

AMA/Specialty Society Relative Value Update Committee (RUC)

Final Vote Report – CPT 2018

[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 2018 cycle, the RUC convened meetings on April 27-30, 2016, October 5-8, 2016 and January 11-14, 2017 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2018 cycle, CMS will publish all the RUC recommendations for 2018 in the Medicare Payment Schedule Proposed Rule.

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

www.ama-assn.org/about-us/ruc

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 2018 Summary (Physician Work ONLY) | | |
|---|---|---|
| Vote Total | Number of Vote Total Instances | Percentage of Vote Total Instances |
| 28-0 | 111 | 44% |
| 27-0* | 46 | 18% |
| 27-1 | 39 | 15% |
| 26-2 | 2 | 1% |
| 26-1* | 10 | 4% |
| 25-3 | 3 | 1% |
| 25-2* | 6 | 2% |
| 24-4 | 5 | 2% |
| 24-3* | 4 | 2% |
| 23-5 | 4 | 2% |
| 23-4* | 5 | 2% |
| 22-6 | 3 | 1% |
| 22-5* | 6 | 2% |
| 21-7 | 3 | 1% |
| 20-8 | 2 | 1% |
| 19-9 | 2 | 1% |
| 18-9* | 2 | 1% |

**62% of all RUC
Recommendations to CMS
for CPT 2018 were based
on unanimous votes of the
Committee**

*Represents vote totals in which a RUC member abstained from vote.

RUC Vote Totals – CPT 2018

| 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 RVU | Final RUC Vote: PE Direct Costs |
|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified | | Yes | Yes | Yes | No | No | 18-9 | 25-2 |
| 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | | Yes | Yes | Yes | No | No | 22-5 | 25-2 |
| 00740 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum | 3 | | N/A | N/A | N/A | N/A | 27-1 | N/A |
| 00810 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum | 3 | | N/A | N/A | N/A | N/A | 27-1 | N/A |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified | 4 | Yes | Yes | No | No | Yes | 26-2 | 25-2 |

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

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| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum | | Yes | Yes | No | No | Yes | 24-4 | 25-2 |
| 00832 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy | 4 | Yes | Yes | Yes | No | No | 20-8 | 25-2 |
| 10021 | Fine needle aspiration; without imaging guidance | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 10022 | Fine needle aspiration; with imaging guidance | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 10040 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) | | | No | Yes | No | No | 23-5 | 28-0 |
| 15730 | Midface flap (i.e. zygomaticofacial) with preservation of vascular pedicle(s) | | | No | Yes | No | No | 26-2 | 28-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 15732 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) | 3 | | N/A | N/A | N/A | N/A | 27-1 | N/A |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator | | | No | Yes | No | No | 21-7 | 28-0 |
| 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk | | | No | Yes | No | No | 27-1 | 28-0 |
| 15736 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity | | | No | Yes | No | No | 27-1 | 28-0 |
| 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity | | | No | No | No | Yes | 28-0 | 28-0 |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 27-1 | NA |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 19303 | Mastectomy, simple, complete | | | No | Yes | No | No | 25-3 | 28-0 |
| 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 28-0 | n/a |
| 27370 | Injection of contrast for knee arthrography | 3 | | N/A | N/A | N/A | N/A | 27-1 | N/A |
| 29445 | Application of rigid total contact leg cast | | | No | Yes | No | No | 28-0 | 28-0 |
| 29580 | Strapping; Unna boot | | | No | Yes | No | No | 28-0 | 28-0 |
| 29581 | Application of multi-layer compression system; leg (below knee), including ankle and foot | | | No | Yes | No | No | 28-0 | 28-0 |
| 30140 | Submucous resection inferior turbinate, partial or complete, any method | | | No | Yes | No | No | 24-4 | 28-0 |
| 30901 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method | | | No | Yes | No | No | 27-0 | 27-0 |

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| 30903 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method | | | No | Yes | No | No | 27-0 | 27-0 |
| 30905 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial | | | No | Yes | No | No | 27-0 | 27-0 |
| 30906 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent | | | No | Yes | No | No | 27-0 | 27-0 |
| 31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |
| 31238 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |
| 31239 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |
| 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |

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| 31241 | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery | | Yes | Yes | No | No | Yes | 28-0 | 27-1 |
| 31253 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed | | Yes | Yes | No | No | Yes | 28-0 | 27-1 |
| 31254 | Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior) | | Yes | Yes | No | No | Yes | 26-1 | 27-1 |
| 31255 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior) | | Yes | Yes | No | No | Yes | 27-0 | 27-1 |
| 31256 | Nasal/sinus endoscopy, surgical with maxillary antrostomy | | Yes | Yes | No | No | Yes | 28-0 | 27-1 |
| 31257 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy | | Yes | Yes | No | No | Yes | 28-0 | 27-1 |

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| 31259 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus | | Yes | Yes | No | No | Yes | 27-0 | 27-1 |
| 31267 | Nasal/sinus endoscopy, surgical with removal of tissue from maxillary sinus | | Yes | Yes | No | No | Yes | 27-0 | 27-1 |
| 31276 | Nasal/sinus endoscopy, surgical with with frontal sinus exploration, including removal of tissue from frontal sinus, when performed | | Yes | Yes | No | No | Yes | 26-1 | 27-1 |
| 31287 | Nasal/sinus endoscopy; surgical, with sphenoidotomy | | Yes | Yes | No | No | Yes | 27-0 | 27-1 |
| 31288 | Nasal/sinus endoscopy, surgical with with removal of tissue from sphenoid sinus | | Yes | Yes | No | No | Yes | 26-1 | 27-1 |
| 31295 | Nasal/sinus endoscopy, surgical with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or canine fossa | | Yes | Yes | Yes | No | Yes | 27-0 | 27-1 |

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| 31296 | Nasal/sinus endoscopy, surgical with dilation of frontal sinus ostium (eg, balloon dilation) | | Yes | Yes | No | No | Yes | 28-0 | 27-1 |
| 31297 | Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (eg, balloon dilation) | | Yes | Yes | No | No | Yes | 27-0 | 27-1 |
| 31298 | Nasal/sinus endoscopy, surgical with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation) | | Yes | Yes | Yes | No | Yes | 27-0 | 27-1 |
| 31600 | Tracheostomy, planned (separate procedure) | | | No | No | No | Yes | 28-0 | 28-0 |
| 31601 | Tracheostomy, planned (separate procedure); younger than 2 years | | | No | Yes | No | No | 19-9 | 28-0 |
| 31603 | Tracheostomy, emergency procedure; transtracheal | | | Yes | No | No | Yes | 27-1 | 28-0 |
| 31605 | Tracheostomy, emergency procedure; cricothyroid membrane | | | No | Yes | No | No | 27-0 | N/A |

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| 31610 | Tracheostomy, fenestration procedure with skin flaps | | | No | No | No | Yes | 23-5 | 28-0 |
| 31645 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial | | | No | No | No | Yes | 27-0 | 28-0 |
| 31646 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay | | | No | No | No | Yes | 28-0 | 28-0 |
| 32994 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation (For bilateral procedure, rep | | | No | No | Yes | Yes | 27-0 | 27-0 |
| 32998 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency | | | No | No | Yes | Yes | 27-0 | 27-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | | | No | Yes | No | No | 23-5 | n/a |
| 33928 | Removal and replacement of total replacement heart system (artificial heart) | 2 | | N/A | N/A | N/A | N/A | 27-0 | n/a |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) | 2 | | N/A | N/A | N/A | N/A | 27-0 | n/a |
| 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext | | Yes | Yes | No | No | Yes | 27-1 | 27-0 |
| 34702 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext | | Yes | Yes | No | No | Yes | 25-2 | 27-0 |

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| 34703 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat | | Yes | Yes | No | No | Yes | 27-0 | 27-0 |
| 34704 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat | | Yes | Yes | No | No | Yes | 27-0 | 27-0 |
| 34705 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretati | | Yes | Yes | No | No | Yes | 22-5 | 27-0 |

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| 34706 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretati | | Yes | Yes | No | No | Yes | 27-0 | 27-0 |
| 34707 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft exten | | Yes | Yes | No | No | Yes | 28-0 | 27-0 |
| 34708 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft exten | | Yes | Yes | Yes | No | No | 27-0 | 27-0 |

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| 34709 | Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-proced | | Yes | Yes | Yes | No | No | 25-2 | 27-0 |
| 34710 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all n | | Yes | Yes | No | No | Yes | 28-0 | 27-0 |
| 34711 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all n | | Yes | Yes | Yes | No | No | 28-0 | 27-0 |
| 34712 | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation | | Yes | Yes | No | No | Yes | 27-0 | 27-0 |

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| 34713 | Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 french or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 22-5 | 27-0 |
| 34714 | Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | No | No | Yes | 25-2 | 27-0 |
| 34715 | Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 27-0 | 27-0 |
| 34716 | Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for p | | Yes | Yes | No | No | Yes | 27-1 | 27-0 |

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| 34812 | Open femoral artery exposure for delivery of endovascular prosthesis by groin incision, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 28-0 | 27-0 |
| 34820 | Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 27-1 | 27-0 |
| 34833 | Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | No | No | Yes | 28-0 | 27-0 |
| 34834 | Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 28-0 | 27-0 |
| 36215 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family | | | No | No | Yes | Yes | 28-0 | 28-0 |

Notes Legend

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RUC Vote Totals – CPT 2018

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| 36216 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family | | | No | No | Yes | Yes | 28-0 | 28-0 |
| 36217 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family | | | No | No | Yes | Yes | 28-0 | 28-0 |
| 36218 | Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) | | | No | No | Yes | Yes | 28-0 | 28-0 |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphen | | Yes | Yes | No | No | Yes | 28-0 | 28-0 |

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| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vei | | Yes | Yes | No | No | Yes | 28-0 | 28-0 |
| 36470 | Single or multiple injection(s) of sclerosing solutions, sclerosant for spider veins (telangiectasia), limb or trunk (For ultrasound imaging guidance performed in conjunction with 36468, use 76942) (Do not report 36468 in conjunction with 29581) | | Yes | Yes | No | No | Yes | 27-0 | 28-0 |
| 36471 | Injection of sclerosant: multiple incompetent veins (other than telangiectasia), same leg(For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942) (Do not report 36470, 36471 in conjunction with 29581) (Do not report | | Yes | Yes | No | No | Yes | 28-0 | 28-0 |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |

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RUC Vote Totals – CPT 2018

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| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | | Yes | Yes | 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 a | | Yes | Yes | Yes | No | Yes | 28-0 | 28-0 |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | | Yes | Yes | Yes | No | Yes | 28-0 | 28-0 |

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RUC Vote Totals – CPT 2018

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| 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 t | | Yes | Yes | Yes | No | Yes | 28-0 | 28-0 |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | | Yes | Yes | Yes | No | No | 28-0 | 28-0 |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a s | | Yes | Yes | Yes | No | No | 27-0 | 28-0 |
| 36511 | Therapeutic apheresis; for white blood cells | | | No | Yes | No | No | 19-9 | 28-0 |
| 36512 | Therapeutic apheresis; for red blood cells | | | No | Yes | No | No | 24-4 | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 36513 | Therapeutic apheresis; for platelets | | | No | Yes | No | No | 25-2 | 28-0 |
| 36514 | Therapeutic apheresis; for plasma pheresis | | | Yes | No | No | Yes | 27-1 | 28-0 |
| 36516 | Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion | | | No | Yes | No | No | 27-0 | 28-0 |
| 36522 | Photopheresis, extracorporeal | | | No | Yes | No | No | 25-2 | 28-0 |
| 36555 | Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age | | | No | No | No | Yes | 24-4 | 28-0 |
| 36556 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older | | | No | No | No | Yes | 28-0 | 28-0 |
| 36569 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older | | | No | No | Yes | Yes | 26-1 | 27-0 |

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| 36620 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous | | | No | No | No | Yes | 24-4 | 28-0 |
| 38220 | Diagnostic bone marrow aspiration(s) | | | No | No | Yes | Yes | 27-1 | 27-1 |
| 38221 | Diagnostic bone marrow biopsy (ies) | | | No | No | Yes | Yes | 27-1 | 27-1 |
| 38222 | Diagnostic bone marrow biopsy (ies) and aspiration(s) | | | No | No | Yes | Yes | 27-1 | 27-1 |
| 38573 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed | | | No | No | Yes | Yes | 28-0 | 28-0 |
| 43107 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal) | | Yes | No | Yes | No | No | 27-1 | 28-0 |

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| 43112 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy) | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 43117 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 43286 | 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 esophagogastrostom | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 43287 | 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 a | | Yes | No | Yes | No | No | 27-1 | 28-0 |

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| 43288 | 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 phary | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 51798 | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging | | | N/A | N/A | N/A | N/A | 27-0 | N/A |
| 52601 | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | | | No | No | Yes | Yes | 27-0 | 27-0 |
| 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed (Do not report 55X87 in conjunction with 76942) | | | No | Yes | No | No | 22-5 | 26-1 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 57240 | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed (Do not report 57240 in conjunction with 52000) | | | No | No | Yes | Yes | 28-0 | 27-0 |
| 57250 | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy (For repair of rectocele [separate procedure] without posterior colporrhaphy, use 45560) | | | No | No | Yes | Yes | 28-0 | 27-0 |
| 57260 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; (Do not report 57260 in conjunction with 52000) | | | No | No | Yes | No | 28-0 | 27-0 |
| 57265 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair (Do not report 57265 in conjunction with 52000) | | | No | No | Yes | No | 27-0 | 27-0 |
| 58575 | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed | | | No | No | No | Yes | 27-1 | 28-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 64418 | Injection, anesthetic agent; suprascapular nerve | | | No | No | Yes | Yes | 28-0 | 28-0 |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | | | No | Yes | No | No | 28-0 | 27-0 |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | | | No | Yes | No | No | 27-0 | 27-0 |
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed | | | No | Yes | No | No | 28-0 | 28-0 |
| 64910 | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve | | | No | Yes | No | No | 27-0 | 28-0 |
| 64911 | Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve | | | No | Yes | No | No | 21-7 | 28-0 |
| 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable) | | | No | Yes | No | No | 25-3 | 28-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 27-1 | 28-0 |
| 67820 | Correction of trichiasis, epliation, by forceps only | | | Yes | No | No | Yes | 27-0 | 27-0 |
| 70490 | Computed tomography, soft tissue neck; without contrast material | | | No | Yes | No | No | 28-0 | 27-0 |
| 70491 | Computed tomography, soft tissue neck; with contrast material(s) | | | No | Yes | No | No | 28-0 | 27-0 |
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | | | No | Yes | No | No | 28-0 | 27-0 |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) | | | No | Yes | No | No | 28-0 | 28-0 |
| 70545 | Magnetic resonance angiography, head; with contrast material(s) | | | No | Yes | No | No | 28-0 | 28-0 |

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| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | | | Yes | No | No | Yes | 28-0 | 28-0 |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) | | | No | Yes | No | No | 28-0 | 28-0 |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s) | | | No | Yes | No | No | 27-1 | 28-0 |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences | | | No | Yes | No | No | 28-0 | 28-0 |
| 71045 | Radiologic examination, chest; single view | | | No | Yes | No | No | 28-0 | 28-0 |
| 71046 | Radiologic examination, chest; 2 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 71047 | Radiologic examination, chest; 3 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 71048 | Radiologic examination, chest; 4 or more views | | | No | Yes | No | No | 28-0 | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 71100 | Radiologic examination, ribs, unilateral; 2 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 71101 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 71110 | Radiologic examination, ribs, bilateral; 3 views | | | No | Yes | No | No | 27-1 | 28-0 |
| 71111 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 71250 | Computed tomography, thorax; without contrast material | | | No | Yes | No | No | 28-0 | 28-0 |
| 71260 | Computed tomography, thorax; with contrast material(s) | | | No | Yes | No | No | 28-0 | 28-0 |
| 71270 | Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections | | | No | Yes | No | No | 28-0 | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | | | No | Yes | No | No | 28-0 | 27-1 |
| 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | | No | Yes | No | No | 28-0 | 27-1 |
| 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | | | No | Yes | No | No | 28-0 | 27-1 |
| 73100 | Radiologic examination, wrist; 2 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 73110 | Radiologic examination, wrist; complete, minimum of 3 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 73120 | Radiologic examination, hand; 2 views | | | No | Yes | No | No | 27-1 | 27-0 |
| 73130 | Radiologic examination, hand; minimum of 3 views | | | No | Yes | No | No | 27-0 | 27-0 |
| 73140 | Radiologic examination, finger(s), minimum of 2 views | | | No | No | No | Yes | 27-0 | 27-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | | | No | Yes | No | No | 25-3 | 28-0 |
| 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | | | No | Yes | No | No | 27-1 | 28-0 |
| 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | | No | Yes | No | No | 27-1 | 28-0 |
| 74018 | Radiologic examination, abdomen; 1 view | | | No | Yes | No | No | 27-1 | 28-0 |
| 74019 | Radiologic examination, abdomen; 2 views | | | No | Yes | No | No | 28-0 | 28-0 |
| 74021 | Radiologic examination, abdomen; 3 or more views | | | No | Yes | No | No | 28-0 | 28-0 |
| 74022 | Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest | | | No | Yes | No | No | 28-0 | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | | No | Yes | No | No | 28-0 | 27-1 |
| 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | | | No | Yes | No | No | 28-0 | 27-1 |
| 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | | | No | Yes | No | No | 28-0 | 27-1 |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | | No | Yes | No | No | 28-0 | 28-0 |
| 75710 | Angiography, extremity, unilateral, radiological supervision and interpretation | | | No | Yes | No | No | 27-1 | 28-0 |
| 75716 | Angiography, extremity, bilateral, radiological supervision and interpretation | | | No | Yes | No | No | 27-1 | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 76510 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter | | | No | No | No | Yes | 21-7 | 28-0 |
| 76511 | Ophthalmic ultrasound, diagnostic; quantitative A-scan only | | | No | Yes | No | No | 22-6 | 28-0 |
| 76512 | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) | | | No | No | No | Yes | 27-1 | 28-0 |
| 76516 | Ophthalmic biometry by ultrasound echography, A-scan; | | | No | Yes | No | No | 27-0 | 26-1 |
| 76519 | Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation | | | No | Yes | No | No | 26-1 | 26-1 |
| 76881 | Ultrasound, extremity, nonvascular, real-time with image documentation; complete | 1 | | N/A | N/A | N/A | N/A | n/a | 26-0 |
| 76882 | Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific | 1 | | N/A | N/A | N/A | N/A | n/a | 26-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 77058 | Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 77059 | Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 77261 | Therapeutic radiology treatment planning; simple | | | No | Yes | No | No | 26-1 | N/A |
| 77262 | Therapeutic radiology treatment planning; intermediate | | | No | Yes | No | No | 26-1 | N/A |
| 77263 | Therapeutic radiology treatment planning; complex | | | No | Yes | No | No | 26-1 | N/A |
| 78300 | Bone and/or joint imaging; limited area | | | No | Yes | No | No | 28-0 | 28-0 |
| 78305 | Bone and/or joint imaging; multiple areas | | | No | Yes | No | No | 28-0 | 28-0 |
| 78306 | Bone and/or joint imaging; whole body | | | No | Yes | No | No | 28-0 | 28-0 |

Notes Legend

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 88333 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) initial site | | | No | Yes | No | No | 27-0 | 27-0 |
| 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) each additional site (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 26-1 | 27-0 |
| 88360 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen | | | No | Yes | No | No | 27-1 | 28-0 |
| 88361 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer assisted technology | | | Yes | No | No | Yes | 28-0 | 28-0 |
| 92136 | Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation | | | No | Yes | No | No | 26-1 | 26-1 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 92140 | Provocative tests for glaucoma, with interpretation and report, without tonography | 3 | | N/A | N/A | N/A | N/A | 27-0 | N/A |
| 93279 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93280 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93281 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | No | No | Yes | 28-0 | 28-0 |

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| 93282 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 93283 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 93284 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 27-1 | 28-0 |

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| 93285 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care | | Yes | No | Yes | No | No | 27-1 | 28-0 |
| 93286 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93287 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93288 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker syste | | Yes | No | Yes | No | No | 28-0 | 28-0 |

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| 93289 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous imp | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93290 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, inc | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 93291 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including he | | Yes | No | No | No | Yes | 28-0 | 28-0 |
| 93292 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system | | Yes | No | Yes | No | No | 28-0 | 28-0 |

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| 93293 | Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up | | | Yes | No | No | Yes | 27-0 | 28-0 |
| 93294 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional | | | Yes | No | No | Yes | 24-3 | 28-0 |
| 93295 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional | | | Yes | No | No | Yes | 20-8 | 28-0 |
| 93296 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results | 1 | Yes | N/A | N/A | N/A | N/A | N/A | 28-0 |

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| 93297 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report | | | No | Yes | No | No | 27-0 | 28-0 |
| 93298 | Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional | | | No | Yes | No | No | 22-5 | 28-0 |
| 93299 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of re | | | N/A | N/A | N/A | N/A | n/a | 28-0 |
| 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography | | | No | Yes | No | No | 23-5 | 28-0 |

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| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | | Yes | No | No | Yes | 28-0 | 28-0 |
| 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | | | Yes | No | No | Yes | 28-0 | 28-0 |
| 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation | | | No | Yes | No | No | 27-1 | 28-0 |
| 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation | | | No | Yes | No | No | 27-1 | 28-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 93503 | Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes | | | No | No | No | Yes | 28-0 | 28-0 |
| 93613 | Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 27-0 | N/A |
| 93792 | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/ | | | No | No | Yes | Yes | 24-3 | 27-0 |
| 93792 | Patient/caregiver training for initiation of home INR monitoring under the direction of a physician or other qualified health care professional, including face-to-face, use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results | 1 | | N/A | N/A | N/A | N/A | n/a | 26-1 |

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| 93793 | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab International Normalized Ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additiona | | | No | Yes | No | No | 23-4 | 26-1 |
| 94617 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry | | Yes | No | No | No | Yes | 28-0 | 28-0 |
| 94618 | Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 94621 | Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings (Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)(Do not report 946X2, 946X3, 94621 in con | | Yes | No | Yes | No | No | 28-0 | 28-0 |
| 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | | | No | Yes | No | No | 22-6 | 28-0 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 95250 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | 1 | | N/A | N/A | N/A | N/A | N/A | 28-0 |
| 95251 | Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report | | | No | Yes | No | No | 28-0 | 28-0 |
| 95930 | Visual evoked potential (VEP) testing central nervous system except glaucoma, checkerboard or flash, with interpretation and report. | | | No | Yes | No | No | 28-0 | 28-0 |
| 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |

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| 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, bot | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 96160 | Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument | 1 | | N/A | N/A | N/A | N/A | N/A | 28-0 |
| 96161 | Administration of caregiver-focused health risk assessment (eg, depression inventory) for benefit of the patient, with scoring and documentation, per standardized instrument | 1 | | N/A | N/A | N/A | N/A | N/A | 28-0 |
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour | | | No | Yes | No | No | 25-2 | 28-0 |

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| 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 28-0 | 28-0 |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | | | No | Yes | No | No | 22-5 | 27-0 |
| 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | | | No | Yes | No | No | 23-4 | 27-0 |
| 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 23-4 | 27-0 |
| 96377 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection | | | No | Yes | No | No | 18-9 | 27-0 |

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| 963X1 | Neuropsychological evaluation services by physician, or other qualified health care professional, including record review, interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s) when performed, per hour | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 963X2 | Psychological or neuropsychological test administration and scoring by technician two or more tests administered any method per 30 minutes | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 963X4 | Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician, or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed, per day | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |

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| 963X6 | Developmental test administration, (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed) by physician, or other qualified health care professional time with interpretation and report, per 30 minutes | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | | | No | Yes | No | No | 23-4 | 25-3 |
| 96402 | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic | | | No | Yes | No | No | 24-3 | 25-3 |
| 96409 | Chemotherapy administration; intravenous, push technique, single or initial substance/drug | | | No | Yes | No | No | 23-4 | 25-3 |
| 96411 | Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure) | | | No | Yes | No | No | 24-3 | 25-3 |

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 96567 | Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session | 3 | | N/A | N/A | N/A | N/A | N/A | 28-0 |
| 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s), per day | | | No | No | Yes | Yes | 27-0 | 27-0 |
| 96910 | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B | 1 | | N/A | N/A | N/A | N/A | N/A | 28-0 |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 99483 | Cognitive assessment and care plan services are provided when a comprehensive evaluation of a new or existing patient exhibiting signs and/or symptoms of cognitive impairment is required to establish or confirm a diagnosis, etiology and severity for the condition. This service includes a thorough evaluation of medical and psychosocial factors potentially contributing to increased morbidity. Do not report Cognitive Assessment and Care Plan Services if any of the required elements are not performed or are deemed unnecessary for the patient's condition. For these services, see the appropriate evaluation and management code. A single physician or other qualified health care professional should not report 99XX3 more than once every 180 days. Services for Cognitive Assessment and Care Plan include a cognition-relevant history, as well as an assessment of factors that could be contributing to cognitive impairment, including, but not limited to, psychoactive medication, chronic pain syndromes, infection, depression and other brain disease (eg, tumor, stroke, normal pressure hydrocephalus). Medical decision making includes current and likely progression of the disease, assessing the need for referral for rehabilitative, social, legal, financial or community-based services, meal, transportation and other personal assistance services. 99XX3 Assessment of and care planning for the patient with cognitive impairment, requiring an independent historian, office or other outpatient, home or domiciliary or rest home, with | | | No | Yes | No | No | 22-6 | 27-1 |

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|----------|---------------------|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
|----------|---------------------|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|

all of the following required elements: Cognition-focused evaluation including a pertinent history and examination Medical decision making of moderate or high complexity Functional assessment (eg, Basic and Instrumental Activities of Daily Living), including decision-making capacity Use of standardized instruments for staging of dementia (eg, Functional Assessment Staging Test [FAST], Clinical Dementia Rating [CDR]) Medication reconciliation and review for high-risk medications Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s) Evaluation of safety (eg, home), including motor vehicle operation Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks Development, updating or revision, or review of an Advance Care Plan Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support(Do not report 99XX3 in conjunction with E/M services [99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335,

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 2018

| 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 RVU | Final RUC Vote: PE Direct Costs |
|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| | 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99487, 99489, 99490, 99495, 99496, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; psychological testing [96103]; neuropsychological testing [96120]; brief emotional/behavioral assessment [96127]; medication therapy management services [99605, 99606, 99607]) | | | | | | | | |
| 99484 | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month. | 4 | | N/A | N/A | N/A | N/A | 27-0 | N/A |
| 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health | | | No | Yes | No | No | 27-0 | 27-0 |

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RUC Vote Totals – CPT 2018

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|----------|--|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care | | | No | Yes | No | No | 27-0 | 27-0 |
| 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qu | | | No | Yes | No | No | 27-0 | 27-0 |
| G0248 | Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |

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|----------|---|-------|------------------|---|--|---------------------------------------|------------------------------------|--------------------------|---------------------------------|
| G0249 | Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| G0250 | Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests | 3 | | N/A | N/A | N/A | N/A | 28-0 | N/A |
| G0507 | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: Initial assessment or fol | | | No | Yes | No | No | 27-0 | 27-0 |

Notes Legend

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