	**2**					**5**			**3**					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92565, 92577**
SPECIALTY SOCIETY(IES): American Academy of Audiology and American Speech-Language-Hearing Association
PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
92565	Stenger Test, Pure Tone	XXX
92577	Stenger Test, Speech	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92565	Following a recent motor vehicle accident, a 34-year-old male with asymmetry in hearing sensitivity identified by pure-tone audiometry (reported separately), undergoes a pure-tone Stenger test.
92577	A 12-year-old female with asymmetry identified by speech threshold testing (reported separately) undergoes a speech Stenger test.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AAA and ASHA convened an RVS expert panel of the surveying specialty societies and clinical experts to review practice expense data for codes 92565 and 92577.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   It was determined to utilize the current direct PE inputs as our reference code.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   N/A
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Dominant provider for each code is Audiology –

   92565 – Audiology 93.7%
   92577 – Audiology 86.3%

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

    c. Post-service period:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

    N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Please note that we are including an updated invoice for equipment items EQ053 and EQ054. Equipment items have not changed, just updated, paid invoice pricing.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life for EQ053 should remain 10 years; the useful life for EQ054 should remain 15 years

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Equipment Code	Equipment Description	Cost Per Minute Formula	Rationale
EQ054	audiometric soundproof booth (exam and control rooms)	Other	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.
EQ053	audiometer, clinical-diagnostic	Other	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supply Code	Supply	Cost Per Item	92565 Now	92565 Proposed	92577 Now	92577 Proposed	Rationale
SK008	audiology scoring forms	0.12	1	1	1	1	Maintain necessary forms for scoring
SD044	ear tip, earphone	0.62	0	2	0	2	Add 1 per ear to deliver of sound during diagnostic service

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92565**		**92565**		**92577**	
3		***RUC Collaboration Website***				Stenger test, pure tone		Stenger test, pure tone		Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14B Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.87**	**$ -**	**$ 3.02**	**$ -**	**$ 11.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 10.53**	**$ -**	**$ -**	**$ -**	**$ 10.53**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L052A	Audiologist	0.81	13				13	
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92565**		**92565**		**92577**	
3		***RUC Collaboration Website***				Stenger test, pure tone		Stenger test, pure tone		Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14B Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.87**	**$ -**	**$ 3.02**	**$ -**	**$ 11.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92565**		**92565**		**92577**	
3		***RUC Collaboration Website***				Stenger test, pure tone		Stenger test, pure tone		Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14B** **Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.87**	**$ -**	**$ 3.02**	**$ -**	**$ 11.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.12**	**$ -**	**$ 1.36**	**$ -**	**$ 0.12**	**$ -**
102	SK008	audiology scoring forms	0.12	item		1		1		1	
103	SD044	ear tip, earphone	0.62	item				2			
104											
105											
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 1.22**	**$ -**	**$ 1.66**	**$ -**	**$ 1.22**	**$ -**
112	EQ054	audiometric soundproof booth (exam and control rooms)	31801.614		0.06775636	13				13	
113	EQ053	audiometer, clinical-diagnostic	9820.974		0.026062179	13				13	
114	EQ054	audiometric soundproof booth (exam and control rooms)	**117855**	Other Formula	0.240365687			6			
115	EQ053	audiometer, clinical-diagnostic	**13975**	Other Formula	0.037085828			6			
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
119											

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**92577**	
3		***RUC Collaboration Website***	Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14B** **Specialty: AAA, ASHA**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.75**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery/procedure made**		
15	CA001	Complete pre-service diagnostic and referral forms		
16	CA002	Coordinate pre-surgery services (including test results)		
17	CA003	Schedule space and equipment in facility		
18	CA004	Provide pre-service education/obtain consent		
19	CA005	Complete pre-procedure phone calls and prescription		
20	CA006	Confirm availability of prior images/studies		
21	CA007	Review patient clinical extant information and questionnaire		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
23				
24				
25				
26		*Other activity: please include short clinical description here and type*		
27		*Other activity: please include short clinical description here and type*		
28		*Other activity: please include short clinical description here and type*		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		
34	CA010	Obtain vital signs		
35	CA011	Provide education/obtain consent		
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies		
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
42				
43				
44				
45		*Other activity: please include short clinical description here and type*		
46		*Other activity: please include short clinical description here and type*		
47		*Other activity: please include short clinical description here and type*		
48		**Intra-service (of service period)**		
49	CA018	Assist physician or other qualified healthcare professional---directly		
50	CA019	Assist physician or other qualified healthcare professional---directly		
51	CA020	Assist physician or other qualified healthcare professional---directly		
52	CA021	Perform procedure/service---NOT directly related to physician work time		
53				
54				
55				
56		*Other activity: please include short clinical description here and type*		
57		*Other activity: please include short clinical description here and type*		
58		*Other activity: please include short clinical description here and type*		
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff		
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,		
69	CA031	Review examination with interpreting MD/DO		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to		
71	CA033	Perform regulatory mandated quality assurance activity (service period)		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
73	CA035	Review home care instructions, coordinate visits/prescriptions		
74	CA036	Discharge day management	**n/a**	
75				
76				
77				
78		*Other activity: please include short clinical description here and type*		
79		*Other activity: please include short clinical description here and type*		
80		*Other activity: please include short clinical description here and type*		
81		**End: Patient leaves office/facility**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
84	CA037	Conduct patient communications		
85	CA038	Coordinate post-procedure services		
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
87		99211 16 minutes		
88		99212 27 minutes		
89		99213 36 minutes		
90		99214 53 minutes		
91		99215 63 minutes		
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**
93				

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**92577**	
3		***RUC Collaboration Website***	Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14B** **Specialty: AAA, ASHA**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.75**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
94				
95				
96		*Other activity: please include short clinical description here and type*		
97		*Other activity: please include short clinical description here and type*		
98		*Other activity: please include short clinical description here and type*		
99		**End: with last office visit before end of global period**		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**92577**	
3		***RUC Collaboration Website***	Stenger test, speech	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14B** **Specialty: AAA, ASHA**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.75**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 1.36**	**$ -**
102	SK008	audiology scoring forms	1	
103	SD044	ear tip, earphone	2	
104				
105				
106				
107				
108				
109				
110	**Equipment Code**	**EQUIPMENT**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.39**	**$ -**
112	EQ054	audiometric soundproof booth (exam and control rooms)		
113	EQ053	audiometer, clinical-diagnostic		
114	EQ054	audiometric soundproof booth (exam and control rooms)	5	
115	EQ053	audiometer, clinical-diagnostic	5	
116				
117				
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*		
119				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: QHP Inappropriately Included in Direct PE Inputs

September 2026

Complex Listening Tests – Tab 14C

At the September 2025 RUC meeting, a RUC member requested review of CPT codes that have L052A Audiologist as clinical staff in the direct practice expense. Audiology has been able to independently bill Medicare since 2008 and therefore should no longer be accounted for in the direct practice expense inputs as clinical staff. At the same time as this review, the direct practice expense should be examined to identify any other qualified health care professionals captured in the clinical labor staff to ensure that time is appropriately counted in the work component. At the April 2026 meeting, the specialty societies indicated that these services be surveyed for the September 2026 meeting.

Compelling Evidence
The specialty societies presented compelling evidence based on incorrect assumptions made in the previous valuation of the service by either the RUC or CMS. According to Medicare utilization data, the majority of claims for this service are reported by audiologists, who account for the majority of utilization. Historically, audiologist time associated with furnishing this service has been captured as clinical labor within the Practice Expense (PE) methodology.

However, because audiologists are authorized to bill Medicare independently for these services, their time and professional work should no longer be accounted for as clinical labor under PE. Instead, the professional work performed by audiologists in furnishing this service should be appropriately captured and incorporated into the professional work component and removed from the practice expense component. Currently, audiologists perform not only the procedure itself but also the interpretation of findings, preparation of the report, and coordination of appropriate referrals. Historically, these professional activities were attributed to the physician work component and did not recognize or account for the work performed by audiologists. The valuation should appropriately acknowledge the full scope of professional services now provided by audiologists. **The RUC HCPAC Review Board accepted compelling evidence based on incorrect assumptions for CPT codes 92571 and 92572.**

92571 ***Filtered speech test***
The RUC HCPAC reviewed the survey results from 33 audiologists and recommends a work RVU of 0.37 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC HCPAC recommends 5 minutes of pre-service evaluation time, 15 minutes intra-service time, and 5 minutes immediate post-service time, totaling 25 minutes. The professional organizations adjusted the pre- and post-service times to reflect multiple procedures performed on the same day, by the same provider to the same patient.

This procedure assesses an individual's auditory closure skills and helps determine a component of their overall auditory processing abilities. The test words are processed through a low pass filter, which removes critical higher-frequency speech sounds. These high frequencies contain many of the essential consonant cues that help listeners differentiate words (e.g., bit and sit) and improve clarity, especially in noisy environments.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Because of the applied acoustic filtering, the words sound muffled to the listener and require higher-level auditory processing to fill in the missing information and understand the intended message.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the second key reference service 92587 *Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report* (work RVU = 0.35, 12 minutes intra-service, and 18 minutes total time). The surveyed code has similar intra-service time and higher total time, maintaining that a slightly higher work RVU is appropriate. **The RUC HCPAC recommends a work RVU of 0.37 for CPT code 92571.**

92572 ***Staggered spondaic word test***
The RUC HCPAC reviewed the survey results from 35 audiologists and recommends a work RVU of 0.78 based on the survey median, which maintains relativity within the family for this code. The RUC HCPAC recommends 5 minutes of pre-service evaluation time, 20 minutes of intra-service time, and 10 minutes of immediate post-service time, totaling 35 minutes. The professional organizations adjusted the pre- and post-service times to reflect multiple procedures performed on the same day, by the same provider to the same patient.

This procedure assesses an individual's binaural integration skills and helps determine a component of their overall auditory processing abilities. This dichotic speech test utilizes spondaic words, two-syllable words with equal stress, with the words partially overlapping in presentation between the ears. For example, “hotdog” would be heard in the right ear and baseball in the left ear, with dog and base overlapping.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the top key reference service codes 92620 *Evaluation of central auditory function, with report; initial 60 minutes* (work RVU = 1.50, 60 minutes intra-service, and 77 minutes total time) and 92588 *Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report* (work RVU = 0.55, 16.5 minutes intra-service, and 22.5 minutes total time). The surveyed code recommended work RVU, intra-service time, and total time are appropriately bracketed by the key reference services.

For additional support, the RUC HCPAC referenced MPC code 92517 *Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)* (work RVU = 0.78, 19.5 minutes intra-service, and 31.5 minutes total time). The surveyed code and MPC code require similar physician work and have nearly intra-service time and total time and therefore should be valued similarly. **The RUC HCPAC recommends a work RVU of 0.78 for CPT code 92572.**

Practice Expense
Acknowledging the removal of L052A *Audiologist* from the PE inputs, the Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC HCPAC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Referral to CPT Editorial Panel
The surveying professional organizations and HCPAC agreed to refer CPT code 92576 to the CPT Editorial Panel for deletion. CPT code 92576 was reported by only 11 practitioners across eight unique practices in CY 2024, representing 1,193 fully adjudicated Medicare claims. Further, this specific test is no longer included in training curricula, as other diagnostic tests are now used to obtain comparable diagnostic information. **The HCPAC Review Board recommends that CPT Code 92576 be referred to the CPT Editorial Panel for deletion.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Audiologic Function Tests** *The audiometric tests listed below require the use of calibrated electronic equipment, recording of results, and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic evaluation and management services are not reported separately. All services include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two ears.*			
92571	Filtered speech test	XXX	0.37 (2026 Work RVU = 0.00)
92572	Staggered spondaic word test	XXX	0.78 (2026 Work RVU = 0.00)
92576	Synthetic sentence identification test	XXX	Request for Deletion (CPT 2028) (2026 Work RVU = 0.00)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

August 25, 2026

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Re: CPT code 92576 - Synthetic sentence identification test

Dear Dr. Silva:

On behalf of the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA), we respectfully request that the RUC refer CPT code 92576 (Synthetic sentence identification) to the CPT Editorial Panel with a recommendation that the code be deleted.

At the April 2026 RUC Relativity Assessment Workgroup (RAW) meeting, the specialty societies were asked to perform a review of 16 audiology CPT codes on an accelerated timeline. These 16 audiology CPT codes currently include audiologist time in the direct practice expense (PE) inputs. The RAW recommended that audiologist time be removed from direct PE inputs, and the codes be surveyed for updated work RVU and PE.

From the outset of this effort, AAA and ASHA expressed concern that CPT code 92576 is a low-volume service, and that obtaining the minimum survey response threshold could be challenging. Despite extensive outreach and multiple reminders to potential respondents, as well as extending the survey closing date by an additional week, the survey failed to reach the minimum required response threshold of 30 completed surveys and did not produce reportable median performance data.

A review of CY2024 Medicare practitioner utilization further reinforces this conclusion. In calendar year 2024, CPT code 92576 was reported by only 11 practitioners across eight unique practices, representing 1,193 fully adjudicated Medicare claims. Following consultation with our CPT and RUC Advisors, AAA and ASHA have concluded that neither extending the survey further nor relaunching it would be expected to materially improve participation or produce a representative dataset. Additionally, we spoke with colleagues across a range of practice settings who shared that this service is no longer performed, as more current diagnostic tests are being used in place of 92576. Colleagues from academic

institutions, confirmed that this specific test is no longer included in training curricula, as other diagnostic tests are now used to obtain comparable diagnostic information.

Given the extremely limited practitioner base, the highly concentrated utilization found on utilization review, the inability to obtain sufficient survey data despite exhaustive efforts, and the change in training curricula, AAA and ASHA believe there is no practical pathway to establishing updated valuation for this service through the RUC survey process. Accordingly, we believe the continued maintenance of a distinct CPT code for this service is no longer warranted and respectfully request that the RUC refer CPT code 92576 to the CPT Editorial Panel with a recommendation that it be deleted.

Thank you for your consideration of this request. We appreciate the RUC's guidance and look forward to working collaboratively on the appropriate next steps.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92571 Tracking Number

Original Specialty Recommended RVU: **0.37**
Presented Recommended RVU: **0.37**
RUC Recommended RVU: **0.37**

Global Period: XXX Current Work RVU: **0.00**

CPT Descriptor: Filtered speech test

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old male with suspected auditory processing disorder and normal hearing sensitivity undergoes a Filtered Speech Test (FST).

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The QHP reviews the patient's medical record, including any communications from the referring QHP, previous diagnostic testing, and relevant comorbidities. The QHP confirms patient medical and developmental history with patient/family/caregiver and reviews relevant standardized questionnaires. Prior to testing, the QHP prepares the equipment and FST score form. This includes appproriately adjusting and calibrating the audiometer to present the licensed test stimuli, ensuring that all audiometer settings are appropriate for the FST assessment.

Description of Intra-Service Work: Otoscopic evaluation is completed, if indicated, to ensure canals are clear and testing can proceed. The patient is instructed on what is required before the test begins. The patient is informed that he will hear a sequence of words that will sound muffled, simulating real-world listening conditions that might affect speech comprehension. The patient is instructed to repeat all the words he hears, even if he is unsure. The QHP confirms understanding of test instructions before proceeding and will reinstruct during testing, when indicated. The patient is seated in the audiometric test booth, and inserts, or supra-aural earphones are selected and placed in or over the patient's ears. The audiometer is set to an appropriate and comfortable intensity level for the patient, and low-pass filtered words are delivered to each ear separately. For each presentation, correct/incorrect responses are recorded. Following the final presentation, the QHP scores the test results and interprets the data to assess the patient's auditory closure ability for each ear. Age-appropriate normative data are used to aid in interpretation. The QHP evaluates how severe the patient's auditory closure difficulties are and determines whether an ear advantage exists. The QHP reviews the test results and determines whether additional central auditory testing is needed. The findings are interpreted alongside other available audiometric results and integrated into the formal diagnostic report to inform clinical management.

Description of Post-Service Work: Test results and their clinical implications are communicated to the patient/family/caregiver. When indicated, additional diagnostic testing is recommended, with the rationale discussed with the patient/family/caregiver and referral source to support appropriate patient management and follow-up. Relevant clinical observations, agreed on care plan and recommendations are documented in the patient medical record. The final report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Erin Miller, AuD, Debra Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92571					
Sample Size:	4030	**Resp N:**	33			
Description of Sample:	A random sample of members of the American Academy of Audiology and audiology members of the American Speech-Language-Hearing Association					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	20.00	60.00	
Survey RVW:	0.04	0.37	**0.51**	1.40	15.00	
Pre-Service Evaluation Time:			**9.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	9.00	**15.00**	20.00	60.00	
Immediate Post Service-Time:	**12.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92571	**Recommended Physician Work RVU: 0.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92620	XXX	1.50	**RUC Time**

CPT Descriptor Evaluation of central auditory function, with report; initial 60 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92587	XXX	0.35	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	2454

CPT Descriptor 1 Acoustic reflex testing, threshold

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97530	XXX	0.44	**RUC Time**	44,663,845

CPT Descriptor 2 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 60.6 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 39.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92571	Top Key Reference CPT Code: 92620	2nd Key Reference CPT Code: **92587**
Median Pre-Service Time	5.00	7.00	3.00
Median Intra-Service Time	15.00	60.00	12.00
Median Immediate Post-service Time	5.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**25.00**	**77.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	29%	36%	36%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	50%	29%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	36%	43%	21%
Physical effort required	29%	71%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	43%	38%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	50%	50%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The Relativity Assessment Workgroup (RAW) identified CPT code 92571 as a part of the 26 services with QHP time included in the clinical staff direct PE inputs. Upon review of the history of these codes, AAA and ASHA noted that none of them have associated vignettes, procedural descriptions, or have been surveyed. In addition, the audiologist's time is currently included within the clinical staff time for direct practice expense inputs rather than in work RVU for these codes.

CPT code 92571 describes the filtered speech test. This procedure assesses an individual's auditory closure skills and helps determine a component of their overall auditory processing abilities. The test words are processed through a low-pass filter, which removes **critical** higher-frequency speech sounds. These high frequencies contain many of the essential consonant cues that help listeners differentiate words (e.g., bit and sit) and improve clarity, especially in noisy environments. Because of the applied acoustic filtering, the words sound muffled to the listener and require higher-level auditory processing to fill in the missing information and understand the intended message.

Compelling Evidence

The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.00 to 0.37** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS, as documented, such as: a misleading vignette, survey and/or flawed crosswalk assumptions in a previous valuation, and***
2. ***Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to changes in physician time, as described below:***

- According to Medicare utilization data, the plurality of the billing is from audiology (89.7%) followed by otolaryngology (10.3%). Audiology time is currently captured as clinical labor in practice expense inputs. However, audiologists now bill Medicare independently, and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.
- CPT code 92571, which is currently used to capture these services, has never been surveyed, and does not have a clinical vignette or a detailed description of the procedure. This omission likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required.

Expert Panel Recommendations

An expert panel of audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the 25th percentile work RVU of 0.37 and the pre-service time of 5 minutes, median intra-service time of 15 minutes, and post-service time of 5 minutes.

Survey Sample

The survey data and recommendations are based upon a random sample of AAA and ASHA membership. A total of 4030 surveys were sent to a random sample of AAA and ASHA's audiology members to survey the filtered speech test. A total of **33** completed responses were received for this specific code.

Time

The expert panel recommends ***pre-service time of 5 minutes, intra service time of 15 minutes and post-service time of 5 minutes for a total of 25 minutes.*** The recommended time aligns well with the 18 minutes of audiologist clinical labor time (L052A) currently captured as intra-service time in the PE inputs. The existing PE inputs account only for intra-service activities and do not recognize the pre-service and post-service work routinely performed by audiologists.

Pre- and Post-service Times: The expert panel believes that pre-service time of 5 minutes is adequate to perform pre-service related activities. Even though the survey post-service time is 9 minutes, the expert panel believes that 5 minutes of post-service time is adequate to complete post-service-related activities.

Intra-Service Time: The expert panel recommends 15 minutes of intra-service time which is the median survey value. The expert panel believes that this is adequate time to complete the intra-service portion of the procedure. Currently, audiologist's time (L052A) of 18 minutes is captured under the intra-service time in clinical labor activities in PE inputs. The recommended intra-service time of 15 minutes reflects the transition of audiologist time previously captured as a PE input to physician/QHP work. While this represents a modest reduction from the audiologist time historically included in PE, it remains well aligned and appropriately recognizes the audiologist's professional work.

Work RVU

The expert panel recommends the **25th percentile work RVU of 0.37** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in filtered speech tests, especially given that the audiologist's work historically captured under PE will now be captured under the work component. This valuation also supports appropriate rank order within similar codes with similar intra-service times.

In addition, the recommended work RVU is supported by clinical complexity, cognitive workload, high level of professional skill, use of highly specialized equipment, and engagement required to perform filtered speech testing. Filtered speech testing requires specialized administration of acoustically degraded speech stimuli and interpretation of patient performance to assess central auditory processing and speech recognition under adverse listening conditions.

Comparison to Key Reference Services Codes

The work RVUs of the key reference service (KRS) codes further support this recommendation. The first KRS code 92620, with 60 minutes of intra-service time is valued at 1.50 RVUs and second KRS code 92587, with 12 minutes of intra-service time is valued at 0.35 RVUs. In addition, the survey results demonstrate that the overall intensity and

complexity of the filtered speech test are identical or greater than those of both reference services, supporting a valuation of 0.57 RVUs. Notably, a detailed review of the intensity and complexity data shows that 100% of respondents rated the service as equal to or greater than KRS 2 with respect to overall mental effort and judgment, technical skill, and overall psychological stress, further validating the proposed work RVU.

Comparison to Other codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92571.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adjusted Intra Time	Post	Note
92568	Acoustic reflex testing, threshold	0.29	0.031	10	10	1	8	8	1	MPC
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	0.35	0.0180	18	18	3	12	12	3	KRS 2
92571	Filtered speech test	0.37	0.010	25	-	5	15	-	5	Survey Code
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.0234	19	19	2	15	15	2	MPC
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	0.78	0.0262	32	31.5	7	20	19.5	5	MPC
92620	Evaluation of central auditory function, with report; initial 60 minutes	1.50	0.0187	77	7	60	60	60	10	KRS 1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 92571 is expected to be reported in conjunction with 92557 when clinically indicated, as it represents one component of a comprehensive audiologic test battery. These services were structured as a continuum of diagnostic assessments, typically beginning with a comprehensive hearing evaluation (92557), followed by additional testing when warranted based on the patient's presentation and initial findings.

   Although performed during the same encounter, these are distinct diagnostic services requiring separate clinical judgment, test administration, interpretation, and documentation. Prior AMA CPT Assistant guidance (March 2005 and August 2014) supports the appropriate reporting of individual audiologic testing services when performed as part of a comprehensive evaluation.

   The pre- and post-service work associated with each service—including equipment preparation and calibration, patient set-up, test performance, interpretation of results, and documentation—has been considered and accounted for in the prior and proposed valuation process and should not be viewed as duplicative when multiple tests are appropriately performed. Each code reflects the unique professional work required to obtain and interpret clinically meaningful information that contributes to diagnosis and management decisions. Note: see references - AMA CPT Assistant. March 2005, AMA CPT Assistant. August 2014.

   Typical clinical scenario: A 12-year-old child with normal peripheral hearing sensitivity, presents with complaints of frequent misperception of spoken words and difficulty following verbal directions. The patient's parents report that the child regularly requests repetition and often misinterprets spoken instructions in everyday listening situations. Similar concerns are documented by the classroom teacher. Given the presence of listening difficulties despite normal audiometric findings, a filtered speech test was administered to assess auditory closure abilities.

   Please see the CPT code information below (Code, Global Period, sWRVU, Pre, Intra, Post times, Billed together data):

CPT Code	Global Period	Work RVU	Pre	Intra	Post
92557	XXX	0.60	3	20	5
92571	XXX	0.37	5	15	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92571

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 18660
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Audiology Frequency 16,738 Percentage 89.69 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,220
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2024 Medicare utilization data for CPT codes 92571 from the AMA RUC database.

Specialty Audiology Frequency 5,580 Percentage 89.71 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92571

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92572 Tracking Number

Original Specialty Recommended RVU: **0.78**
Presented Recommended RVU: **0.78**
RUC Recommended RVU: **0.78**

Global Period: XXX Current Work RVU: **0.00**

CPT Descriptor: Staggered spondaic word test

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old male with suspected auditory processing disorder and normal hearing sensitivity undergoes the Staggered Spondaic Word (SSW) test.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The QHP reviews the patient's medical record, including communications from the referring QHP, previous diagnostic testing, and relevant comorbidities. The QHP confirms patient medical and developmental history with patient/family/caregiver and reviews relevant standardized questionnaires. Prior to testing, the QHP prepares the equipment and SSW score form. Equipment preparation includes adjusting and calibrating the audiometer to present the licensed test stimuli, ensuring that both channels of the audiometer are appropriately configured for the patient's hearing levels and the dichotic listening assessment, and verifying that channel routing is correctly configured for the designated test ears.

Description of Intra-Service Work: Otoscopic evaluation, if indicated, is completed to ensure canals are clear, and testing can proceed. The patient is instructed that during this procedure, he will hear a set of two compound words (e.g., racehorse in the right ear and streetcar in the left ear) and that these words will partially overlap between the ears. The patient is instructed that when the two compound word sequence is completed that he should repeat all the words heard, with the first set of words beginning in the right ear and the second set in the left ear. The QHP confirms with the patient that he understands the test instructions before proceeding and will reinstruct during testing, when indicated. The patient is seated in the audiometric test booth and insert, or supra-aural earphones are selected and placed in or over the patient's ears. The audiometer is set to an appropriate and comfortable intensity level for the patient.
The SSW test is initiated using practice items to confirm understanding of the task. During the practice portion, the QHP may pause the recording and reinstruct if the patient is having difficulty. The SSW test is administered; the patient is presented with standardized sets of compound word combinations. The test consists of 40 pairs of compound words, making a total of 80-word presentations. The QHP records patient responses on the SSW score form. For each presentation, the responses are categorized as correct/incorrect. Word reversals and patterns of responses (e.g., delayed, quick, perseverations, etc.) are also documented on the SSW score form as response qualifiers. The QHP calculates the quantitative scores (correct/incorrect responses), and each of the qualifiers separately. Careful recording of the patient's verbal response is critical as these detailed error patterns inform the diagnostic interpretation. The QHP determines which of the three scoring methods available is appropriate for the patient (e.g., 1) original method, used to determine site of lesion of the disorder; 2) the number of errors, a quantitative approach; and, 3) corrected scoring, method which tolerates some amount of mild hearing loss and asymmetries in word recognition). The collected results are compared with age-appropriate normative data to identify any areas of performance that fall outside expected age-based ranges. Based on the findings, the QHP determines the patient's abilities to integrate information between ears, any ear advantages (e.g., right or

left ear performing significantly better than the opposite ear, short-term memory effects, etc.). The QHP reviews the test results and determines whether additional central auditory testing is needed. The findings are interpreted alongside other audiometric results and integrated into the formal diagnostic report to inform clinical management.

Description of Post-Service Work: Assessment findings, patient response patterns, and clinical implications are communicated to the patient/family/caregiver. When indicated, additional diagnostic testing or referrals to other specialties is recommended. The rationale for recommendations is discussed with the patient/family/caregiver and communicated in detail with the referral source, if indicated, to support appropriate diagnostic categorization, patient management, and follow-up. Relevant clinical observations, agreed on care plan and all recommendations are thoroughly documented in the patient's medical record. The final report is prepared, reviewed for accuracy and completeness, and signed by the QHP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Erin Miller, AuD, Debra Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92572					
Sample Size:	4030	**Resp N:**	35			
Description of Sample:	Random sample of membership of the American Academy of Audiology and audiology membership of the American Speech-Language-Hearing Association					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**6.00**	25.00	81.00	
Survey RVW:	0.29	0.53	**0.78**	1.50	15.00	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	13.00	**20.00**	30.00	60.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92572	**Recommended Physician Work RVU: 0.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92620	XXX	1.50	**RUC Time**

CPT Descriptor Evaluation of central auditory function, with report; initial 60 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92588	XXX	0.55	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97530	XXX	0.44	**RUC Time**	44,663,845

CPT Descriptor 1 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92519	XXX	1.17	**RUC Time**	7036

CPT Descriptor 2 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 54.2 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 40.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 92572	Top Key Reference CPT Code: 92620	2nd Key Reference CPT Code: **92588**
Median Pre-Service Time	10.00	7.00	3.00
Median Intra-Service Time	20.00	60.00	17.00
Median Immediate Post-service Time	10.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**77.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	32%	53%	5%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	37%	42%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	11%	47%	42%
Physical effort required	16%	63%	21%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	58%	32%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	50%	25%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	0%	0%	100%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Relativity Assessment Workgroup (RAW) identified CPT code 92572 as a part of the 26 services with QHP time included in the clinical staff direct PE inputs. Upon review of the history of these codes, AAA and ASHA noted that none of them have associated vignettes, procedural descriptions, or have been surveyed. In addition, the audiologist's time is currently included within the clinical staff time for direct practice expense inputs rather than in work RVU for these codes. CPT code 92572 describes the Staggered Spondaic Work Test. This procedure assesses an individual's binaural integration skills and helps determine a component of their overall auditory processing abilities. This dichotic speech test utilizes spondaic words, two syllable words with equal stress, with the words partially overlapping in presentation between the ears. For example, hotdog would be heard in the right ear and baseball in the left ear, with dog and base overlapping.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.00 to 0.78** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS, as documented, such as: a misleading vignette, survey and/or flawed crosswalk assumptions in a previous valuation, and***
2. ***Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to changes in physician time, as described below:***

- According to Medicare utilization data, the plurality of the billing is from audiology (89.7%) followed by otolaryngology (10.3%). Audiology time is currently captured as clinical labor in practice expense inputs. However, audiologists now bill Medicare independently, and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.
- CPT code 92572, which is currently used to capture these services, has never been surveyed, and does not have a clinical vignette or a detailed description of the procedure. This omission likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required.

Expert Panel Recommendations
An expert panel of audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the median work RVU of 0.78 and the pre-service time of 5 minutes, median intra-service time of 20 minutes, and post-service time of 10 minutes, for a total of 40 minutes.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA and ASHA membership. A total of 4030 surveys were sent to a random sample of AAA and ASHA's audiology members to survey filtered speech test. A total of **35** completed responses were received for this specific code.

Time
The expert panel recommends **the pre-service time of 5 minutes, median intra-service time of 20 minutes, and post-service time of 10 minutes, for a total of 35 minutes.** The recommended time is well aligned with the 33 minutes of audiologist clinical labor time (L052A) currently captured as intra-service time in the PE inputs. The existing PE inputs account only for intra-service activities and do not recognize the pre-service and post-service work routinely performed by audiologists. The recommended total time of 35 minutes appropriately reflects pre-, intra-, and post-service activities.

Pre- and Post-service Times: The expert panel believes that pre-service time of 5 minutes and post- service time of 10 minutes is adequate for performing pre- and post- service-related activities.

Intra-Service Time: The expert panel recommends 20 minutes of intra-service time which is the median survey value. The expert panel believes that this is adequate time to complete intra-service portion of the procedure. Currently, 33 minutes audiologist's time (L052A) is captured under the intra-service time in clinical labor activities in PE inputs. The current recommended intra-service time is a reduction from the audiologist's time captured for intra-service time under PE inputs as stated above.

Work RVU
The expert panel recommends the **median work RVU of 0.78** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in Staggered Spondaic Word tests, especially given that the audiologist's work was historically captured under PE will now be captured under the work component. This valuation also supports appropriate rank order within similar codes with similar intra-service times. As shown below on the table, CPT code 92517 (Vestibular Evoked Myogenic Potential [VEMP] testing, with interpretation and report; cervical [cVEMP]) with comparable audiologist work and 20 minutes of intra-service time is valued at 0.78 work RVUs providing a strong comparison for this recommended valuation. In addition, the recommended work RVU is supported by clinical complexity, cognitive workload, and high level of professional skill, use of highly specialized equipment, and engagement required to perform the Staggered Spondaic Word test.

The expert panel also considered the 25th percentile for work RVUs of 0.53 and believes that this undervalues a procedure with 20 minutes of intra-service work and would create a rank order anomaly, not only with the audiology family of codes, but also within the entire CPT code set.

Staggered Spondaic Word testing requires specialized administration of dichotic speech stimuli, monitoring response accuracy, and interpretation of results to evaluate central auditory processing and binaural integration.

Comparison to Key Reference Services Codes

The work RVUs of the key reference service (KRS) codes further support this recommendation. The first KRS code 92620, with 60 minutes of intra-service time is valued at 1.50 RVUs and second KRS code 92588, with 17 minutes of intra-service time is valued at 0.55 RVUs. It is likely that CPT code 92620 was selected by those completing the survey because the SSW is often included as a key component test within a 60-minute auditory processing evaluation. Respondents would likely be most familiar with this code, and therefore, CPT code 92620 provides a clinically relevant benchmark for assessing the relative work of CPT 92572. In addition, the survey results demonstrate that the overall intensity and complexity of the Staggered Spondaic Word test are identical or greater than those of both key reference services, supporting a valuation of 0.78 RVUs. A detailed review of the intensity and complexity data shows that 100% of respondents rated the service as equal to or greater than KRS 2 with respect to overall mental effort and judgment, technical skill, and overall psychological stress further validating the proposed work RVU.

Comparison to Other codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92572.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adj intra time	Post	Note
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.0234	19	19	2	15	15	2	MPC
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	0.55	0.0252	22.5	22.5	3	16.5	16.5	3	KRS 2
92572	Staggered spondaic word test	0.78	0.0022	35	-	5	20	-	10	Survey Code
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	0.78	0.0262	32	31.5	7	20	19.5	5	MPC
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	1.02	0.0196	50	49.25	10	30	29.25	10	MPC
92620	Evaluation of central	1.50	0.0187	77	77	7	60	60	10	KRS 1

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adj intra time	Post	Note
	auditory function, with report; initial 60 minutes									

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☒ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate CPT code 92572 will typically be billed together with 92557, 92588, and 92571 as this represents one component of a comprehensive audiologic test battery. These services were structured as a continuum of diagnostic assessments, typically beginning with a comprehensive hearing evaluation (92557), followed by additional testing when warranted based on the patient's presentation and initial findings.

   Although performed during the same encounter, these are distinct diagnostic services requiring separate clinical judgment, test administration, interpretation, and documentation. Prior AMA CPT Assistant guidance (March 2005 and August 2014) supports the appropriate reporting of individual audiologic testing services when performed as part of a comprehensive evaluation.

   The pre- and post-service work associated with each service—including equipment preparation and calibration, patient set-up, test performance, interpretation of results, and documentation—has been considered and accounted for in the prior and proposed valuation process and should not be viewed as duplicative when multiple tests are appropriately performed. Each code reflects the unique professional work required to obtain and interpret clinically meaningful information that contributes to diagnosis and management decisions. Note: see: references - AMA CPT Assistant. March 2005, AMA CPT Assistant. August 2014.

   Typical clinical scenario - A 12-year-old child with normal peripheral hearing sensitivity, as confirmed by a comprehensive audiometric evaluation, presented with complaints of difficulty understanding speech in the presence of background noise and frequent confusion of phonetically similar words. The patient's parents report that background noise must be minimized for the child to consistently understand spoken communication and indicate that similar listening difficulties had been reported by the child's classroom teacher. Despite normal peripheral auditory function, the reported symptoms were suggestive of a central auditory processing deficit. Therefore, the Staggered Spondaic Word (SSW) test was administered to assess binaural integration and dichotic listening abilities.

   Please see the CPT code information below (Code, Global Period, sWRVU, Pre, Intra, Post times, Billed together data):

   CPT Code Global Period Work RVU Pre Intra Post

92557	XXX	0.60	3	20	5
92588	XXX	0.55	3	16.5	3
92571	XXX	0.00	0	0	0
92572	XXX	0.78	10	20	10

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92572

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2,505
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Audiology Frequency 2,505 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 835
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2024 Medicare utilization data for CPT codes 92572 from the AMA RUC database.

Specialty Audiology Frequency 835 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92572

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Complex Listening Tests

TAB: 14C

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92620	Evaluation of central auditory function, with report; initial 60 minutes	XXX	2008	14	0.019	0.019			1.50			77	7					60			10					
2nd REF	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to	XXX	2011	4	0.018	0.019			0.35			18	3					12			3					
CURRENT	92571	Filtered speech test	XXX	n/a		-	-						0														
SVY	**92571**	**Filtered speech test**	**XXX**		**33**	**0.003**	**0.014**	**0.04**	**0.37**	**0.51**	**1.40**	**15.00**	**36**	**9**			**3**	**9**	**15**	**20**	**60**	**12**	**0**	**0**	**2**	**20**	**60**
SVY	AAA	Filtered speech test	XXX		20	-0.007	0.011	0.17	0.37	0.45	1.40	15.00	40	11			3	12	15	20	60	14	0	0	1	23	60
SVY	ASHA	Filtered speech test	XXX		13	0.003	0.015	0.04	0.30	0.39	0.60	1.50	26	6			5	7	10	15	60	10	0	0	3	14	48
REC	**92571**	**Filtered speech test**	**XXX**			**0.010**	**0.015**			**0.37**			**25**	**5**					**15**			**5**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92620	Evaluation of central auditory function, with report; initial 60 minutes	XXX	2008	19	0.019	0.019			1.50			77	7					60			10					
2nd REF	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic	XXX	2011	4	0.025	0.024			0.55			22.5	3					17			3					
CURRENT	92572	Staggered spondaic word test	XXX	n/a		-	-						0														
SVY	**92572**	**Staggered spondaic word test**	**XXX**		**35**	**0.011**	**0.017**	**0.29**	**0.53**	**0.78**	**1.50**	**15.00**	**45**	**10**			**3**	**13**	**20**	**30**	**60**	**15**	**0**	**0**	**6**	**25**	**81**
SVY	AAA	Staggered spondaic word test	XXX		21	0.018	0.021	0.29	0.60	1.00	1.50	15.00	48	10			3	15	18	30	60	20	0	0	11	43	81
SVY	ASHA	Staggered spondaic word test	XXX		14	0.007	0.015	1.30	0.46	0.63	1.48	2.00	42	8			7	11	20	25	60	14	0	0	1	14	48
REC	**92572**	**Staggered spondaic word test**	**XXX**			**0.022**	**0.022**			**0.78**			**35**	**5**					**20**			**10**					

ISSUE: 92576 Synthetic Sentence Identification- DELETE

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92620	Evaluation of central auditory function, with report; initial 60 minutes	XXX	2008	16	0.019	0.019			1.50			77	7					60			10					
2nd REF	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic	XXX	2011	4	0.025	0.024			0.55			22.5	3					17			3					
CURRENT	92576	Synthetic sentence identification test	XXX	n/a		-	-						0														
SVY	**92576**	**Synthetic sentence identification test**	**XXX**		**29**	**0.010**	**0.018**	**0.20**	**0.45**	**0.65**	**1.50**	**15.00**	**37**	**10**			**3**	**11**	**15**	**20**	**60**	**12**	**0**	**0**	**0**	**10**	**58**
SVY	AAA	Synthetic sentence identification test	XXX		18	0.010	0.018	0.20	0.45	0.65	1.50	15.00	37	10			3	11	15	20	60	12	0	0	0	10	58
SVY	ASHA	Synthetic sentence identification test	XXX		11	0.016	0.020	0.34	0.56	1.00	1.49	15.00	50	12			3	15	18	28	60	20	0	0	0	10	58
REC	**92576**	**Synthetic sentence identification test**	**XXX**			**-**	**-**			**DELETE**			**0**														

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 92571, 92572

SPECIALTY SOCIETY(IES): American Academy of Audiology and American Speech-Language-Hearing Association

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
92571	Filtered Speech Test	XXX
92572	Staggered Spondaic Word Test	XXX
92576	Synthetic sentence identification test	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92571	A 12-year-old male with suspected auditory processing disorder and normal hearing sensitivity undergoes a Filtered Speech Test (FST).
92572	A 12-year-old male with suspected auditory processing disorder and normal hearing sensitivity undergoes the Staggered Spondaic Word (SSW) test.
92576	N/A

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AAA and ASHA convened an RVS expert panel of the surveying of specialty societies and clinical experts to review practice expense data for codes 92571, 92572 and 92576.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   It was determined to utilize the current direct PE inputs as our reference code. 92576 is proposed for deletion.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   N/A
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Audiology is the dominant provider in the non-facility setting – 92571 – 89.7%; 92572 – 100%. 92576 is being proposed for deletion.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

b. Service period (includes pre, intra and post):

N/A

c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 92571, 92572

SPECIALTY SOCIETY(IES): American Academy of Audiology and American Speech-Language-Hearing Association

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Please note that we are including an updated invoice for equipment items EQ053 and EQ054. Equipment items have not changed, just updated, paid invoice pricing.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life for EQ053 should remain 10 years; the useful life for EQ054 should remain 15 years

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

Equipment Code	Equipment Description	Cost Per Minute Formula	Rationale
EQ054	audiometric soundproof booth (exam and control rooms)	Default	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.
EQ053	audiometer, clinical-diagnostic	Default	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supply Code	Supply	Cost Per Item	92571 Now	92571 Proposed	92572 Now	92572 Proposed	92576 Now	92576 Proposed Deletion	Rationale
SK008	audiology scoring forms	0.12	1	1	1	1	1	0	Maintain necessary forms for scoring
SD044	ear tip, earphone	0.62	0	2	0	2	0	0	Add 1 per ear to deliver of sound during diagnostic service

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 92571, 92572

SPECIALTY SOCIETY(IES): American Academy of Audiology and American Speech-Language-Hearing Association

PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92571**		**92571**		**92572**	
3		***RUC Collaboration Website***				Filtered speech test		Filtered speech test		Staggered spondaic word test	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14C Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.39**	**$ -**	**$ 5.52**	**$ -**	**$ 29.95**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.58**	**$ -**	**$ -**	**$ -**	**$ 26.73**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54						
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L052A	Audiologist	0.81	18				33	
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92571**		**92571**		**92572**	
3		***RUC Collaboration Website***				Filtered speech test		Filtered speech test		Staggered spondaic word test	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14C Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.39**	**$ -**	**$ 5.52**	**$ -**	**$ 29.95**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**92571**		**92571**		**92572**	
3		***RUC Collaboration Website***				Filtered speech test		Filtered speech test		Staggered spondaic word test	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14C Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.39**	**$ -**	**$ 5.52**	**$ -**	**$ 29.95**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**18.0**	**0.0**	**0.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.12**	**$ -**	**$ 1.36**	**$ -**	**$ 0.12**	**$ -**
102	SK008	audiology scoring forms	0.12	item		1		1		1	
103	SD044	ear tip, earphone	0.62	item				2			
104											
105											
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 1.69**	**$ -**	**$ 4.16**	**$ -**	**$ 3.10**	**$ -**
112	EQ054	audiometric soundproof booth (exam and control rooms)	31801.614	Other Formula	0.06775636	18				33	
113	EQ053	audiometer, clinical-diagnostic	9820.974	Other Formula	0.026062179	18				33	
114	EQ054	audiometric soundproof booth (exam and control rooms)	117855	Other Formula	0.240365687			15			
115	EQ053	audiometer, clinical-diagnostic	13975	Other Formula	0.037085828			15			
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
119											

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**92572**		**92576**		**92576 - DELETE**	
3		***RUC Collaboration Website***	Staggered spondaic word test		Synthetic sentence identification test		Use of vertical electrodes (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14C** **Specialty: AAA, ASHA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6.91**	**$ -**	**$ 21.81**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ 19.44**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms						
16	CA002	Coordinate pre-surgery services (including test results)						
17	CA003	Schedule space and equipment in facility						
18	CA004	Provide pre-service education/obtain consent						
19	CA005	Complete pre-procedure phone calls and prescription						
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
24								
25								
26		*Other activity: please include short clinical description here and type*						
27		*Other activity: please include short clinical description here and type*						
28		*Other activity: please include short clinical description here and type*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
42								
43								
44								
45		*Other activity: please include short clinical description here and type*						
46		*Other activity: please include short clinical description here and type*						
47		*Other activity: please include short clinical description here and type*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time			24		0	
53								
54								
55								
56		*Other activity: please include short clinical description here and type*						
57		*Other activity: please include short clinical description here and type*						
58		*Other activity: please include short clinical description here and type*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
75								
76								
77								
78		*Other activity: please include short clinical description here and type*						
79		*Other activity: please include short clinical description here and type*						
80		*Other activity: please include short clinical description here and type*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes						
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93								

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**92572**		**92576**		**92576 - DELETE**	
3		***RUC Collaboration Website***	Staggered spondaic word test		Synthetic sentence identification test		Use of vertical electrodes (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14C** **Specialty: AAA, ASHA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6.91**	**$ -**	**$ 21.81**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
94								
95								
96		*Other activity: please include short clinical description here and type*						
97		*Other activity: please include short clinical description here and type*						
98		*Other activity: please include short clinical description here and type*						
99		**End: with last office visit before end of global period**						

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**92572**		**92576**		**92576 - DELETE**	
3		***RUC Collaboration Website***	Staggered spondaic word test		Synthetic sentence identification test		Use of vertical electrodes (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14C** **Specialty: AAA, ASHA**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6.91**	**$ -**	**$ 21.81**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 1.36**	**$ -**	**$ 0.12**	**$ -**	**$ -**	**$ -**
102	SK008	audiology scoring forms	1		1			
103	SD044	ear tip, earphone	2					
104								
105								
106								
107								
108								
109								
110	**Equipment Code**	**EQUIPMENT**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 5.55**	**$ -**	**$ 2.25**	**$ -**	**$ -**	**$ -**
112	EQ054	audiometric soundproof booth (exam and control rooms)			24		0	
113	EQ053	audiometer, clinical-diagnostic			24		0	
114	EQ054	audiometric soundproof booth (exam and control rooms)	20					
115	EQ053	audiometer, clinical-diagnostic	20					
116								
117								
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
119								

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: QHP Inappropriately Included in Direct PE Inputs

September 2026

Ear Protector Attenuation Measurements – Tab 14D

At the September 2025 RUC meeting, a RUC member requested review of CPT codes that have L052A *Audiologist* as clinical staff in the direct practice expense. Audiology has been able to independently bill Medicare since 2008 and therefore should no longer be accounted for in the direct practice expense inputs as clinical staff. At the same time as this review, the direct practice expense should be examined to identify any other qualified health care professionals captured in the clinical labor staff to ensure that time is appropriately counted in the work component. At the April 2026 meeting, the specialty societies indicated that these services would be surveyed for the September 2026 meeting.

Compelling Evidence
The specialty societies presented compelling evidence based on incorrect assumptions made in the previous valuation of the service by either the RUC or CMS. According to Medicare utilization data, the majority of claims for this service are reported by audiologists, who account for the majority of utilization, followed by otolaryngologists. Historically, audiologist time associated with furnishing this service has been captured as clinical labor within the Practice Expense (PE) methodology.

However, because audiologists are authorized to bill Medicare independently for these services, their time and professional work should no longer be accounted for as clinical labor under PE. Instead, the professional work performed by audiologists in furnishing this service should be appropriately captured and incorporated into the professional work component and removed from the practice expense component. Currently, audiologists perform not only the procedure itself but also the interpretation of findings, preparation of the report, and coordination of appropriate referrals. Historically, these professional activities were attributed to the physician work component and did not recognize or account for the work performed by audiologists. The valuation should appropriately acknowledge the full scope of professional services now provided by audiologists. **The RUC HCPAC Review Board accepted compelling evidence based on incorrect assumptions for CPT code 92596.**

92596 ***Ear protector attenuation measurements***
The RUC HCPAC reviewed the survey results from 48 audiologists and recommends a work RVU of 0.57 based on the survey median, which maintains relativity within the MFS. The RUC HCPAC recommends 5 minutes of pre-service evaluation time, 15 minutes intra-service time, and 5 minutes immediate post-service time, totaling 25 minutes. The professional organizations adjusted the pre- and post-service times to reflect multiple procedures performed by the same provider, on the same patient, on the same day.

This procedure is rarely performed by audiologists in the Medicare population. It evaluates how effectively ear protection reduces noise/sound levels when worn by an individual. The measurement, known as the personal attenuation rating (PAR), represents the difference in sound intensity measured with the hearing protector in place compared to the level measured without it.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

To support the recommended work RVU, the RUC HCPAC compared the surveyed code to the top key reference service codes 92588 *Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report* (work RVU = 0.55, 16.5 minutes intra-service, and 22.5 minutes total time). The surveyed code and key reference code require similar intra-service and total time and should therefore be valued similarly.

For additional support, the RUC HCPAC referenced MPC code 29580 *Strapping; Unna boot* (work RVU = 0.54, 10.73 minutes intra-service, and 22.73 minutes total time). The surveyed code involves more intra-service time and total time, which makes it appropriate that the recommended work RVU for the surveyed code is higher. **The RUC HCPAC recommends a work RVU of 0.57 for CPT code 92596.**

Practice Expense
Acknowledging the removal of L052A *Audiologist* from the PE inputs, the Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC HCPAC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Audiologic Function Tests** *The audiometric tests listed below require the use of calibrated electronic equipment, recording of results, and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic evaluation and management services are not reported separately. All services include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two ears.*			
92596	Ear protector attenuation measurements	XXX	0.57 (2026 Work RVU = 0.00)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92596 Tracking Number

Original Specialty Recommended RVU: **0.57**
Presented Recommended RVU: **0.57**
RUC Recommended RVU: **0.57**

Global Period: XXX Current Work RVU: **0.00**

CPT Descriptor: Ear protector attenuation measurements

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 22-year-old male with ongoing exposure to hazardous noise levels requiring hearing protection is referred for objective ear protector attenuation measurements.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: eview previous history, including noise exposure, test results and referral information. Enter and verify the patient's information in the electronic health record (EHR) system. Greet the patient and escort them to the sound booth for testing. Confirm any recent noise exposure within the preceding 24 hours and document use and type hearing protection.

Description of Intra-Service Work: Otoscopic exam is completed. The QHP verifies the physical fit of the hearing protection devices (HPD), instructs the patient on proper insertion, and confirms that the patient can correctly insert the devices independently, for optimal hearing protection. Baseline sound field hearing threshold responses are completed in the audiologic test booth without noise protection in place. Sound field threshold measurements are repeated with noise protection devices inserted by the QHP, in passive reduction mode. When indicated, responses are measured again with active (electronic) reduction turned on. The QHP removes the HPD and instructs the patient to insert the devices. Sound field threshold measurements are repeated in passive reduction mode. When indicated, responses are measured again with active (electronic) reduction turned on. Response levels for all test conditions are recorded and compared to manufacturer's specifications for the specific HPD. Any differences between the QHP's insertion and the patient's insertion of the device are reviewed to determine if further instruction may result in improved attenuation. Test results are discussed with the patient and adequacy of the patient inserted HPD is determined. When indicated (e.g., HPD does not provide optimal noise reduction), new impressions are taken for custom devices, or alternative non-custom hearing protection products are discussed with the patient. Review appropriate device cleaning, maintenance, and care procedures with the patient. The findings are interpreted and integrated into the formal diagnostic report to inform clinical decision-making and management.

Description of Post-Service Work: Evaluation results are reviewed with the referral source to support appropriate clinical management and patient care decisions. New HPD devices are ordered when indicated. The report is reviewed, signed, and entered into the patient medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2026					
Presenter(s):	Erin Miller, AuD, Debra Carlson, PhD					
Specialty Society(ies):	American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92596					
Sample Size:	3948	**Resp N:**	48			
Description of Sample:	Random sample of membership of the American Academy of Audiology and audiology membership of the American Speech-Language-Hearing Association					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	8.00	200.00	
Survey RVW:	0.15	0.43	**0.57**	0.78	1.45	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	12.00	**15.00**	20.00	30.00	
Immediate Post Service-Time:	**9.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92596	**Recommended Physician Work RVU: 0.57**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92588	XXX	0.55	**RUC Time**

CPT Descriptor Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97530	XXX	0.44	**RUC Time**

CPT Descriptor Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97530	XXX	0.44	**RUC Time**	44,663,845

CPT Descriptor 1 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92517	XXX	0.78	**RUC Time**	8,500

CPT Descriptor 2 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 22.9 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 92596	Top Key Reference CPT Code: 92588	2nd Key Reference CPT Code: **97530**
Median Pre-Service Time	5.00	3.00	2.00
Median Intra-Service Time	15.00	16.50	15.00
Median Immediate Post-service Time	5.00	3.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**25.00**	**22.50**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Same**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	27%	45%	27%

Mental Effort and Judgment	**Less**	**Same**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	55%	45%

Technical Skill/Physical Effort	**Less**	**Same**	**More**
Technical skill required	0%	27%	73%
Physical effort required	0%	45%	55%

Psychological Stress	**Less**	**Same**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	36%	64%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Same	Somewhat More	Much More
Overall intensity/complexity	0%	0%	88%	12%	0%

Mental Effort and Judgment	Less	Same	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	63%	25%

Technical Skill/Physical Effort	Less	Same	More
Technical skill required	12%	63%	25%
Physical effort required	0%	88%	12%

Psychological Stress	Less	Same	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	88%	12%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The Relativity Assessment Workgroup (RAW) identified CPT code 92596 as a part of the 26 services with QHP time included in the clinical staff direct PE inputs. Upon review of the history of these codes, AAA and ASHA noted that none of them have associated vignettes, procedural descriptions, nor have been surveyed. In addition, the audiologist's time is currently included within the clinical staff time for direct practice expense inputs rather than in work RVU for these codes.

CPT code 92596 describes ear protection attenuation measures. This procedure evaluates how effectively ear protection reduces noise/sound levels when worn by an individual. The measurement, known as the Personal Attenuation Rating (PAR), represents the difference in sound intensity measured with the hearing protector in place compared to the level measured without it.
Research shows that individuals can achieve widely varying levels of attenuation with the same model of hearing protectors in real-world settings. The PAR often differs significantly from the Noise Reduction Rating (NRR), which is the attenuation rating provided by the manufacturers of the hearing protection devices. A major contributor to this variability is the difference in how well individuals are trained and how proficient they are at correctly inserting their

hearing protectors. Another significant source of variation comes from anatomical differences, such as ear canal size and curvature, which may require individuals to switch to a different hearing protector model to obtain a proper fit. Without measuring the attenuation provided by their hearing protection, an individual cannot determine whether their exposure puts them at risk for noise/sound induced hearing loss.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current **work RVU from 0.00 to 0.57** for the following reasons:

1. ***Evidence that incorrect assumptions were made in the previous valuation of the service by either the RUC or CMS, as documented, such as: a misleading vignette, survey and/or flawed crosswalk assumptions in a previous valuation, and***
2. ***Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to changes in physician time, as described below:***

- According to Medicare utilization data, the plurality of the billing is from audiology (95.9%) followed by otolaryngology (3.1%). Audiology time is currently captured as clinical labor in practice expense inputs. However, audiologists now bill Medicare independently, and audiology time should not be captured under practice expense. As such, audiology time should be accounted for in professional work.
- CPT code 92596, which is currently used to capture these services, has never been surveyed, and does not have a clinical vignette or a detailed description of the procedure. This omission likely skewed perceptions of provider involvement and failed to convey the actual cognitive complexity, clinical judgment, and interpretive workload required.

Expert Panel Recommendations
An expert panel of audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel recommends the median work RVU of 0.57 and the pre-service time of 5 minutes, median intra-service time of 15 minutes, and post-service time of 5 minutes.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA and ASHA membership. A total of 3948 surveys were sent to a random sample of AAA and ASHA's audiology members to survey ear protection attenuation measurement test. A total of **48** completed responses were received for this specific code.

Time
The expert panel recommends ***pre-service time of 5 minutes, intra-service time of 15 minutes and post-service time of 5 minutes for a total of 25 minutes.*** This recommendation is well supported, as the current practice expense inputs already capture 43 minutes of audiology clinical labor time (L052A) within intra-service time. By comparison, the recommended professional work time represents a reduction from the time currently reflected in the PE inputs and remains lower even when the audiology time is appropriately accounted for under professional work.

Pre- and Post-service Times: The expert panel believes that pre-service time of 5 minutes is adequate to perform pre-service related activities. Even though the survey post-service time is 9 minutes, the expert panel believes that 5 minutes of post-service time is adequate to complete post-service-related activities.

Intra-Service Time: The expert panel recommends 15 minutes of intra-service time which is the median survey value. The expert panel believes that this is adequate time to complete the intra-service portion of the procedure. This is a reduction from the audiologist's time captured for intra-service time under PE inputs as stated above.

Work RVU
The expert panel recommends the **median work RVU of 0.57** and affirmed that it is appropriate, accurately capturing the clinical intensity and professional effort involved in ear protection attenuation measures, especially given that the audiologist's work was historically captured under PE will now be captured under the work component. This valuation also supports appropriate rank order within similar codes with similar intra-service times.

During Personal Attenuation Rating (PAR) testing, the patient initially inserts the hearing protection device (HPD) without training. If preliminary tonal presentations indicate that the expected level of attenuation is not being achieved, the QHP pauses the procedure to provide additional instruction on proper HPD insertion and PAR testing is repeated. If

proper attenuation is still not achieved, the QHP will insert the device and repeat PAR testing once again. Comparing the results from the patient-inserted and QHP-inserted measurements helps determine whether reduced attenuation is due to inadequate insertion technique or limitations of the HPD itself. If attenuation values remain poorer than expected, the QHP reevaluates the patient's ear canal anatomy and device fit. This assessment determines whether a different type of HPD is recommended or whether the current device requires remanufacturing to achieve the proper insertion depth within the ear canal to provide adequate attenuation.

In addition, the recommended work RVU is supported by clinical complexity, cognitive workload, high level of professional skill, use of highly specialized equipment, and engagement required to perform ear protection attenuation measurement testing.

The expert panel also considered the 25th percentile for work RVUs of 0.43 and believes that this undervalues this procedure and would create a rank order anomaly, not only with the audiology family of codes, but also within the entire CPT code set, given the complexity and intensity of the work required to complete this procedure.
Ear protection attenuation measurement testing requires specialized equipment to measure real-ear attenuation, verify the effectiveness of hearing protection devices, and interpret results to ensure appropriate noise exposure reduction

Comparison to Key Reference Services Codes
The work RVUs of the key reference service (KRS) codes further support this recommendation. The first KRS code 92588, with 17 minutes of intra-service time is valued at 0.55 RVUs and second KRS code 97530, with 15 minutes of intra-service time is valued at 0.44 RVUs. In addition, the survey results demonstrate that the overall intensity and complexity of the ear protection attenuation measurement test are identical or greater than those of both reference services, supporting a valuation of 0.57 RVUs. Notably, a detailed review of the intensity and complexity data shows that 100% of respondents rated the service as equal to or greater than KRS 1 and KRS 2 with respect to overall mental effort and judgment, technical skill, and overall psychological stress, further validating the proposed work RVU.

Comparison to Other codes
The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for CPT code 92596.

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adjusted Intra Time	Post	Note
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	0.39	0.0098	26	25.63	6	15	14.63	5	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.0234	19	19	2	15	15	2	KRS 2 MPC
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	0.55	0.0252	22.5	22.5	3	16.5	16.5	3	KRS 1
92596	Ear protector attenuation measurements	0.57	0.023	25	-	5	15	-	5	Survey code
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie,	0.65	0.0161	35	34.5	5	20	19.5	10	

CPT Code	Descriptor	RVW	IWPUT	Total Time	Adjusted Total Time	Pre	Intra	Adjusted Intra Time	Post	Note
	eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;									
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	0.78	0.0262	32	31.5	7	20	19.5	5	MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 92596 is expected to be reported as a stand-alone service. Based on current clinical practice and utilization patterns, we do not anticipate that this service will be routinely furnished or reported in conjunction with other audiologic procedures during the same patient encounter. Accordingly, no typical companion codes have been identified for this service.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92596

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Audiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 294
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Audiology Frequency 282 Percentage 95.91 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 98 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. These estimates are based on 2024 Medicare utilization data for CPT codes 92596 from the AMA RUC database.

Specialty Audiology Frequency 94 Percentage 95.91 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Hearing and speech services

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92596

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Ear Protector Attenuation Measurements

TAB: 14D

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic	XXX	2011	11	0.025	0.024			0.55			22.5	3					17			3					
2nd REF	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic	XXX	2017	8	0.023	0.023			0.44			19	2					15			2					
CURRENT	92596	Ear protector attenuation measurements	XXX	n/a		-	-						0														
SVY	92596	Ear protector attenuation measurements	XXX		48	0.017	0.020	0.15	0.43	0.57	0.78	1.45	29	5			2	12	15	20	30	9	0	0	2	8	200
SVY	AAA	Ear protector attenuation measurements	XXX		29	0.011	0.017	0.15	0.36	0.55	0.78	1.45	32	7			2	10	15	20	30	10	0	0	2	8	200
SVY	ASHA	Ear protector attenuation measurements	XXX		19	0.027	0.025	0.20	0.45	0.67	0.74	1.40	27	5			3	12	15	19	25	7	0	0	2	8	200
REC	92596	Ear protector attenuation measurements	XXX			0.023	0.023			0.57			25	5					15			5					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 92596**
SPECIALTY SOCIETY(IES): American Academy of Audiology and American Speech-Language-Hearing Association
PRESENTER(S): Erin L. Miller, AuD., Deb Carlson, PhD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2026

CPT Code	Long Descriptor	Global Period
92596	Ear Protector Attenuation Measurements	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92596	A 22-year-old male with ongoing exposure to hazardous noise levels requiring hearing protection is referred for objective ear protector attenuation measurements.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AAA and ASHA convened an RVS expert panel of the surveying specialty societies and clinical experts to review practice expense data for codes 92596.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   It was determined to utilize the current direct PE inputs as our reference code.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   N/A
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Dominant provider for each code is Audiology –

   92596 – Audiology 95.9%
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.
   N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:
   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:
   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:
   N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:
    b. Service period (includes pre, intra and post):
    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Please note that we are including an updated invoice for equipment items EQ053 and EQ054. Equipment items have not changed, just updated, paid invoice pricing.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life for EQ053 should remain 10 years; the useful life for EQ054 should remain 15 years

22. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Equipment Code	Equipment Description	Cost Per Minute Formula	Rationale
EQ054	audiometric soundproof booth (exam and control rooms)	Other	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.
EQ053	audiometer, clinical-diagnostic	Other	Updated existing formula with current invoice. Note equipment time reflects Audiologist time to perform test which is now captured in work not PE.

ADDITIONAL INFORMATION

23. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supply Code	Supply	Cost Per Item	92596 Now	92596 Proposed	Rationale
SK008	audiology scoring forms	0.12	1	1	Maintain necessary forms for scoring
SD044	ear tip, earphone	0.62	0	2	Add 1 per ear to deliver of sound during diagnostic service

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

26. For CPT educational purposes, please provide a summary Description of the Procedure/Service in paragraph form.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**92596**		**92596**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14D** **Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Ear protector attenuation measurements		Ear protector attenuation measurements	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 38.80**	**$ -**	**$ 5.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 34.83**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54				
23			L037D	RN/LPN/MTA	0.54				
24			L037D	RN/LPN/MTA	0.54				
25			L037D	RN/LPN/MTA	0.54				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54				
42			L037D	RN/LPN/MTA	0.54				
43			L037D	RN/LPN/MTA	0.54				
44			L037D	RN/LPN/MTA	0.54				
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L052A	Audiologist	0.81	43			
53			L037D	RN/LPN/MTA	0.54				
54			L037D	RN/LPN/MTA	0.54				
55			L037D	RN/LPN/MTA	0.54				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54				
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54				
76			L037D	RN/LPN/MTA	0.54				
77			L037D	RN/LPN/MTA	0.54				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54				

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**92596**		**92596**	
3		***RUC Collaboration Website***				Ear protector attenuation measurements		Ear protector attenuation measurements	
4	**Clinical Activity Code**	**Meeting Date: September 2026 Revision Date (if applicable): Tab: 14D Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 38.80**	**$ -**	**$ 5.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54				
95			L037D	RN/LPN/MTA	0.54				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**92596**		**92596**	
3		***RUC Collaboration Website***				Ear protector attenuation measurements		Ear protector attenuation measurements	
4	**Clinical Activity Code**	**Meeting Date: September 2026** **Revision Date (if applicable):** **Tab: 14D** **Specialty: AAA, ASHA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 38.80**	**$ -**	**$ 5.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**43.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L052A	Audiologist	0.81	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.12**	**$ -**	**$ 1.36**	**$ -**
102	SK008	audiology scoring forms	0.12	item		1		1	
103	SD044	ear tip, earphone	0.62	item				2	
104									
105									
106									
107									
108									
109									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 3.85**	**$ -**	**$ 4.16**	**$ -**
112	EQ054	audiometric soundproof booth (exam and control rooms)	31801.614		0.06775636	41			
113	EQ053	audiometer, clinical-diagnostic	9820.974		0.026062179	41			
114	EQ054	audiometric soundproof booth (exam and control rooms)	**117855**	Other Formula	0.240365687			15	
115	EQ053	audiometer, clinical-diagnostic	**13975**	Other Formula	0.037085828			15	
116									
117									
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
119									

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

October 8, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Review Board Recommendations

Dear Administrator Oz:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the September 24, 2026, meeting, the following issues were reviewed by the HCPAC:

- Laryngeal Function Studies (92520)
- Stenger Tests (92565, 92577)
- Complex Listening Tests (92571, 92572, 92576)
- Ear Protector Attenuation Measurements (92596)

The above issues were identified via the Relativity Assessment Workgroup (RAW) as potentially misvalued. The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2028 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Katlyn Palmer (ph: 312-464-5576; email: Katlyn.Palmer@ama-assn.org) at the AMA for clarification regarding these recommendations.

Sincerely,

Peter Hollmann, MD
HCPAC Chair

Leisha Eiten, AuD
HCPAC Co-Chair

cc: HCPAC Participants
Perry Alexion, MD
Lindsey Baldwin
Mitali Dayal
Stefanie Fischell, MD
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Emily Yoder

CPT 2028 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
97802	XXX	R	Sep 2026	44	Medical Nutrition Therapy (MNT)	V1	Jan 2027	HCPAC	AND				☑	To be surveyed for the January 2027 RUC meeting	☐
97803	XXX	R	Sep 2026	44	Medical Nutrition Therapy (MNT)	V2	Jan 2027	HCPAC	AND				☑	To be surveyed for the January 2027 RUC meeting	☐
97804	XXX	R	Sep 2026	44	Medical Nutrition Therapy (MNT)	V3	Jan 2027	HCPAC	AND				☑	To be surveyed for the January 2027 RUC meeting	☐
97X01	XXX	N	Sep 2026	44	Medical Nutrition Therapy (MNT)	V4	Jan 2027	HCPAC	AND				☑	To be surveyed for the January 2027 RUC meeting	☐
97X02	XXX	N	Sep 2026	44	Medical Nutrition Therapy (MNT)	V5	Jan 2027	HCPAC	AND				☑	To be surveyed for the January 2027 RUC meeting	☐
G0270	XXX	D	Sep 2026	44	Medical Nutrition Therapy (MNT)		Jan 2027	HCPAC					☑		☐
G0271	XXX	D	Sep 2026	44	Medical Nutrition Therapy (MNT)		Jan 2027	HCPAC					☑		☐

RUC HCPAC Recommendations for CMS Requests & Relativity Assessment Identified Code - October 2026

CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	QHP Included in Clinical Staff Direct PE Inputs
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	Laryngeal Function Studies	14A	1.25	X
92565	Stenger test, pure tone	Stenger Tests	14B	0.29	X
92577	Stenger test, speech	Stenger Tests	14B	0.25	X
92571	Filtered speech test	Complex Listening Tests	14C	0.37	X
92572	Staggered spondaic word test	Complex Listening Tests	14C	0.78	X
92576	Synthetic sentence identification test	Complex Listening Tests	14C	Refer to CPT for Deletion	X
92596	Ear protector attenuation measurements	Ear Protector Attenuation	14D	0.57	X