AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Transient Elastography of Liver

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe transient elastography of the liver. At the April 2014 RUC meeting, the RUC agreed that its recommendation for physician work and time would be interim due to the specialty's use of an incorrect survey instrument (000 Day Global Period, instead of XXX Global Period) and the survey not meeting the minimum threshold for respondents. Therefore, the specialty re-surveyed this service with the appropriate survey instrument and presented new survey results and recommendations for the September 2014 RUC meeting.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC reviewed the survey results from 31 gastroenterologists and agreed that the 25th percentile intra-service time of 10 minutes accurately represents the typical length of intra-service physician work. The RUC recommends the following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 5 minutes. The specialty elaborated that the actual measurements are typically performed separately by clinical staff and that an Evaluation and Management (E/M) service is not typically performed by the same physician that is interpreting the fibroscan measurements. Furthermore, they explained that the interpreting physician must evaluate the patient's history to make a cogent recommendation subsequent to reviewing the report. **The RUC deliberated this information and recommends referral to the CPT Editorial Panel for the inclusion of a parenthetical that prohibits the reporting of a same-day E/M visit with CPT code 91200.**

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overestimated, with a 25th percentile work RVU of 0.72. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 78013 *Thyroid imaging (including vascular flow, when performed);* (work RVU= 0.37, 5 minutes of pre-time, 10 minutes of intra-time, 5 minutes of post-time) and noted that since both services have a similar intensity, identical intra-service times and comparable total times, they should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 78013 to surveyed code 91200.

To further justify a work RVU of 0.37 for 91200, the RUC reviewed CPT code 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* (work RVU= 0.30, intra-service time of 10 minutes and total time of 17 minutes), as well as CPT code 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* (work RVU= 0.45, intra-service time of 15 minutes and total time of 20 minutes), and agreed that the services

represent analogous physician work and appropriately bracket the RUC recommended work RVU for the surveyed code with respect to physician time and intensity. **The RUC recommends a work RVU of 0.37 for CPT code 91200.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for staff type *diagnostic medical sonographer* (L050B), is disparate from the physician time for 91200.

Refer to CPT
The RUC recommends the CPT Editorial Panel include a parenthetical that prohibits the reporting of a same-day E/M visit with CPT code 91200. The RUC recommendation is contingent on the inclusion of this CPT parenthetical.

Database Flag
Do to the use of the survey 25th percentile for intra-service time and the use of a crosswalk to derive the work value recommendation for CPT code 91200, the record will be flagged in the RUC database as not to be used to validate for physician work.

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Gastroenterology** **Other Procedures**				
●91200	KK1	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.37

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number KK1 Original Specialty Recommended RVU: **0.72**
Presented Recommended RVU: **0.49**
Global Period: XXX RUC Recommended RVU: **0.37**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presented for further evaluation of liver disease secondary to hepatitis C. Physical findings were unremarkable. Laboratory studies showed abnormal liver enzymes (ie aminotransferase levels twice the upper limits of normal) and the platelet count was borderline low. Physician scheduled patient for liver elastography by mechanically induced shear wave to assess presence of cirrhosis prior to starting antiviral therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: -Review the reason for the examination and any pertinent clinical history.
-Review any prior applicable imaging studies, anatomic pathology, and/or clinical laboratory reports.

Description of Intra-Service Work: -Supervise the healthcare professional performing the examination to ensure proper positioning of the transducer probe on the patient's right upper quadrant, scout images are taken, and a minimum of 10 images and shear wave measurements are generated.
-Review each image to determine that each measurement of sheer wave speed is correct.
-Correlate the stiffness measurement with the fibrosis stage and compare to the patient's history, prior imaging, and any prior liver biopsy and clinical laboratory values to establish a final diagnosis.

Description of Post-Service Work: -Make treatment recommendations based on the data, including the potential need for additional medical, pharmacologic, and/or other clinical intervention.
-Dictate, review, and sign the final report for the medical record.
-Discuss findings and recommendations with the patient, referring physician, other healthcare professionals, and insurance and/or pharmacy benefits management company, as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Dr. Dawn Francis (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Goss (ASGE), Dr. R. Bruce Cameron (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	91200		
Sample Size:	1601	**Resp N:** 31	**Response:** 1.9 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying physicians from a list of purchasers obtained from industry, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**25.00**	88.00	500.00
Survey RVW:	0.48	0.72	**0.81**	1.00	2.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	30.00

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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91200	**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:		**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:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

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
76830	XXX	0.69	**RUC Time**	469,171

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 96.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 91200**	**Key Reference CPT Code:** 76700	**Source of Time RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**18.00**	**17.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.58	3.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.87	3.39
Urgency of medical decision making	3.39	3.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.45
Physical effort required	2.81	2.94
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.45	2.39
Outcome depends on the skill and judgment of physician	3.71	3.39
Estimated risk of malpractice suit with poor outcome	3.16	3.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.48	3.03

Intra-Service intensity/complexity	3.55	3.61
Post-Service intensity/complexity	3.39	3.23

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.*

912XX1 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for similar GI tests and ultrasound codes to the new liver elastography code 912XX1. After reviewing the survey data, **we recommend an RVW of 0.72 for 912XX1.** This value is equal to the 25th percentile of the survey.

Pre-time Package 5 is appropriate, less one minute of scrub, dress, wait time.

Key Reference code 76700, *Ultrasound, abdominal, real time with image documentation; complete,* has an XXX day global period and was surveyed as part of the Third Five-Year Review and presented to the RUC in 2005. The initial survey for 912XX1 presented to the RUC at the April 2014 RUC meeting was administered as 000 day global survey. The RUC asked the specialty societies to resurvey the code using the XXX day survey instrument. The data show no change in intra-service or post-service time from the previous survey. There is no change in pre-service time when the pre-time package is applied. The current survey validates the results of the original survey.

The table below provides additional XXX day global comparison codes.

Comparison To Other RUC-Reviewed XXX Day Global Codes with Similar Intra-Service Time

MPC	CPT Code	Long Desc	Work RVU	Pre Time Pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	RUC Rev	IWPUT
	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	0.53	0	5	0	0	15	5	25	Sept11	0.020
	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	0.55	5	3	0	0	15	3	21	Apr09	0.028
	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	0	7	0	0	15	5	27	Apr13	0.022
	76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	0.63	5	5	0	0	15	5	25	Apr10	0.027

MPC	CPT Code	Long Desc	Work RVU	Pre Time Pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Post Time	Total Time	RUC Rev	IWPUT
	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	0.67	0	7	0	0	15	5	27	Feb11	0.027
Yes	76830	Ultrasound, transvaginal	0.69	0	5	0	0	10	8	23	Apr12	0.040
	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0	3	0	0	15	5	23	Apr12	0.035
Yes	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	0.76	0	5	0	0	10	5	20	Feb06	0.054
	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0	3	0	0	15	3	21	Apr12	0.044

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) 74000, 91299, 76999. Twelve percent of code 74000 (2013 Medicare volume = 54,742), 10% of 91299 (2013 Medicare volume = 53) and 20% of code 76999 (2013 Medicare volume = 944).

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20295
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 47000 [6570] 10% of 91299 [5] + 20% of 76999 [190])*3 = ~20,295

Specialty Gastroenterology Frequency 20295 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? 6,765
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 74000 [6570] 10% of 91299 [5] + 20% of 76999 [190]) = ~6,765

Specialty Gastroenterology Frequency 6765 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:

Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 91133

ISSUE: Transient Elastograpy of Liver

TAB: 5

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX
REF	76700	Ultrasound, ab	30	0.0653			0.81			17		3					10				4					
SVY	91200	Liver elastogra	31	0.02413	0.48	0.72	0.81	1.00	2.50	35		10			2	10	15	20	30		10	0	3	25	88	500
Random	91200	Liver elastogra	15	0.0308	0.48	0.75	0.91	1.15	2.50	35		10			10	12.5	15	20	30		10	0	0	4	65	500
Industry	91200	Liver elastogra	16	0.01633	0.50	0.69	0.81	0.91	1.30	40		10			2	10	15	20	30		15	2	19	45	131	500
REC	91200	Liver elastography, r		0.01908			0.37			18	NA	3	0	0			10			NA	5					

Ref Code	Service Descriptor	Work RVU	Glob	Year Valued	Time Source	MPC list	Medicare Vol 2012	Intra Time	Total Time	IWPUT
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	XXX	2004	RUC	Yes	382684	5	9	0.018
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28	XXX	2013	RUC	Yes	2120116	7	13	0.021
36600	Arterial puncture, withdrawal of blood for diagnosis	0.32	XXX	2010	RUC	No	39949	10	16	0.019
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	0.45	XXX	2005	RUC	Yes	88,970	7	13	0.045
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	0.48	XXX	2006	RUC	Yes	17,770,985	10	16	0.035
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	0.67	XXX	2011	RUC	No	49452	15	27	0.027
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	XXX	2005	RUC	Yes	1043298	10	17	0.065
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	0.97	XXX	2004	RUC	No	4517	15	45	0.024

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transient Elastography of Liver

At the February 2014 CPT Editorial Panel meeting, the Panel created one new CPT Category I code to describe transient elastography of the liver.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC agreed that the survey results for physician work and time where invalid due to the specialty's use of an incorrect survey instrument (000 Day Global Period, instead of XXX Global Period), in addition to the survey not meeting the minimum threshold for respondents. Therefore, the RUC recommendations for physician work and time are interim. The RUC requested that the specialty re-survey with the appropriate survey instrument for the September 2014 RUC meeting.

To determine an appropriate work value, the RUC compared the surveyed code to CPT code 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* (work RVU= 0.30, pre-time= 2 minutes, intra-time= 10 minutes, post-time= 5 minutes) and noted that since both services have similar intensity and analogous physician work, they should be valued similarly. Therefore, the RUC recommends a direct work RVU and physician time crosswalk from code 95981 to code 91200.

To further justify an interim work RVU of 0.30 for 91200, the RUC reviewed CPT code 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* (work RVU = 0.30, intra-time= 10 minutes) and agreed that the reference code also had similar intensity and analogous physician work to the surveyed code. **The RUC recommends an interim work RVU of 0.30 for CPT code 91200.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for staff type *diagnostic medical sonographer* (L050B), is disparate from the physician time for 91200.

New Technology
The service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Gastroenterology** **Other Procedures**				
●91200	KK1	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.30 (interim value)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number KK1 Original Specialty Recommended RVU: **1.16**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presented for further evaluation of liver disease secondary to hepatitis C. Physical findings were unremarkable. Laboratory studies showed abnormal liver enzymes (ie aminotransferase levels twice the upper limits of normal) and the platelet count was borderline low. Physician scheduled patient for liver elastography by mechanically induced shear wave to assess presence of cirrhosis prior to starting antiviral therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work: The reason for the exam and any pertinent clinical history is reviewed.

Description of Intra-Service Work: The test results are reviewed. Each shear wave speed value is converted to its calculated equivalent stiffness value and the median stiffness value. The variability of stiffness values across the 10 measurements are quantified. The stiffness measurement is correlated with the fibrosis stage. The results are compared and correlated with clinical, biological, and morphological parameters of liver disease to come to a diagnosis. A report is dictated for the medical record.

Description of Post-Service Work: The final report is reviewed and signed. The findings and recommendations are reviewed with the patient and pertinent others, referral source and other appropriate health professionals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	91200		
Sample Size:	1597	**Resp N:** 26	**Response:** 1.6 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying physicians from a list of purchasers obtained from industry, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	40.00	500.00
Survey RVW:	0.20	1.16	**1.64**	2.00	3.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	30.00

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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91200	**Recommended Physician Work RVU: 0.30**		
		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:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91022	000	1.44	**RUC Time**

CPT Descriptor Duodenal motility (manometric) study

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
92002	XXX	0.88	**RUC Time**	221,183

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	174,360

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
49082	XXX	1.24	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 50.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 91200**	**Key Reference CPT Code:** 91022	**Source of Time** RUC Time

Median Pre-Service Time	2.00	15.00
Median Intra-Service Time	10.00	30.00
Median Immediate Post-service Time	5.00	16.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**17.00**	**61.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.64
Urgency of medical decision making	3.36	2.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.82	3.73
Physical effort required	3.45	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.45	2.73
Outcome depends on the skill and judgment of physician	3.91	3.27
Estimated risk of malpractice suit with poor outcome	3.36	2.64

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.09	3.00
Intra-Service intensity/complexity	3.73	3.64
Post-Service intensity/complexity	3.55	3.27

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.*

91200 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for similar GI tests and ultra-sound codes to the new liver elastography code 91200. After reviewing the survey data, **we recommend an RVW of 1.16 for 91200.** This value is equal to the 25th percentile of the survey.

Pre-time Package 5 is appropriate.

Key Reference code 91022, *Duodenal motility (manometric) study,* was surveyed and presented to the RUC in 2005 and has a 000 day global. The survey for 91200 was administered as 000 day global with the understanding the physician performed the liver elastography procedure. After receiving additional input, we determined that the physician work of the service is in the interpretation, similar to the ultrasound codes. The table below provides more appropriate XXX day global comparison codes.

Comparison To Other RUC-Reviewed XXX Day Global Codes with 15 Minutes Intra-Service Time

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	XXX	0.79	0.033	3	15	10	28	Apr02
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	XXX	0.90	0.044	6	15	5	26	Feb11
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	XXX	1.00	0.037	5	15	15	35	Apr06
72125	Computed tomography, cervical spine; without contrast material	XXX	1.07	0.056	5	15	5	25	Oct09
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	1.15	0.052	8	15	10	33	
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	XXX	1.25	0.056	9	15	10	34	Apr08

CPT Code	Long Desc	Glob	Work RVU	IWPUT	Pre Time	Intra Time	Post Time	Total Time	RUC Rev
	health care professional; multiple lead implantable cardioverter-defibrillator system								
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	XXX	1.27	0.065	8	15	5	28	Apr02
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	XXX	1.34	0.074	5	15	5	25	Feb09

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) 91299, 76999. Ten percent of code 91299 (2012 Medicare volume = 29) and 20% of code 76999 (2012 Medicare volume = 1,552)

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 900
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310])*3 = ~900

Specialty Gastroenterology Frequency 900 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? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 91299 [3] + 20% of 76999 [310]) = ~313

Specialty Gastroenterology Frequency 300 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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 91133

SS Rec Summary

ISSUE: Transient Elastograpy of Liver

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	91022	Duodenal mot	13	0.025			1.44			61	15					30			16
CURRENT	NA			#DIV/0!						0									
SVY	91200	Liver elastogr	26	0.047	0.20	1.16	1.64	2.00	3.25	60	25	5	5	5	10	15	20	30	10
Random	91200	Liver elastogr	15	0.038	0.50	1.18	1.50	1.78	2.52	60	25	5	5	5	10	15	20	30	10
Industry	91200	Liver elastogr	11	0.049	0.20	1.11	2.00	2.07	3.25	67	25	5	2	10	14	20	25	30	15
Exper	91200	Liver elastogr	18	0.052	0.20	1.29	1.78	2.00	3.25	62	25	5	4	5	10	15	20	30	13
No Exper	91200	Liver elastogr	8	0.032	0.50	1.04	1.30	1.53	2.52	55	20	5	5	5	14	15	23	30	10
REC	91200	Liver elastography		0.014			0.30			33	2					10			5

CPT Code: 91200
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

Global Period: XXX Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference code from abdominal ultrasound code 76700 that was recently approved by the RUC at the October 2013 meeting.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
91200	NEW	NA	NA	NA	**76700**	RUC 2013	**4**	**39**	**0**	**91200**	**3**	**33**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to provide pre-service education/obtain consent.

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies

Two minutes: Prepare and position patient/ monitor patient/ set up IV
Fifteen minutes: Performing procedure
Three minutes: Clean room/equipment by physician staff
Two minutes - Post processing: Technical QC
Two minutes - Review documents w/ physician

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code.**			**76700**		**91200**	
3	**Meeting Date: April 2014** **Tab: 22** **Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Ultrasound, abdominal, real time with image documentation; complete		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L050B**	**DMS**	**43.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**22.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**3.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**39.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**19.0**	**0.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
14	**PRE-SERVICE**						
15	**Start: Following visit when decision for surgery or procedure made**						
16	Availability of prior electronic images confirmed	L050B	DMS	**2**			
17	Review patient electronic clinical information and questionnair	L050B	DMS	**2**			
18	Complete pre-service diagnostic & referral forms						
19	Coordinate pre-surgery services						
20	Schedule space and equipment in facility						
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**	
22	Follow-up phone calls & prescriptions						
23	*Other Clinical Activity - *specify:*						
24	**End: When patient enters office/facility for surgery/procedure**						
25	**SERVICE PERIOD**						
26	**Start: When patient enters office/facility for surgery/procedure:**						
27	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	**3**			
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**	
29	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**0**	
30	Prepare room, equipment, supplies	L050B	DMS	**2**			
31	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**	
32	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	**3**			
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L050B	DMS	**23**			
36	Assist physician in performing procedure	L037D	RN/LPN/MTA			**7**	
37	**Post-Service**						
38	Clean room/equipment by physician staff	L050B	DMS	**3**			
39	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**	
40	*Other Clinical Activity - *specify:*						
41	- Post processing: Technical QC	L050B	DMS	**2**			
42	- Post processing: Technical QC	L037D	RN/LPN/MTA			**0**	
43	- Review documents w/ physician	L050B	DMS	**2**			
44	- Review documents w/ physician	L037D	RN/LPN/MTA			**2**	
45	- Scanning other Documents into PACs	L050B	DMS	**1**			
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
49	**End: Patient leaves office**						
50	**POST-SERVICE Period**						
51	**Start: Patient leaves office/facility**						
52	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			**0**	
67	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**			
69	film, X-ray, laser print	SK098	item				
70	gown, patient	SB026	item	**1**		**1**	
71	paper, exam table	SB036	foot	**7**		**7**	
72	sanitizing cloth-wipe (patient)	SM021	item	**2**		**2**	
73	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**	
74	pillow case	SB037	item	**1**		**1**	
75	X-ray developer solution	SK089	oz	**1**			
76	video tape, VHS	SK086	item	**1**			
77	**EQUIPMENT**	**CODE**					
78	room, ultrasound, general	EL015		**33**			
79	table, exam	EF023				**17**	
80	film alternator (motorized film viewbox)	ER029		**10**			
81	film processor, dry, laser	ED024		**5**			
82	Fibroscan (include probes)	NEW				**16**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2014

Transcatheter Placement of Carotid Stents

In February 2013, the CPT Editorial Panel approved the creation of four new bundled codes to describe transcatheter placement of intravascular stent. Following this, the specialty societies noted that the code changes did not address antegrade stent placement in the innominate and intrathoracic carotid artery. In February 2014, the Panel created CPT Code 37218 to describe the antegrade treatment of the innominate artery and the intrathoracic common carotid artery. Additionally, the Panel added the words "open or" to the 37215 and 37216 CPT code descriptions to make them consistent with all other endovascular bundled coding.

In April 2014, the RUC did not recommend surveying: 37216 because it is a non-covered Medicare service, 37217 because it was reviewed by the RUC in April 2013 and codes 37235-37257 because they are not considered part of the family of services. The RUC noted that code 37215 has been performed consistently since its creation in 2006 and most recently was performed 8,455 times in 2013. Therefore, the RUC recommended that the specialty societies survey CPT code 37215 and present recommendations for physician work and practice expense at the September 2014 RUC meeting. Furthermore, the specialty societies were asked to provide a recommendation for the non-covered Medicare service 37216 to maintain the current magnitude estimation between the two services.

Prior to reviewing the survey data for CPT code 37215, the RUC discussed whether the vignette used in the survey accurately described the typical patient for this service. Specifically, the RUC discussed if it is necessary to describe the patient as having a history of external beam radiation therapy. The specialty societies explained that this history is important in describing the patient because it denotes that he or she cannot undergo an open procedure (endarterectomy). The specialties explained that this procedure is heavily regulated and, in fact, has its patient population mandated by the Centers for Medicare & Medicaid Services (CMS) through a National Coverage Determination (NCD). Therefore, the information presented in the vignette does not change the nature of the procedure; it simply specifies that the patient would qualify for this procedure under the rigorous CMS guidelines.

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***
The RUC reviewed the survey results from 65 cardiologists, vascular surgeons, neurosurgeons, radiologists and neuroradiologists and approved pre-service time package 4 (Facility procedure, difficult patient, procedure) due to the complex nature of the unique patient population that is required for this procedure. The RUC noted that patients undergoing 37215 are inherently more difficult than patients receiving the other percutaneous procedures in this family (notably code 37218) because while both patients are still a risk of stroke, the procedure in the distal common carotid arteries adds the risk of cardiac arrhythmia and blood pressure derangement. Furthermore, the RUC also approved several modifications to the pre-service time package to account for the unique aspects of this procedure. An additional 35 minutes of pre-service evaluation was added to the standard as there are multiple pre-operative tests and images that must be reviewed for pre-operative planning. There was also 5 additional minutes added to pre-service positioning standard to account for placing the patient in fluoroscopic positioning. The RUC approved the following physician time components: pre-service time of 63 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes.

Finally, the RUC noted that the survey respondents indicated a full-day discharge (99238), 2 level three office visits (99213) and 1 level three hospital visit (99233). The specialties noted that while the hospital visit is a higher level than the recently reviewed intrathoracic percutaneous code (37218), the disparity is appropriate because a patient undergoing 37215 has significant atherosclerotic vascular disease with multiple comorbidities and a high stroke risk.

The RUC reviewed the survey respondents estimated physician work and agreed that given the 7 percent drop in total time from the current time to the survey time (347 minutes and 322 minutes, respectively), the 25th percentile work RVU of 19.00 overestimates the physician work involved in the service. To determine the appropriate physician work value required to perform this service, the RUC reviewed CPT code 43770 *Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)* (work RVU= 18.00) and noted that both services have identical intra-service time, 90 minutes, and comparable post-operative work. Therefore, the RUC recommends directly crosswalking the work RVU of 37215 to CPT code 43770. To justify a work RVU of 18.00, the RUC also compared the surveyed code to CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* (work RVU= 17.48) and agreed that while both services have identical intra-service time, 90 minutes, 37215 is a more intense procedure and is appropriately valued higher than the reference code. **The RUC recommends a work RVU of 18.00 for CPT code 37215.**

37216 ***Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection***
To maintain consistency within the family, the RUC also addressed CPT code 37216. This service is non-covered by Medicare and thus cannot be surveyed because of extremely low utilization. To value this procedure, the RUC noted that CPT code 37216 is identical to the work of 37215 but without the distal embolic protection device. All the pre- and post-service work (including the post-operative care) is identical. Therefore, given the inability to collect survey data, the RUC recommends a direct crosswalk of both physician work and time from 37215 to CPT code 37216. **The RUC recommends a work RVU of 18.00 for CPT code 37216.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct PE inputs and approved the existing inputs, with the addition of 6 minutes (12 minutes total) to account for the clinical staff work involved in a full day discharge (99238). The RUC accepted the direct PE inputs as approved by the PE Subcommittee

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Database Flag
Due to the lack of a survey to derive the work value recommendation for CPT code 37216, the record will be flagged in the RUC database as not to be used to validate for physician work.

Appendix G
The RUC noted that the survey data indicated that only 52% of the services include moderate sedation in the hospital setting. Since moderate sedation is no longer inherent to CPT code 37215 it will be removed from the CPT Appendix G list.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲⊙37215	CC1	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	18.00
▲⊙37216	CC2	without distal embolic protection (37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation. When ipsilateral carotid arteriogram (including imaging and selective catheterization) confirms the need for carotid stenting, 37215 and 37216 are inclusive of these services. If carotid stenting is not indicated, then the appropriate codes for carotid catheterization and imaging should be reported in lieu of 37215 and 37216) (Do not report 37215, 37216 in conjunction with 36222-36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent[s], see Category III codes 0075T, 0076T) (For open or percutaneous antegrade transcatheter placement of intrathoracic carotid artery stent[s], see 37218)	090	18.00

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37215 Tracking Number CC1 Original Specialty Recommended RVU: **19.00**
Presented Recommended RVU: **19.00**
Global Period: 090 RUC Recommended RVU: **18.00**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with history of external beam radiation therapy to the neck has recurrent episodes of transient right hemiparesis while on aspirin. Neurologic evaluation reveals no fixed neurological deficit. Imaging confirms a critical right internal carotid artery stenosis. The patient is 10 years post coronary bypass surgery. He had a subendocardial MI two months ago with subsequent cath showing diffuse distal disease, and an ejection fraction of 30%. He has angina at low levels of exercise. Cutaneous radiation damage complicates an open surgical approach. Discussion with a surgeon who performs carotid endarterectomy leads to agreement that the patient is at high risk for open carotid surgery. Carotid stent placement with embolic protection is therefore recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 2% , Overnight stay-less than 24 hours 34% , Overnight stay-more than 24 hours 65%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 49%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 52%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work:
•The patient's history and pertinent non-invasive diagnostic studies are reviewed, with special attention to cerebrovascular symptoms, cardiac and other co-morbidities that would place the patient at high risk for surgery.
•Physical exam is reviewed to ensure that the patient has palpable femoral pulses, suitable for percutaneous access.
•Special attention is given to medications, including antiplatelet agents and anticoagulants that the patient may be taking or needs to be taking.
•All pre-procedural blood tests are reviewed, focusing on coagulation and renal function studies. If renal insufficiency is present, attention is given to whether patient has received appropriate renal protective agents and hydration.
•Based on review of all previous diagnostic studies, the physician estimates the range of guiding catheters/sheaths, guide wires, selective catheters, balloons, stents and embolic protection devices that may be required, and ensures that all are available for use. (This procedure requires a substantial inventory of equipment, and absence of any single piece can disable the effort. Thus, this task cannot be taken lightly.)
•Procedure details, including alternatives and risks, are discussed with patient and family. Finally, informed consent is reviewed with patient and family.
•Careful baseline neurological examination is performed.
•Physician supervises patient hemodynamic and neurologic monitoring set up

PRE-SERVICE RADIOLOGICAL SUPERVISION AND INTERPRETATION WORK

•The interventional suite is checked to ensure proper function and configuration of the imaging equipment including compliance with all radiation safety issues.

•The physician ensures that all technical personnel have been familiarized with the carotid stent technique and are fully familiar with all required devices, especially the embolic protection system. Physician supervises selection of all equipment, including catheters, wires, balloons, stents, sheaths, protection device, contrast material, etc., and assures that all needed equipment is available.

•Prior films/studies are located and reviewed.

•Don radiation protection

•Position (or supervise proper positioning of) patient

Description of Intra-Service Work:

INITIAL ARTERIAL ACCESS AND MONITORING

•Ensure ECG and hemodynamic monitors are in place and functioning

•All following steps are performed under fluoroscopic guidance

•Puncture common femoral artery for insertion of 6F sheath

INTRAPROCEDRUAL MONITORING OF HEMODYNAMICS, CARDIAC RHYTHM, AND NEUROLOGIC STATUS

•Ensure that electrocardiographic and hemodynamic monitoring is in place and functioning

•Assess, review, and if necessary treat any disturbance of the patient's rhythm or blood pressure while in the procedure room

•Carefully monitor the patient's neurologic status throughout the procedure

•Immediately attend to any disruption in neurologic function

ALL RADIOLOGICAL SUPERVISION AND IMAGING WORK IS INCLUDED

•Direct technical personnel throughout procedure

•Interpretation of imaging of the vessel being treated, including complete intracranial and extracranial views of the target vessel in all views necessary

•Ensure accurate radiological views, exposures, shielding, image size, injection sequences, radiation protection and management for patient and staff

•Real-time analysis of all imaging during procedure, including pre-treatment imaging, fluoroscopic and angiographic imaging throughout the procedure as required to perform the procedure, and post-procedure fluoroscopic and angiographic imaging. This includes all imaging to manipulate the wires, catheters, devices, into position as well as correct positioning and deployment EPS, stable positioning of EPS throughout procedure, correct positioning and deployment of stent, opening balloon, assessing post-op success and complications, complete intra and extracranial study post-stent, recapture of protection device, and removal of catheters.

•Quantitative measurement of the lesion, target vessel and distal EPS landing zone to determine appropriate balloon, stent and EPS sizes

•Continuous fluoroscopic imaging during all catheter/stent manipulations to assess proper EPS position and adequate EPS performance throughout procedure

BASELINE CERVICAL & CEREBRAL ANGIOGRAPHY AND QUANTITATIVE MEASUREMENTS

•Advance standard .035 guidewire into aortic arch at base of great vessels

•Carotid configuration catheter advanced to aortic arch

•Roadmap common carotid artery origin and proximal segment

•Remove standard .035 wire and replace with .035 hydrophilic wire

•Insert carotid-selective reverse curve catheter into sheath over hydrophilic wire

•Administer IV heparin

•Reform shape of carotid-selective catheter in aortic arch

•Use this carotid catheter to selectively catheterize origin of common carotid artery

•Inject contrast to perform initial roadmap arteriogram of common carotid and bifurcation

•Perform cervical carotid angiography in AP and lateral views

•Perform quantitative measurements of vessels including area of stenosis & area of EPS landing zone

•Perform cerebral angiography including at minimum lateral and AP Towne views

•Place catheter to continuous heparin flush

SELECTION OF APPROPRIATE STENT AND EMBOLIC PROTECTION SYSTEM
•Choose equipment based on results of quantitative measurements
•Connect side-arm of long guiding sheath to arterial pressure transducer
•Perform focused arteriogram of bifurcation and distal internal carotid thru guiding sheath

PREP DISTAL EMBOLIC PROTECTION SYSTEM (EPS)
•Prep 0.014 wire on back table and ensure filter is completely air-free
•Assemble delivery system and assure it is air-free
•Assemble retrieval system and assure it is air-free

EXCHANGE FOR GUIDING CATHETER/SHEATH
•Advance .035 hydrophilic wire under roadmap into external carotid
•Advance catheter into external carotid
•Remove hydrophilic wire, insert stiff .035 exchange-length wire
•Exchange long guiding sheath/catheter into common carotid
•Remove wire and carotid-selective catheter
•Check ACT to ensure adequate anticoagulation

PLACEMENT OF DISTAL EMBOLIC PROTECTION SYSTEM (EPS)
•Load .014 wire/EPS/delivery system, advance into common carotid
•Perform high magnification pre-deployment arteriogram of carotid bifurcation
•Check patient neurological status now and throughout case at intervals
•Advance and maneuver .014 wire/EPS across lesion into distal extracranial internal carotid with careful positioning using confirmatory angiography and road-mapping
•Activate EPS by opening the filter umbrella in distal internal carotid
•Remove EPS deployment catheter
•Confirm deployed EPS position with angiogram to confirm good flow and filter/wall apposition. Reposition and repeat as necessary until proper position attained.

PRE-STENT CAROTID ANGIOPLASTY
•Prepare angioplasty balloon to be air-free
•Advance 3-4 mm low-profile balloon across lesion and check position
•Insufflate balloon to pre-dilate lesion
•Remove balloon

CAROTID STENT PLACEMENT
•Prepare stent delivery system to be air-free
•Load appropriately sized self-expanding stent into guiding catheter
•Advance stent delivery catheter very carefully across lesion
•Perform final angiographic check to ensure exact positioning
•Deploy stent
•Remove stent delivery device
•Load and advance 5-6 mm balloon
•Position balloon within stent and inflate for post dilatation
•Check ECG for bradycardia or other arrhythmia, treat as needed with IV meds

EPS REMOVAL
•Advance EPS retrieval system through stent to distal EPS position
•Deactivate EPS & Remove .014 wire / EPS

FINAL CAROTID AND CEREBRAL ANGIOGRAPHY
•Perform completion bifurcation arteriogram
•Check carefully for residual stenosis, dissection, vasospasm
•Treat any of above if present (e.g. nitroglycerin for vasospasm)
•Perform completion intra-cerebral arteriogram in AP, lateral, Towne views
•Review cerebral images in detail for emboli, vasospasm, cross-filling etc
•Insert soft-tip 035 guidewire into long guiding sheath/catheter

•Withdraw guiding sheath/catheter from common carotid
•Remove guiding sheath and guidewire from puncture site and attain hemostasis

Description of Post-Service Work:
•Final neurological check prior to transfer to recovery area
•Ensure BP, HR are stable and normal upon arrival to recovery area
•Thorough neurological exams at frequent intervals
•Write post-op orders & Communicate with family & referring physicians
•Review results of procedure with patient when sedation wears off
•Review and interpret all images
•Post-process all radiologic images and convert to archived form for permanent record
•Review and record patient fluoroscopic exposure time & contrast volume
•Dictate procedure note, including interpretation of diagnostic and therapeutic imaging
•Review, revise, sign final report
•Send formal report to PCP and referring providers
•Daily in-hospital E&M visits, orders, notes, communication, etc.
•Discharge day management including communication with PCP, family etc
•All post-procedure outpatient office visits within the global period

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Richard Wright, MD, Matthew Sideman, MD, John Ratliff, MD, Alexander Mason, MD, Henry Woo, MD, Jerry Niedwiecki, MD, Kurt Schoppe, MD, Gregory Nicola, MD and Clifford Kavinsky, MD		
Specialty(s):	Cardiology Vascular Surgery NeuroSurgery Radiology		
CPT Code:	37215		
Sample Size:	6093	**Resp N:** 65	**Response:** 1.0 %
Description of Sample:	ACC/SCAI - 500 random + 87 targeted SVS - All US/MD Members 1600 AANS/CNS - 200 random members SIR - 330 US/MD random members ACR - 750 random members ASNR - 2626 random members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	60.00
Survey RVW:	12.20	19.00	**20.00**	21.16	25.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	60.00	**90.00**	120.00	150.00

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):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	37215	**Recommended Physician Work RVU: 18.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37217	090	20.38	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

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
58150	090	17.31	**RUC Time**	9,022

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	1,879

CPT Descriptor 2 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 47.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 37215**	**Key Reference CPT Code:** 37217	**Source of Time RUC Time**
Median Pre-Service Time	63.00	74.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	55.0	133.00	
Median Discharge Day Management Time	38.0	0.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**322.00**	**403.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.10	4.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.94	3.87
Urgency of medical decision making	4.13	4.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.29	4.45
Physical effort required	4.03	4.10
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.06	4.03
Outcome depends on the skill and judgment of physician	4.39	4.42
Estimated risk of malpractice suit with poor outcome	3.77	3.61

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.81	3.84

Intra-Service intensity/complexity	4.00	3.97
Post-Service intensity/complexity	3.52	3.53

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.*

Background

Code 37215 is an existing code that describes transcatheter placement of an intravascular stent(s), cervical carotid artery via percutaneous approach, including distal embolic protection.

Methodology

A multi-disciplinary workgroup including ACC/SCAI, SVS, AANS/CNS, SIR, ACR and ASNR was convened. A survey was distributed randomly to the members of the representative societies. Surveys were also distributed to a targeted group of 87 cardiologists identified as providers of the service from the Medicare physician data release. There were 65 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Pre-Service Time

CPT code 37215 does not fit neatly into any of the Pre-time packages. Carotid stenting is on the inpatient only list. The survey respondents indicated that conscious sedation was typical (52%) but not inherent. The patients who undergo carotid stenting have severe atherosclerotic vascular disease and significant co-morbidities making them "high risk" for open carotid endarterectomy. The procedure of placing a carotid stent is both technically demanding and high risk with neurologic and cardiac complications as high as 6% in some studies. The multi-disciplinary workgroup therefore recommends Pre-time package 4 (facility- difficult patient/difficult procedure) with the following modifications to the package time:

Evaluation: An additional 35 minutes of pre-service evaluation time was identified by the survey recipients. The rational for this additional time is the multiple pre-operative tests and images must be reviewed for pre-operative planning. The societies recommend accepting the package time of 40 minutes.

Positioning: An additional 5 minutes (total=8) of pre-service positioning time for fluoroscopic positioning. The fluoroscopic equipment must be turned on, calibrated, and confirmed to be operational. Multiple projections including antero-posterior, oblique, and lateral are necessary for performance of carotid stenting. As such, the patient's position on the fluoroscopic table must be confirmed to be free of any object that could impair the imaging in each possible projection. The societies feel that these additional steps in positioning more than justify the additional minutes to the standard package.

Scrub, dress & wait: A reduction of 5 minutes (total = 15) to account for this being a moderate sedation procedure and not general anesthesia. This value was confirmed by the survey respondents.

Post-Service Time

The survey respondents reported a post service time of 30 minutes. Based on RUC conventions the workgroup feels that this service is best represented by post-service package 8B IV Sedation/Complex

procedure which allows for a total post service time of 28 minutes. We propose to add 2 minutes of post-service time to account for two specific actions not accounted for by the standard package. First, a neurologic exam at the completion of the procedure and before transfer to the recovery area is mandatory. Second, the patient must remain at strict bed rest for several hours after the procedure and must be transferred off the fluoroscopic bed with the accessed extremity kept straight to prevent bleeding. The societies feel that these additional steps not accounted for by the standard package more than justify the additional 2 minutes identified by the survey respondents.

Post-Operative Visits

As the clinical vignette suggests these patients have significant atherosclerotic vascular disease with multiple co-morbidities and a high stroke risk. After the intervention is performed these patients are inpatients that are closely monitored for neurologic changes similar to the existing codes within the carotid stent family. As such, the work of 99233 and 99238 is typical to provide the appropriate inpatient care. As a 090 global code two 99213 office visits are typical to adequately assess for post procedural complications and medication compliance.

Comparison with Key Reference Service

The key reference code chosen by the majority of the survey respondents (48%) was 37217 (*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*). This key reference is similar to 37215 in the sense that they are both vascular stenting operations performed in the cerebrovascular circulation, however, 37217 is a retrograde treatment of the intrathoracic common carotid or innominate artery whereas 37215 is antegrade treatment of the internal carotid artery. CPT 37217 includes open exposure and repair of the cervical carotid artery and does not include the use of an embolic protection device. This explains the difference in time and intensity as the exposure and repair takes longer and is relatively less intense. In addition, the open surgical approach has one additional hospital day compared to the antegrade internal carotid artery stent.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post	Hosp	Office
37215	18.00	0.132	322	40	8	15	90	30	33,38	13,13
37217	20.38	0.098	403	40	14	20	120	30	33,32,38	13,13

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 19.00.

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) 37215

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 Cardiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,450
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database

Specialty Cardiology Frequency 3651 Percentage 49.00 %

Specialty Vascular Surgery Frequency 1714 Percentage 23.00 %

Specialty Radiology Frequency 820 Percentage 11.00 %

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 37215

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Transcatheter Placement of Carotid Stents

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	37217	Transcatheter	31	0.098			20.38			403	40	14	20			120			30			1	1		1				2		
CURRENT	37215	Transcatheter placer		0.122			19.68			347	60	15	15			103			30				1		1				2		
SVY	37215	Transcatheter	65	0.133	12.20	19.00	20.00	21.16	25.00	364	75	15	15	45	60	90	120	150	30			1			1				2		
Targeted	*37215*		*4*	*0.183*	*13.20*	*15.45*	*18.10*	*21.25*	*25.00*	*319*	*83*	*13*	*15*	*45*	*56*	*60*	*60*	*60*	*30*				*1*		*1*			*1*			
REC				0.121	18.00					322	40	8	15			90			30			1			1				2		

CPT Code: 37215
Specialty Society('s): ACC, SVS, AANS/CNS, ACR, ASNR, SCAI and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: *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*

Global Period: 090 **Meeting Date:** September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 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* is an existing code. As such, we have included the current direct practice expense inputs on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending 12 minutes of intra time, instead of the 6 minutes currently in the CMS direct PE file. CPT Code 37215 is an inpatient procedure and as such a full discharge day management code is warranted.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1	**Meeting Date:** September 2014			**EXISTING INPUTS**		**RECOMMENDATIONS**	
2	**Tab:** 4 Transcatheter Placement of Carotid Stents **Specialty:** ACC, SVS, AANS/CNS, ACR, ASNR, SIR,			**37215**		**37215**	
3	**Please note: If a supply has a purchase price of $100 or more please **bold** the item name and CMS code.* ***Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions*	**CMS Code**	**Staff Type**	*Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*		*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*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**138**	**0**	**144**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**60**	**0**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**6**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**72**	**0**	**72**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	6	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		2		2
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0**	**72**	**0**	**72**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	table, exam	EF023			72		72
67							
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Transcatheter Placement of Carotid Stents

In February 2013, the CPT Editorial Panel approved the creation of CPT code 37217 to describe retrograde transcatheter placement of an intravascular stent. Following this, the specialty societies noted this new code does not address antegrade stent placement in the innominate artery or the intrathoracic carotid artery. In February 2014, the Panel created CPT code 37218 to describe the antegrade treatment of the innominate artery or the intrathoracic common carotid artery. Additionally, the Panel added the words "open or" to the 37215 and 37216 CPT code descriptions to make them consistent with all other endovascular bundled coding.

37218 ***Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation***
The RUC reviewed the survey results from 33 practicing radiologists, interventional radiologists, neurosurgeons, vascular surgeons and cardiologists and agreed with the specialty societies that the following physician time components are accurate for this new technology procedure: pre-service time of 43 minutes, with 4 additional minutes of positioning over the standard 2b pre time package, intra-service time of 90 minutes and immediate post-service time of 28 minutes (the standard post time package of 8B). The RUC agreed that 4 additional minutes of pre-service positioning time over the standard pre-time package are necessary to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections. The RUC also agreed that one 99231 hospital visit and a full-day discharge are appropriate for this inpatient procedure. These visits are similar to the other services in the family, 37215 and 37216, which each have one hospital visit and a full-day discharge day management service. Finally, two 99213 office visits were allocated to adequately assess for post procedural complications and medication compliance in the 90 day global period.

The RUC reviewed the survey respondents' estimated physician work values and agreed that they were overvalued, with a 25th percentile work RVU of 18.50. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)* (work RVU = 15.00) and agreed that since both services have identical intra-service time, 90 minutes, and nearly identical total time, they should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk from code 29915 to code 37218. To further justify a work RVU of 15.00 for 37218, the RUC reviewed CPT code 19303 *Mastectomy, simple, complete* (work RVU= 15.85, intra time= 90 minutes) and noted that while both services have identical intra time, the reference code has more post-operative visits, and therefore, is correctly valued slightly higher than 37218. **The RUC recommends a work RVU of 15.00 for CPT code 37218.**

The RUC discussed that the specialty societies did not survey CPT codes:

- 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*,
- 37216 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection*,
- 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*,
- 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*,
- 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity, 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* and
- 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity, 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*

For the following five codes, the RUC did not recommend surveying: 37216 because it is a non-covered Medicare service, 37217 because it was reviewed by the RUC in April 2013 and codes 37235-7 because they are not considered part of the family of services. The RUC noted that code 37215 has been performed consistently since its creation in 2006 and most recently was performed 8,455 times in 2013. **Therefore, the RUC recommends that the specialty societies survey CPT code 37215 and present recommendations for physician work and practice expense at the September 2014 RUC meeting.**

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

New Technology
CPT code 37218 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Cardiovascular System** **Arteries and Veins** **Vascular Injection Procedures**				
⊙ ***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* (Do not report 36222 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***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* (Do not report 36223 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
⊙ ***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* (Do not report 36224 in conjunction with 37215, 37216, 37218 for the treated carotid artery)		
Category I **Surgery** **Cardiovascular System** **Transcatheter procedures**				

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Other procedures				
▲⊙37215(e)		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	To be Surveyed September 2014 RUC
▲⊙37216(e)		without distal embolic protection (37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation. When ipsilateral carotid arteriogram (including imaging and selective catheterization) confirms the need for carotid stenting, 37215 and 37216 are inclusive of these services. If carotid stenting is not indicated, then the appropriate codes for carotid catheterization and imaging should be reported in lieu of 37215 and 37216) (Do not report 37215, 37216 in conjunction with 36222-36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent[s], see Category III codes 0075T, 0076T) (For open or percutaneous antegrade transcatheter placement of intrathoracic carotid artery stent[s], see 37218)	090	18.95 (No Change)

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
37217(e)		Transcatheter placement of ~~an~~ intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, ~~via~~ open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation (37217 includes open vessel exposure and vascular access closure, all access and selective catheterization of the vessel, traversing the lesion, and any radiological supervision and interpretation directly related to the intervention when performed, standard closure of arteriotomy by suture, and imaging performed to document completion of the intervention in addition to the intervention[s] performed. Carotid artery revascularization services [eg, 33891, 35301, 35509, 35510, 35601, 35606] performed during the same session may be reported separately, when performed) (Do not report 37217 in conjunction with 35201, 35458, 36221-36227, 75962 for ipsilateral services) (For <u>open or</u> percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For <u>open or</u> percutaneous <u>antegrade</u> transcatheter placement of intrathoracic carotid/innominate artery stent[s], see ~~0075T, 0076T~~37218) (<u>For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T</u>) (For transcatheter placement of intracranial stent[s], use 61635)	090	20.38 (No Change)

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●⊙37218	CC4	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 (37218 includes all ipsilateral extracranial intrathoracic selective innominate and carotid catheterization, all diagnostic imaging for ipsilateral extracranial intrathoracic innominate and/or carotid artery stenting, and all related radiologic supervision and interpretation. Report 37218 when the ipsilateral extracranial intrathoracic carotid arteriogram (including imaging and selective catheterization) confirms the need for stenting. If stenting is not indicated, report the appropriate codes for selective catheterization and imaging.) (Do not report 37218 in conjunction with 36222, 36223, 36224 for the treated carotid artery) (For open or percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216) (For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T) (For transcatheter placement of intracranial stent(s), use 61635)	090	15.00

Category I
Surgery
Cardiovascular System
Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37220-37235 are to be used to describe lower extremity endovascular revascularization services performed for occlusive disease…

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
⊙✚37235	CC5	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) (Use 37235 in conjunction with 37231)	ZZZ	Specialty: Not Part of Family
⊙37236	CC6	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	000	Specialty: Not Part of Family
Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral ~~or intrathoracic carotid~~ (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical exposure, or open retrograde intrathoracic common carotid or innominate (37217). *Codes 37236, 37237 describe transluminal intravascular stent insertion ….* *Codes 37236-37239 include radiological supervision and interpretation….* *Intravascular stents, both covered and uncovered, are a class of devices….*				
⊙✚37237	CC7	each additional artery (List separately in addition to code for primary procedure) (Use 37237 in conjunction with 37236)	ZZZ	Specialty: Not Part of Family

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

(Do not report 37236, 37237 in conjunction with 34841-34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement(s) in iliac, femoral, popliteal, or tibial/peroneal artery(s), see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)

(For transcatheter placement of intracoronary stent(s), see 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid or innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery ~~or intrathoracic carotid artery~~ stent(s), see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent(s), use 37217)

Category III Codes

▲0075T Transcatheter placement of extracranial vertebral ~~or intrathoracic carotid~~ artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

▲0076T each additional vessel (List separately in addition to code for primary procedure)

(Use 0076T in conjunction with 0075T)

(When the ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ arteriogram (including imaging and selective catheterization) confirms the need for stenting, then 0075T and 0076T include all ipsilateral extracranial vertebral ~~or intrathoracic selective carotid~~ catheterization, all diagnostic imaging for ipsilateral extracranial vertebral ~~or intrathoracic carotid~~ artery stenting, and all related radiologic supervision and interpretation. If stenting is not indicated, then the appropriate codes for selective catheterization and imaging should be reported in lieu of code 0075T or 0076T.)

SOCIETY OF
INTERVENTIONAL
RADIOLOGY
Enhanced care through advanced technology℠

3975 Fair Ridge Dr
Suite 400 North
Fairfax, Virginia
22033
703.691.1805
703.691.1855 fax
www.SIRweb.org

April 1, 2014

Barbara S. Levy, M.D.
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Tab 12 Transcatheter Placement of Carotid Stents

Dear Dr. Levy:

The Society of Interventional Radiology (SIR) is enclosing RUC recommendations for Tab 12 Placement of Carotid Stents. A multi specialty group including the Society of Interventional Radiology (SIR), the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the Society for Vascular Surgery (SVS) and the American College of Cardiology (ACC) conducted a survey for CPT Code 37218X, a new CPT code to report *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*. There were several other CPT codes included in the "February 2014 CPT Coding Changes File" that were assigned tracking numbers.

The specialty societies did not conduct RUC surveys on the other codes included on the "February 2014 CPT Coding Changes File". That list included CPT Codes 37215, 37216, 37217, 37235, 37236 and 72237. Below is an explanation:

- CPT Code 37215 – low volume
- CPT Code 37216 – low volume, non-coverage
- CPT Code 37217 – surveyed in the past year
- CPT Code(s) 37235-7 – not the same family

We look forward to presenting our RUC recommendations at the upcoming April RUC meeting. If you have any questions, please don't' hesitate to contact trishacrishock@gmail.com.

Sincerely,

Jerry Niedzwiecki, MD
SIR RUC Advisor

cc: Sherry Smith
Susan Clark

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37218 Tracking Number CC4 Original Specialty Recommended RVU: **18.50**
Presented Recommended RVU: **18.50**
Global Period: 090 RUC Recommended RVU: **15.00**

CPT Descriptor: Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with a history of left carotid endarterectomy presents with transient ischemic attacks. Diagnostic imaging demonstrates left common carotid ostial high grade stenosis without further distal disease in the carotid bulb or internal carotid artery. He undergoes intrathoracic left common carotid artery stent placement from a femoral approach.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 3%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 71% , Overnight stay-more than 24 hours 23%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 72%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 58%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information including indications, physical exam findings, current medications, and important laboratory findings. Careful review of imaging is performed to assess access vessel, arch anatomy, cervical carotid/vertebral anatomy, intracranial anatomy, plaque characteristics, and vessel diameter.

The proposed procedure is discussed with the patient and family including risks and expected recovery. Formal consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. Mark access site.
Estimate the range of devices that may be required and ensure availability. Assess need for stand-by devices (eg, additional balloons, stents, thrombectomy devices) that might be needed emergently. Ensure availability of pharmacologic and labarotory agents such as heparin, protamine, G2b3a inhibitors, ACT testing. Ensure all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Ensure the patient is appropriately positioned on the table and intravenous access has been achieved. Monitoring devices are attached and fluoroscopy is performed to ensure that desired imaging is attainable. Don radiation protection gear and ensure that all who will be in the interventional suite do likewise. Supervise sterile prep of access site(s) and subsequent draping. Perform pre-procedural "time-out." Moderate sedation is administered and adequate moderate sedation monitoring is verified.

Description of Intra-Service Work: The femoral artery is punctured and a sheath is placed. A long catheter and sheath are advanced over a guidewire to the thoracic aorta. Roadmapping images are obtained for vessel sizing and to document anatomy. The area of stenosis/occlusion is crossed with a guidewire, and a sheath is advanced to or through the stenosis/occlusion. An embolic protection device is deployed. The lesion is initially treated with balloon angioplasty as pre-dilatation to allow passage of the stent delivery system. Using fluoroscopic guidance and appropriate roadmapping, a stent is positioned across the intended treatment zone, and is deployed. The stent is fully opened with additional balloon catheter. The stent delivery system and balloon are removed and follow-up images are obtained with contrast injection to determine if the stenosis has been adequately treated. Multiple balloon inflations may be required, or additional balloons with larger or smaller diameters may be used. Once a satisfactory result has been documented in the absence of extravasation or embolization, the embolic protection device is removed, the sheath is removed, and hemostasis obtained with closure device.

Description of Post-Service Work: Apply sterile dressings. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission care. Write brief procedure note. Review vital signs and repeat patient exam in recovery area. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. Coordinate discharge once criteria are met. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Complete discharge records. Apply sterile dressings. As needed, assist team in moving patient to stretcher. Review vital signs and repeat patient exam in recovery area. Ensure patient is neurologically intact. Discuss post-procedure care with recovery area staff. Write post-procedure orders for admission and inpatient care. Write brief procedure note. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). All appropriate medical records are completed. Update referring and other involved physicians. Additional assessments of patient vital signs and physical exam findings while as inpatient. In-hospital postservice time includes subsequent hospital visits, blood pressure regulation, neurovascular examinations. Coordinate discharge once criteria are met. Discharge day management includes the physician's final examination, discussion of post-hospital care care including restrictions. Convey instructions for resumption of medications and outpatient follow-up with patient and family. Prepare discharge records. In addition, all postdischarge office visits for 90 days are part of the post procedure work. This includes evaluation of access site, periodic imaging and labaratory reports, and physical exam concentrating on the neurovascular examination.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Gerald Niedzwiecki, MD, Michael Hall, MD, Sean Tutton, MD, Bob Vogelzang, MD, Zeke Silva, MD, Kurt Schoppe, MD, Greg Nicola, MD, John Ratliff, MD, Alex Mason, MD, Gary Seabrook, MD and Richard Wright, MD		
Specialty(s):	Radiology, Neuro Surgery, Vascular Surgery, Cardiology		
CPT Code:	37218		
Sample Size:	4224	**Resp N:** 33	**Response:** 0.7 %
Description of Sample:	SIR - 330 US MD Members ACR - 750 US MD Members ASNR - 2494 US MD Members AANS/CNS - 3042240 US MD Members SVS - 100 US MD Members ACC - 250 US MD Members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	35.00
Survey RVW:	15.00	18.50	**20.38**	22.00	30.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	60.00	**90.00**	90.00	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):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	37218	**Recommended Physician Work RVU: 15.00**		
		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:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
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)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		**28.00**	**28.00**	**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):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**		
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**		
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**		
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**		
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**		

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37217	090	20.48	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

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
22554	090	17.69	**RUC Time**	6,901

CPT Descriptor 1 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
44602	090	24.72	**RUC Time**	3,625

CPT Descriptor 2 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 60.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 37218**	**Key Reference CPT Code:** 37217	**Source of Time RUC Time**
Median Pre-Service Time	43.00	74.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	28.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	20.0	115.00	
Median Discharge Day Management Time	38.0	18.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**265.00**	**403.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.95	3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	4.10	4.05
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.35	4.26
Physical effort required	3.85	3.74
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.37
Outcome depends on the skill and judgment of physician	4.35	4.47
Estimated risk of malpractice suit with poor outcome	4.45	4.37

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.84
Intra-Service intensity/complexity	4.40	4.32

Post-Service intensity/complexity	3.50	3.47

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.*

Background

Code 33218 describes transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.

This is a new category I CPT code that was previously reported using category III code 0075T "Transcatheter *placement of extracranial vertebral or intrathoracic carotid artery stent(s)".*

Code 37217 was recently created for open surgical exposure of the cervical carotid and retrograde stent placement in the intrathoracic common carotid and innominate arteries. In that CCP, we neglected to address antegrade stent placement in the innominate and intrathoracic carotid artery. That is, insertion of an endovascular stent from the aortic arch into the common carotid artery across the occlusive lesion, typically through femoral arterial vascular access.

We believed that there was sufficient literature to support the creation of a Category I CPT code for antegrade treatment of the innominate artery and the intrathoracic common carotid artery and 37218 was therefore submitted to CPT. We do not believe there is enough literature to support a category I code for vertebral artery stenting and therefore 0075T and 0076T will remain to report this activity.

A multi-disciplinary workgroup including SVS, ACR, and SIR was convened. A survey was distributed randomly to the members of the representative societies. 33 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved. The survey results and recommendations are as follows.

Pre-Service Time

The survey respondents indicated 90 minutes in pre-time evaluation, 15 minutes in positioning, and 15 minutes for scrub, dress, and wait. By RUC conventions the societies believe that this service is best represented by the pre-time package 2B Difficult Patient/Straightforward Procedure (With sedation/anesthesia care). This package allows for 33 minutes of pre-time evaluation and 5 minutes for scrub dress and wait. We will be recommending an additional 4 minutes to positioning for a total of 5 positioning minutes based on the survey results and to account for positioning the patient on the angiographic table and optimizing EKG and monitoring lead placement to ensure adequate imaging and that the monitoring leads do not enter the imaging field on oblique projections.

The rationale for adding additional positioning time is consistent with multiple recently valued procedures brought before the RUC in the last several cycles including transcatheter embolization (37241-4), thrombolysis (37211), foreign body retrieval (37197), selective catheterization (36245, 36246, 36200), and IVC filters (37191-3). Although the rationale is similar, the number of minutes added to pre-time positioning is slightly higher (4 minutes for 37218 compared to 2 minutes for the referenced codes above) due to the complexity of obtaining adequate imaging of this difficult intra-thoracic region.

Post-Service Time

The survey respondents reported a post service time of 30 minutes. Based on RUC conventions the workgroup feels that this service is best represented by post-service package 8B IV Sedation/Complex procedure which allows for a total post service time of 28 minutes. As the clinical vignette suggests these patients are vasculopaths with high stroke risk. After the intervention is performed these patients are inpatients that are closely monitored for neurologic changes similar to the existing codes within the carotid stent family. As such, the work of 99231 and 99238 is typical to provide the appropriate inpatient care. As a 090 global code two 99213 office visits are typical to adequately assess for post procedural complications and medication compliance.

Carotid Stent Code Family

	RVU	IWPUT	Total Time	Eval	Pos	SDW	Intra	ImPost	99213	99233	99232	99231	99238
37218	15.00	0.106	265	33	5	5	90	30	2			1	1
37216	18.95	0.1223	341	60	15	15	97	30	2		1		1
37215	19.68	0.1223	347	60	15	15	103	30	2		1		1
37217	20.38	0.0977	403	40	14	20	120	30	2	1	1		1

MPC Comparison List

CPT Code	Descriptor	Work RVU	Total Time	Pre Eval	Pre Pos	Pre SDW	Intra	Post	IWPUT
19303	Mastectomy, simple, complete	15.85	314	30	15	15	90	20	0.0977
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	17.69	362	60	20	15	90	30	0.1058
37218	Transcatheter placement of an intravascularstent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation.	15.00	265	33	5	5	90	30	0.144
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	24.72	562	30	15	15	90	30	0.0804

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) 0075T, 0076T

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 Radiology (D&IR) How often? Commonly

Specialty NeuroSurgery How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency data is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,033
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare claims data from 2012 includes 80 claims for 2012. We also believe that these stents may have been miscoded by the unlisted vascular procedure code 37799.

Specialty Radiology (D&IR) Frequency 250 Percentage 25.00 %

Specialty NeuroSurgery Frequency 200 Percentage 20.00 %

Specialty Vascular Surgery Frequency 200 Percentage 20.00 %

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:
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. 36005

SS Rec Summary

ISSUE: Transcatheter Placement of Carotid Stents

TAB: Tab 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	37217	Transcatheter placement of an intravascular stent(s	20	0.099			20.48			403	40	14	20			120			30			1	1		1			2			
CURRENT	0075T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
CURRENT	0076T	Transcatheter placement of extracranial vertebral or intrat		#DIV/0!						0																				
SVY	37218	Transcatheter placement of an intravascular stent(s	33	0.147	15.00	18.50	20.38	22.00	30.00	344	90	15	15	45	60	90	90	240	30					1	1		2			
REC				0.106			15.00			265	33	5	5			90			28					1	1		2			

CPT Code: 37218
Specialty Society('s): SIR, ACR, ASNR, AANS/CNS, SVS, ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: **090** Meeting Date: **April 2014**

CPT Long Descriptors

37218 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty included CPT Code 37217 *Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation* as a reference code on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				**Reference Code April 2013**		**Recommendations**	
2	**Meeting Date: April 2014** **Tab: 12** **Specialty: SIR, ACR, ASNR, AANS/CNS, ACC, SVS**			**37217**		**37218**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery via open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**144.0**	**0.0**	**144.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**	**0.0**	**72.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**2**		**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	pack, post-op incision care (suture & staple)	SA053			**1**		
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	table, exam	EF023			**72.0**		**72.0**
67							
68							
69							
70							