

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Report – CPT 2017

[Every year, the RUC holds three meetings](#) to review CPT codes that are either new, revised or considered potentially misvalued by either the Centers for Medicare and Medicaid Services (CMS) or the RUC's own process of identification performed by the Relativity Assessment Workgroup (RAW). In April 2012, the RUC approved a measure to release the final total RUC voting counts for each code reviewed during the most recently completed cycle. The release of these voting records will occur each year following CMS publication.

For the CPT 2017 cycle, the RUC convened meetings on October 1-4, 2015 and January 13-17, 2016 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2017 cycle, CMS will publish all the RUC recommendations for 2017 in the Medicare Payment Schedule Proposed Rule.

Further information about the RUC and its processes can be found at:

www.ama-assn.org/go/rucrecommendations

Below is a list of definitions and descriptions of RUC processes to help in the understanding the voting information published on the following pages:

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee (*described below*) and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- **Specialty Work RVU modified prior to Presentation (Yes/No):** This field indicates whether or not the specialty society(ies) involved in surveying a specific code have revised their work RVU recommendation prior to presenting the code to the RUC. These modifications are typically made after review of pre-facilitation committee discussion (see above) or after consideration of RUC reviewer comments.
- **Specialty Work RVU passed by RUC (Yes/No):** This field indicates whether or not the initially presented work RVU recommendation, as presented to the RUC by the specialty society(ies), was approved.
- **Specialty Work RVU facilitated by RUC (Yes/No):** Each meeting, three facilitation committees are established. Each committee consists of a subset of RUC members, specialty society Advisors and a member of the non-MD/DO Health Care Professional Advisory Committee (HCPAC) who, when a code does not meet the required two-third vote for approval, meet with the appropriate specialty society(ies) to reach consensus on a revised work RVU and direct practice expense. At the conclusion of a facilitation committee meeting, a report is written providing a rationale for the

revised recommendations and the RUC again votes to either approve or disapprove these work RVU recommendations.

- **Specialty Work RVU modified by RUC (Yes/No):** This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC. Modifications can happen for any number of reasons: 1) a pre-facilitation committee meeting could offer alternative suggestions that the specialties include; 2) comments made during the review process or at the table during the presentation of the code could result in modifications; 3) a facilitation committee meeting can reach consensus on revised work RVUs.
- **Final RUC Vote- work RVU:** This field indicates the final RUC vote total for each code. These vote totals represent the final RUC determinations on each code. CPT code RVU recommendations could have changed substantially from the original specialty societies' recommendation through any of the mechanisms laid out in the fields listed in the table and described above. [There are 28 voting members on the RUC](#). A vote total may not add up to 28 for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

RUC Vote Totals – CPT 2017 Summary (Physician Work ONLY)		
Vote Total	Number of Vote Total Instances	Percentage of Vote Total Instances
28-0	63	34%
27-1	38	20%
27-0*	30	16%
26-2	1	1%
26-1*	12	6%
25-3	21	11%
25-2*	1	<1%
24-4	6	3%
24-3*	4	2%
23-5	4	2%
23-4*	1	<1%
22-6	2	1%
21-7	2	1%
20-8	2	1%
20-7*	1	<1%

50% of all RUC Recommendations to CMS for CPT 2017 were based on unanimous votes of the Committee

*Represents vote totals in which a RUC member was out of the room

At the October 2015 meeting, there was one day in which only 27 voting RUC members were present.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum		Yes	No	No	Yes	No	28-0	28-0
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Yes	No	No	Yes	No	28-0	28-0
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	3		N/A	N/A	N/A	N/A	24-4	N/A
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	3		N/A	N/A	N/A	N/A	24-4	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)			No	Yes	No	No	28-0	28-0
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)			No	Yes	No	No	22-6	28-0
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")			No	Yes	No	No	28-0	28-0
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)			No	Yes	No	No	28-0	28-0
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
228X2	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level			No	No	No	Yes	28-0	28-0
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level			Yes	No	No	Yes	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
228X5	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
22X81	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)			No	No	Yes	Yes	27-1	NA

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
22X82	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)			Yes	No	Yes	Yes	27-1	NA
22X83	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)			Yes	No	No	Yes	28-0	NA

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
271X1	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation (To report closed treatment of only anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate Evaluation and Management Services codes)			Yes	No	No	Yes	25-3	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
271X2	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)(To report closed treatment of only anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate Evaluation and Management Services codes)			Yes	No	No	Yes	27-1	28-0
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant			Yes	No	No	Yes	27-1	28-0
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method			Yes	No	No	Yes	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method			Yes	No	No	Yes	25-3	28-0
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method			Yes	No	No	Yes	25-3	28-0
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method			Yes	No	No	Yes	25-3	28-0
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method			Yes	No	No	Yes	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
282X1	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant			Yes	No	No	Yes	27-1	28-0
282X2	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method			Yes	No	No	Yes	25-3	28-0
31500	Intubation, endotracheal, emergency procedure			No	Yes	No	No	27-1	N/A
31575	Laryngoscopy, flexible; diagnostic		Yes	No	No	No	Yes	25-2	27-0
31576	Laryngoscopy, flexible; with biopsy		Yes	No	Yes	No	No	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
31577	Laryngoscopy, flexible; with removal of foreign body(s)		Yes	No	Yes	No	No	27-0	27-0
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser		Yes	Yes	No	No	Yes	24-3	27-0
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy		Yes	No	Yes	No	No	27-0	27-0
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion		Yes	No	No	Yes	No	28-0	28-0
31584	Laryngoplasty; with open reduction of fracture		Yes	No	No	Yes	Yes	27-1	28-0
31587	Laryngoplasty, cricoid split		Yes	No	No	Yes	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
315X1	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age		Yes	No	No	Yes	Yes	28-0	28-0
315X2	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older		Yes	No	No	Yes	No	28-0	28-0
315X3	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age		Yes	No	No	Yes	Yes	28-0	28-0
315X4	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older		Yes	No	No	Yes	No	28-0	28-0
315X5	Laryngoplasty, medialization; unilateral		Yes	No	No	Yes	Yes	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
315X6	Cricotracheal resection		Yes	No	No	Yes	Yes	28-0	28-0
317X1	Laryngoscopy, flexible; with ablation or destrucion of lesion(s) with laser, unilateral		Yes	Yes	No	No	Yes	27-0	27-0
317X2	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral		Yes	Yes	No	No	Yes	24-3	27-0
317X3	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral		Yes	Yes	No	No	Yes	24-3	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
333X3	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation			Yes	No	Yes	Yes	27-1	27-1
334X1	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension)			No	Yes	No	No	25-3	28-0
334X2	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)			No	Yes	No	No	25-3	28-0
36440	Push transfusion, blood, 2 years or younger			No	Yes	No	No	27-1	

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
36450	Exchange transfusion, blood; newborn			No	Yes	No	No	25-3	
36455	Exchange transfusion, blood; other than newborn			No	Yes	No	No	25-3	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated			No	Yes	No	No	28-0	28-0
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated			No	Yes	No	No	28-0	28-0
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
364X1	Partial exchange transfusion, blood, plasma or crystalloid; newborn			No	Yes	No	No	23-5	

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
364X2	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites			No	Yes	No	No	27-1	28-0
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	4		N/A	N/A	N/A	N/A	28-0	N/A
369X1	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report;			No	No	Yes	Yes	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
369X2	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty			No	No	Yes	Yes	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
369X3	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment			No	No	Yes	Yes	26-1	27-0
369X4	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);			No	No	Yes	No	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
369X5	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty			No	No	Yes	No	26-1	27-0
369X6	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit			No	No	Yes	No	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
369X7	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty			No	No	Yes	Yes	26-1	27-0
369X8	Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segmen			No	No	Yes	No	26-1	27-0
369X9	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention			No	No	Yes	Yes	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
36X41	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated			No	Yes	No	No	27-1	28-0
372X1	Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery			No	Yes	No	No	25-3	28-0
372X2	Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)			No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
372X3	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein			No	Yes	No	No	27-1	28-0
372X4	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)			No	Yes	No	No	27-1	28-0
38220	Bone marrow; aspiration only	3		N/A	N/A	N/A	N/A	28-0	N/A
38221	Bone marrow; biopsy, needle or trocar	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty	3		N/A	N/A	N/A	N/A	27-0	N/A
432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed			No	Yes	No	No	25-3	27-1
432X2	Removal of esophageal sphincter augmentation device			No	Yes	No	No	25-3	27-1
432X5	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastronomy (ie, laparoscopic transhiatal esophagectomy)	3		N/A	N/A	N/A	N/A	27-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
432X6	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	3		N/A	N/A	N/A	N/A	27-0	N/A
432X7	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	3		N/A	N/A	N/A	N/A	27-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access		Yes	No	No	Yes	Yes	27-0	27-0
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)		Yes	No	No	Yes	No	27-0	27-0
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; external		Yes	No	No	Yes	Yes	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; internal-external		Yes	No	No	Yes	Yes	27-0	27-0
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation		Yes	No	No	Yes	No	27-0	27-0
47536	Exchange of biliary drainage catheter (eg. external, internal-external , or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation		Yes	No	No	Yes	Yes	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation		Yes	No	No	Yes	No	27-0	27-0
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access		Yes	No	No	Yes	Yes	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter		Yes	No	No	Yes	No	27-0	27-0
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)		Yes	No	No	Yes	Yes	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access		Yes	No	No	Yes	No	27-0	27-0
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)		Yes	No	No	Yes	Yes	27-0	27-0
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle), including imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)		Yes	No	No	Yes	No	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		Yes	No	No	Yes	Yes	27-0	27-0
51700	Bladder irrigation, simple, lavage and/or instillation			Yes	No	No	Yes	28-0	28-0
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)			No	Yes	No	No	20-8	28-0
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)			No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)			No	Yes	No	No	24-4	28-0
51720	Bladder instillation of anticarcinogenic agent (including retention time)			Yes	No	No	Yes	27-1	28-0
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique			No	No	Yes	No	23-5	28-0
52000	Cystourethroscopy (separate procedure)			Yes	No	No	Yes	27-1	28-0
55700	Biopsy, prostate; needle or punch, single or multiple, any approach			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
58555	Hysteroscopy, diagnostic (separate procedure)			No	No	Yes	Yes	25-3	27-1
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C			No	No	Yes	Yes	25-3	27-1
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)			No	No	Yes	Yes	25-3	27-1
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)			No	No	Yes	Yes	25-3	27-1
58561	Hysteroscopy, surgical; with removal of leiomyomata			No	No	Yes	No	25-3	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
58562	Hysteroscopy, surgical; with removal of impacted foreign body			No	No	Yes	Yes	25-3	27-1
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)			No	No	Yes	No	25-3	27-1
585X1	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency			No	Yes	No	No	24-4	28-0
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel		Yes	No	Yes	No	No	28-0	N/A
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)		Yes	Yes	No	No	Yes	27-1	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)		Yes	No	No	No	Yes	28-0	N/A
623X5	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		Yes	No	Yes	No	No	27-1	28-0
623X6	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		Yes	No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
623X7	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		Yes	No	Yes	No	No	27-1	28-0
623X8	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		Yes	No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
623X9	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		Yes	No	Yes	No	No	27-1	28-0
62X10	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		Yes	No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
62X11	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		Yes	No	Yes	No	No	27-1	28-0
62X12	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		Yes	No	Yes	No	No	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
630X1	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar			No	Yes	No	No	21-7	28-0
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy.			Yes	No	No	Yes	27-0	27-0
67105	Repair of retinal detachment including drainage of subretinal fluid when performed; photocoagulation			No	Yes	No	No	27-0	27-0
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			No	Yes	No	No	28-0	28-0
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences			No	Yes	No	No	28-0	28-0
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	3		N/A	N/A	N/A	N/A	28-0	N/A
767X1	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) (For screening ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979)			Yes	No	No	Yes	27-1	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)			No	No	Yes	No	26-1	27-0
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)			No	No	Yes	No	26-1	27-0
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)			No	No	Yes	No	26-1	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
770X1	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral			No	No	No	Yes	24-4	28-0
770X2	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral			No	Yes	No	No	23-5	28-0
770X3	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed			Yes	No	No	Yes	27-1	28-0
77332	Treatment devices, design and construction; simple (simple block, simple bolus)			No	Yes	No	No	21-7	27-1
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)			No	Yes	No	No	25-3	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)			No	Yes	No	No	25-3	27-1
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)			Yes	No	No	Yes	26-2	27-1
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	1		N/A	N/A	N/A	N/A	N/A	28-0
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	1		N/A	N/A	N/A	N/A	N/A	28-0
88187	Flow cytometry, interpretation; 2 to 8 markers			Yes	No	No	Yes	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
88188	Flow cytometry, interpretation; 9 to 15 markers			Yes	No	No	Yes	28-0	28-0
88189	Flow cytometry, interpretation; 16 or more markers			Yes	No	No	Yes	28-0	28-0
88321	Consultation and report on referred slides prepared elsewhere			No	Yes	No	No	28-0	28-0
88323	Consultation and report on referred material requiring preparation of slides			No	Yes	No	No	28-0	28-0
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report			No	Yes	No	No	27-0	27-0
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report			No	Yes	No	No	27-0	27-0
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral.			No	Yes	No	No	23-4	26-1
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.			No	Yes	No	No	20-7	26-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.			No	Yes	No	No	24-3	26-1
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral			No	Yes	No	No	27-1	28-0
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral			No	Yes	No	No	28-0	28-0
92250	Fundus Photography with interpretation and report.			No	Yes	No	No	27-1	27-1
92275	Electroretinography with interpretation and report	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
922X4	Fluorescein angiography and indo-cyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral.			No	Yes	No	No	28-0	28-0
935X1	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve			Yes	No	Yes	Yes	27-1	27-1
935X2	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve			Yes	No	Yes	Yes	27-1	27-1
935X3	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device			No	No	Yes	No	27-1	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	3		N/A	N/A	N/A	N/A	28-0	N/A
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	3		N/A	N/A	N/A	N/A	28-0	N/A
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)			No	Yes	No	No	28-0	28-0
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)			No	Yes	No	No	28-0	28-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
95812	Electroencephalogram (EEG) extended monitoring: 41-60 minutes			No	Yes	No	No	28-0	28-0
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour.			No	Yes	No	No	27-1	28-0
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)			No	Yes	No	No	28-0	28-0
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	3		N/A	N/A	N/A	N/A	28-0	N/A
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	3		N/A	N/A	N/A	N/A	28-0	N/A
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	3		N/A	N/A	N/A	N/A	28-0	N/A
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	3		N/A	N/A	N/A	N/A	28-0	N/A
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	3		N/A	N/A	N/A	N/A	28-0	N/A
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	3		N/A	N/A	N/A	N/A	28-0	N/A
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	3		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	3		N/A	N/A	N/A	N/A	28-0	N/A
961X0	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	1		N/A	N/A	N/A	N/A	N/A	28-0
961X1	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	1		N/A	N/A	N/A	N/A	N/A	28-0
963XX	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	2		N/A	N/A	N/A	N/A	28-0	N/A

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion			Yes	No	No	Yes	27-0	27-0
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	1		N/A	N/A	N/A	N/A	N/A	27-0
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion			Yes	No	No	Yes	27-0	27-0
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to primary procedure) / (use 96934 in conjunction with 96931)			Yes	No	No	Yes	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to primary procedure)	1		N/A	N/A	N/A	N/A	N/A	27-0
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to primary procedure) / (use 96936 in conjunction with 96933)			Yes	No	No	Yes	28-0	28-0
991X1	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age			No	Yes	No	No	27-1	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
991X2	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older			No	Yes	No	No	23-5	27-1
991X3	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient younger than 5 years of age			Yes	No	No	Yes	24-4	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
991X4	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient age 5 years or older			Yes	No	No	Yes	22-6	27-1
991X5	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intra-service time (List separately in addition to code for primary service)	1		N/A	N/A	N/A	N/A	N/A	27-1

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

RUC Vote Totals – CPT 2017

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC	Final RUC Vote: Work	Final RUC Vote: PE Direct Costs
991X6	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)			Yes	No	No	Yes	20-8	27-1
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	3		N/A	N/A	N/A	N/A	28-0	N/A
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method			No	Yes	No	No	27-0	27-0

Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting