RUC Recommendations for CPT 2007 Volume I

RUC Meetings
September 2006, February 2006 and
April 2006

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2007

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AMA
AMERICAN
MEDICAL
ASSOCIATION

May 16, 2006

Terry Kay
Centers for Medicare and Medicaid Services
7500 Security Blvd, C4-01-15
Baltimore, MD 21244

Dear Mr. Kay,

It is with pleasure that we submit to the Centers for Medicare and Medicaid Services (CMS), on behalf of the RUC Health Care Professionals Advisory Committee (HCPAC) Review Board, direct practice expense inputs for new and revised codes for CPT 2007.

These direct practice expense input recommendations attached address new code, *Auditory Brainstem Implant Programming (92640)*. As well as revisions to the direct practice expense input recommendations for codes: *Psychological Testing Exam (only for 96103)* and *Neurobehavioral Status Exam (only for 96120)*.

The American Psychological Association (APA), informed the RUC HCPAC that when codes 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* (Work RVU=0.51) and 96120 *Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report* (Work RVU=0.51) were valued by the HCPAC in April 2005, APA overlooked that a licensing fee should be added to the medical supply direct inputs. **The HCPAC recommends that the licensing fee of $26.83 be added to the direct practice expense inputs for CPT codes 96103 and 96120.**

The RUC HCPAC Review Board discussed alternate methodologies on how to stabilize payment for dieticians, speech language pathologists (SLPs) and audiologists once the non-physician work pool is eliminated. The American Dietetic Association (ADA) and the American Speech-Language-Hearing Association (ASHA) have written letters to CMS outlining alternate methodologies on how to develop "proxy" work values as an interim solution for the allocation of indirect costs for services without a work value. However, the RUC HCPAC believes that the assignment of professional work values for dieticians, audiologists and speech language pathologists' (SLPs) services are equitable and consistent with the approaches taken with other similar non-physician professional services including physical therapy, occupational therapy and psychological testing services.

In July 2000 the HCPAC submitted work recommendations for the ADA's medical nutrition therapy (MNT) codes (97802-97804). However, work values were not implemented by CMS for the MNT codes. The RUC HCPAC recognizes that dieticians, audiologists and SLPs perform professional clinical services that stand alone. Additionally, that the knowledge, skills and judgments that must be made by dieticians, SLPs and audiologists are from a clinical process viewpoint the same as those of physical therapists, occupational therapists and psychologists. **The HCPAC recommends that CMS designate work RVUs for the Medical Nutrition Therapy codes and recommend work values be developed and implemented for speech language pathologists and audiologists.**

The RUC HCPAC Review Board looks forward to continued CMS representation at our meetings and your effort to ensure a fair review of the enclosed recommendations.

If you have any questions please contact AMA staff, Susan Dombrowski, at (312) 464-4308.

Sincerely,

Richard W. Whitten, MD

Mary Foto, OTR

cc: Ken Simon, MD
Edith L. Hambrick, MD
Carolyn Mullen
Pam West, DPT
Rick Ensor
Sherry Smith
Susan Dombrowski

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Auditory Brainstem Implant Programming

92640

The HCPAC discussed code 92640 *Diagnostic analysis with programming of auditory brainstem implant, per hour.* The HCPAC assessed and modified the practice expense inputs so that the clinical labor time equals 60 minutes. The HCPAC modified medical supplies by adding toupee tape and a disposable razor. Additionally, a cochlear implant programming system was added to the equipment expenses. **The HCPAC recommends the modified practice expense inputs for CPT code 92640.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
• 92640	UU1	Diagnostic analysis with programming of auditory brainstem implant, per hour (Report non-programming services separately (*eg*, cardiac monitoring))	XXX	0.00 (PE Inputs Only)

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

CPT Code: 92640

AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Sample Size:__NA__ Response Rate: (%):__NA__ Global Period:__NA_

Geographic Practice Setting %: Rural_NA_ Suburban__NA_ Urban_NA__

Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

A consensus panel was convened consisting of ten audiologists including four who have particular expertise in diagnostic brainstem implant programming.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The audiologist meets with the patient and the patient's family and describes the nature of the procedure. The audiologist explains the usual length of the procedure (two visits of four hours each) and what occurs with the various components of the programming of the implant.

Intra-Service Clinical Labor Activities:
Description of Procedure
Location of the Implanted Receiver/Stimulator

The audiologist's first step is the locating of the ABI receiver/stimulator. The patient's receiver/stimulator magnet was removed at the time of implantation because he must have MRIs in the future to follow other NF2-related central nervous system tumors,. Without the magnet in place, the externally worn transmitter coil will not "self-center" over the receiver/stimulator antenna. Locating this precise spot requires a combination of steps including palpation of the area above and behind the patient's ear and software tests linking to the implant for telemetric purposes. If the audiologist fails to establish a 100% effective link, a misidentification of the patient as a "non-stimulating" patient will occur with the possible result of a wasting of the implant device.

"Threshold" Testing and Magnitude Scaling of Non-Auditory Sensations

After locating the receiver/stimulator the audiologist instructs the patient to indicate when a stimulus is perceived, electrical stimuli are then introduced at increasing intensities using programming software designed for ABI testing. The first step elicits responses regarding the onset (threshold) of either auditory or non-auditory sensations. The thresholds are recorded for each electrode. The patient experiences some non-auditory sensations (tingling sensations, dizziness, or some slight "jittering" of the visual field). The audiologist is not able to include 30% of ABI electrodes in the final program because of annoying non-auditory side effects. The audiologist notes that approximately 50% of electrodes elicited some non-auditory sensations that require adjustment of the stimulation parameters in order to eliminate or reduce these non-auditory sensations. The patient judged the magnitude of non-auditory sensations on a 4-point scale (1=barely noticeable and 4=intolerable). These judgments were recorded so that the electrodes can be retained for use if they elicit only mild non-auditory sensations and because it is generally beneficial to retain as many electrodes as possible for best performance.

"Comfortable Loudness Level" Testing

After threshold testing, the electrical stimulus levels are raised in amplitude to establish comfortable loudness levels for auditory sensations and to determine if new non-auditory sensations appear or change in character or magnitude. These values are recorded, and the magnitude of non-auditory sensations is again scaled and recorded.

The audiologist monitors the charge density being presented to ABI electrodes (determined by the stimulus pulse duration and the actual current level used) and prevent charge levels from exceeding the established safety limits. This may rule out the use of some electrodes by the patients, or require special counseling and monitoring of threshold and comfort levels in patients who are extremely restricted in the number of electrodes that they have available for use.

Management of Non-Auditory Sensations

The audiologist eliminates non-auditory sensations in magnitude by changing stimulus parameters such as pulse duration (usually by increasing this value) or by changing stimulus geometry by altering the selection of reference ground electrode or electrode stimulus pairs. Special software features and knowledge are used for this process to proceed in an efficient and organized fashion. An understanding of the changes that can occur in brainstem electrical fields guides the process of eliminating or reducing non-auditory effects. Non-auditory sensations that cannot be eliminated require the de-activation and non-use of the electrode.

Loudness Balancing

After establishing which electrodes may be potentially useful for providing auditory sensations, and their respective threshold and comfortable loudness levels, the audiologist balances the loudness on these electrodes in preparation for the next step in the fitting process: pitch scaling and ranking. This step is done to help control any variable effects of loudness differences on pitch. The reason these percepts are important is that ABI sound processors code frequency-specific information on different electrodes in a fashion similar to cochlear implants (e.g., lower frequencies to electrodes that tend to sound lower in pitch).

Pitch Magnitude Scaling

Prior to the psychophysical scaling of ABI pitch magnitude, the audiologist compares each electrode to the other electrodes at the previously obtained comfort level, and the individual current levels are balanced until all electrodes have the same loudness level. The patient is then asked to assign a number for the pitch of the sound on each electrode using a 1-100 (1=low pitch, 100=high pitch) magnitude scale. Due to the absence of prior experience, the magnitude estimates are expected to vary from test to retest. The audiologist obtains multiple estimates of pitch magnitude so that a mean and standard deviation of the judgments can be calculated. The mean pitch scale values from this testing yields important information about the distribution of electrode-specific pitch across the pitch range.

Pitch Scanning

For pitch scanning, the audiologist activates each available electrode in sequence and the ABI recipient is asked to select the electrode with the lowest (or the highest) pitch percept. This electrode is recorded and dropped from the next electrode "scan". The next scan targets the opposite pitch extreme and the highest (or lowest) pitch electrode is recorded and dropped from the subsequent scan. This process continues until no electrodes remain to be scanned, and the result is an approximate relative ranking (from lowest to highest) of the electrodes on the pitch dimension. In the ABI programming software display, the electrodes' positions are shifted to conform to the patient's pitch-rank judgments to achieve the proper relative positions (from lowest pitch to highest pitch). This technique serves as a cross-check and validation of the previously described pitch magnitude scaling and is necessary both because of the extreme differences in ABI stimulation versus natural hearing and to maximize ultimate speech perception via the implant system.

Formal Pairwise Electrode Pitch Comparisons

The audiologist next performs pairwise comparisons between electrode channels as the next step in the process of accurately defining individual patients' electrode pitch rank order. In this testing, a scan across electrodes is repeated with the patient to verify the highest and lowest pitch electrodes. Then the lowest pitch electrode and the next lowest (from the previous pitch scanning results above) are compared by alternating stimulation several times between these two electrodes, and the recipient is asked to indicate which electrode sounds highest in pitch. The results of this comparison are recorded. Then, the highest pitch electrode from this comparison is alternately stimulated several times with the next highest pitched electrode from the previous pitch scanning test. The patient's report of the highest pitch electrode is again noted, and the next pairwise comparisons are done in sequence until no electrodes remain to be compared. The patient has two reversals of pitch rank order so the audiologist reassesses the pitch rank order of lower pitch sounding electrode channels. The audiologist deactivates the electrodes in favor of assigning input frequencies to another electrode to promote distinctive and independent pitch curs.

Sound Processor Programming (Mapping)

Based on the outcomes of the diagnostic testing described above, the audiologist now has the necessary information and provides auditory information safely and effectively to the patient including threshold and comfortable loudness levels, the levels of any non-auditory sensations, the proper pitch rank ordering of electrodes, and information about which electrodes should not be used because of non-auditory sensations, high charge density levels, or non-independence of the auditory cues (specifically pitch) provided. The audiologist uses this information to configure a sound processor map that appropriately transforms acoustic information from the sound environment into electrical impulses that are delivered to the auditory neurons in the region of the ventral cochlear nucleus.

Speech Perception Testing

The last step with the patient is speech perception testing. This test is used as a validation technique and is presented to the patient using the following three formats: auditory only, speech-reading only, and auditory plus speech-reading modalities. The audiologist performs two or three map configurations to assess the relative efficacy of such stimulation elements as double-entry of lower frequency electrode channels vs. higher frequency channels. The patient's responses indicate that there is a different performance and further adjustments are made to the processor in order to provide the optimum configuration for the final speech processor program.

Counseling

The audiologist then describes the results with the patient and what the patient can expect as auditory perception. The patient is asked to remember how auditory stimuli are perceived during the next 24 hours because there will be further analysis and adjustments made to the processor.

Post-Service Clinical Labor Activities:

The audiologist calls the referring surgeon and explains the programming outcome. The audiologist subsequently writes a detailed report explaining the outcomes of the threshold testing and magnitude scaling of non-auditory stimuli, the comfortable loudness level testing, the elimination of non-auditory sensations, pitch magnitude scaling, pitch scanning, formal pairwise electrode pitch comparisons, sound processor programming, speech perception testing and counseling.

	A	B	C	D	E
1					
2				92640	
3	**Meeting Date: April 26, 2006**			**Diagnostic analysis with programming of auditory brainstem implant, per hour**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**XXX**	
5	**GLOBAL PERIOD**				
6	**TOTAL CLINICAL LABOR TIME**	**L052A**	**Audiologist**	**60.0**	
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L052A**	**Audiologist**	**0.0**	
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L052A**	**Audiologist**	**59.0**	
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L052A**	**Audiologist**	**1.0**	
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms				
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent				
16	Follow-up phone calls & prescriptions				
17	Other Clinical Activity (please specify)				
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review chart, cochlear implant programming results	L052A	Audiologist	1	
23	Greet patient	L052A	Audiologist	1	
24	Prepare session plan				
25	Provide pre-service education/obtain consent	L052A	Audiologist	1	
26	Prepare room, equipment, supplies	L052A	Audiologist	1	
27	Setup scope (non facility setting only)				
28	Prepare and position patient	L052A	Audiologist	1	
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Perform procedure	L052A	Audiologist	42	
32	**Post-Service**				
33	Education/instruction/counseling	L052A	Audiologist	6	
34	Clean room/equipment	L052A	Audiologist	2	
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes				
41	Other Clinical Activity (score tests, write report)	L052A	Audiologist	4	
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions	L052A	Audiologist	1	
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam; assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		
50	99213 36 minutes		36		
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54					
55	*Total Office Visit Time*			0	
56	Other Activity (please specify)				
57	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				92640	
3	**Meeting Date: April 26, 2006**			**Diagnostic analysis with programming of auditory brainstem implant, per hour**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**XXX**	
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
59	Audiology scoring forms	SK008	item	**1**	
60	Patient education booklet	SK062	item	**0.2**	
61	double sided tape	SK079	1 inch		
62	Disposable razor			**0.2**	
63					
64					
65	**Equipment**	**CMS Code**	**Unit**		
66	Audiometric soundproof booth (exam and control rooms) Audiobooth	EQ054		**1**	
67	Audiometer, clinical-diagnostic	EQ053		**1**	
68	Sound field speakers	$1,775 00		**1**	
69	Cochlear implant programming system	EQ085		**1**	
70					
71					
72					
73					
74					

codes to the CPT Editorial Panel for review. The Panel deleted, revised and created new codes to address the concerns of the RUC and these coding changes emerged in the new and revised process for CPT 2007.

Also included in these binders and on the enclosed CD, are physician time data for each of the CPT codes reviewed at the September 2005, February 2006, and April 2006 RUC meetings. The RUC continues to review the physician time data to ensure that the most accurate data is utilized in the CMS practice expense methodology. The CD also includes a table summarizing the current physician time for all CPT codes.

Practice Expense Refinements

Also enclosed in this submission are two additional binders which detail the practice expense refinement recommendations to existing codes resulting from the efforts of the RUC's Practice Expense Review Committee (PERC) over the past year. This information is also included on the aforementioned CD. The RUC is submitting recommendations on the direct practice expense inputs for 2,783 existing CPT codes. We understand that the practice expense direct inputs for all existing CPT codes is complete. If CMS identifies any services that have not been refined, please contact AMA staff so that we may schedule those codes for review at an upcoming RUC meeting.

Cost estimates for medical supplies and equipment not listed on "CMS's Labor, Supply, and Equipment List for the Year 2006" are based on provided source(s) as noted, such as manufacturer's catalogue prices and may not reflect the wholesale prices, quantity or cash discounts, prices for used equipment or any other factors which may alter the cost estimates.

Practice Expense Methodology Recommendations

CMS currently utilizes practice expense data and physician hours from the 1995-1999 AMA Socioeconomic Monitoring System (SMS) survey to calculate a "practice expense per hour" estimation for each specialty. At several meetings the RUC has recognized that these data are outdated and that there is a significant need for new survey data. On March 24, 2006, a multi-specialty sign-on letter (signed by more than 70 organizations) was sent to CMS with the following recommendation: *We are all in agreement, however, that moving forward, it is imperative that a multi-specialty practice expense survey be conducted to collect recent, reliable, consistent practice expense data for all specialties and health care professionals. We urge CMS to work with the AMA and other physician and health professions organizations to achieve this goal.* **The RUC would like to take this opportunity to reiterate the importance of a new multi-specialty practice expense data collection process and request that it be incorporated into CMS' practice expense calculations as soon as possible.**

CMS developed a set of questions for the medical community on February 15, 2006 at its Town Hall Meeting. In an effort to assist CMS with these issues, the RUC discussed each item and provides the following comments to CMS.

Equipment Assumptions - Cost of Capital Assumptions
CMS currently utilizes an interest rate of 11% in pricing medical equipment. CMS has acknowledged that this rate is too high and has requested comments regarding the appropriate interest rate. The RUC discussed and agreed that the interest rate currently was too high and that it should fluctuate according to market conditions, rather than a fixed rate. The cost of capital is a legitimate cost of a physician's office and should be linked to prevailing rates. **The RUC makes the following recommendation: CMS should adjust the 11% cost of capital rate to a market competitive rate.**

Equipment Assumptions - Equipment Utilization Data
CMS requested information on how it should reflect the utilization rate, particularly for high cost equipment. Currently, CMS uses a 50% utilization rate for all equipment. The RUC discussed whether there should be a different rate for all equipment or just for the equipment set by specific cost thresholds. The RUC indicated that the cost of capital may not have a direct linear relationship with equipment utilization. Further, the RUC discussed whether consideration should be given to impacts on rural payment, as utilization rates may not be as high as urban areas. **As a result of this discussion the RUC makes the following recommendation: The existing CMS standard of 50% utilization rate for all equipment is not an accurate measure. CMS should consider using a higher rate for all equipment, providing an opportunity to specialty societies to provide data to support lower utilization rates, if appropriate, based on clinical or geographic considerations.**

Allocations of Indirect Practice Expense Inputs
The allocation of indirect expense is inherently an arbitrary decision based upon judgments regarding how overhead costs (rent, administrative staff, office supplies and equipment) may be attributed to specific services. CMS requested specific comments on a number of these "judgments". The RUC agrees that indirect costs have increased significantly throughout the medical profession, as demonstrated by the recent supplemental surveys. **The RUC again stresses the need for a new multi-specialty practice expense data collection and reaffirmed its recommendation for CMS to work with the AMA, specialty societies, and health care professional organizations to initiate this survey process.**

Work Proxies
The American Speech-Language-Hearing Association (ASHA) and the American Dietetic Association (ADA) have sent letters to CMS urging that their services be recognized under the professional component of the resource-based relative value scale. Currently, these non-physician practitioners receive their reimbursement for Medicare services through the practice expense component only.

CMS has proposed to eliminate the NPWP which may have a significant unfavorable impact upon some NPWP specialties (up to 70%). ASHA and ADA representatives presented their concept of assigning "proxy" work values as an interim solution for the allocation of indirect costs for services without a work value. ASHA and ADA suggested that a work proxy be established through the use of existing clinical labor time and creation of an intra-service

work per unit of time (IWPUT), for some codes. Indirect costs could then be allocated on the sum of direct costs and the proxy work value.

The RUC recognized that these groups may be unfavorably impacted by the elimination of the NPWP. The RUC understands that CMS is considering the development of proxy work relative values in order to lesson this impact. **The RUC recommends that CMS should examine alternatives to prevent these large decreases in practice expense payments to those health care professionals whose services are currently included in the non-physician work pool. If CMS employs "work proxies" to resolve this issue, the RUC emphasizes that the proxy is for mathematical purposes of recalculating practice expense only.**

Five Year Review Subcommittee & New Technology/Services Identification/Review Process

Based on previous MedPAC discussions and recommendations to Congress, CMS-led initiatives to identify misvalued services, and its own mission to ensure correct valuation of all codes, the RUC concurred that there should be a process to identify potentially misvalued codes. The RUC approved the establishment of a new subcommittee to identify such codes. This committee will initially convene in October 2006. In addition, the RUC has begun to identify services incorporating new technology, which are likely to change in value, for subsequent review in order to minimize future misvaluation. The RUC is also developing other objective measures to identify misvalued services.

At its April 2006 meeting, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. First, a code is identified as a new technology/service at the RUC meeting in which it is initially reviewed. Secondly, the code is flagged in the next version of the RUC database with the date it is to be re-reviewed. Lastly, the code will be reviewed according to this schedule (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available. A flow chart providing a detailed description of this process is below. The RUC has already identified 29 of these procedures through its new and revised process. A table of these codes identified as being new technology/services has been attached.

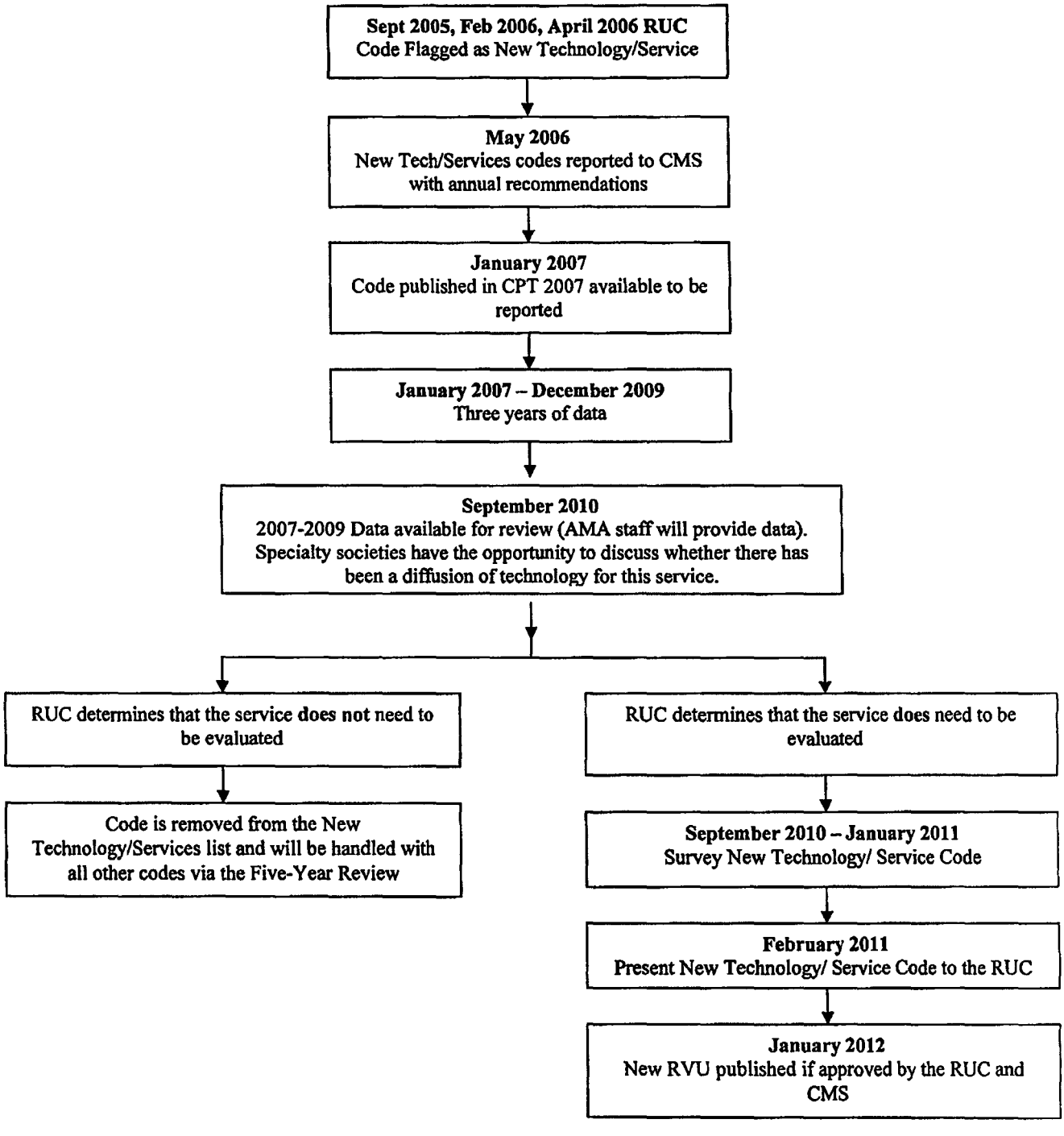
We appreciate your consideration of the RUC's recommendations. You may contact Sherry Smith with any questions regarding this submission.

Sincerely,

William Rich, MD

cc:
Ken Simon, MD
Rick Ensor
Edith L Hambrick MD
Carolyn Mullen
Pam West, DPT
RUC Participants

Chart: Flow Chart of RUC Process to Identify/Review New Technology/Services



New Technology/Services List - CPT 2007 New/Revised Codes

CPT Code	Descriptor	Meeting	Issue	Agenda Tab	Date to be Re-reviewed
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr-06	Fibroadenoma Cryoablation	11	September 2010
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr-06	Percutaneous Intradiscal Annuloplast	13	September 2010
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels	Apr-06	Percutaneous Intradiscal Annuloplast	13	September 2010
22857	Total disc arthroplasty (artificial disc), including anterior approach, including diskectomy to prepare interspace (other than for	Feb-06	Lumbar Arthroplasty	8	September 2010
22862	Revision including replacement of total disc arthroplasty (artificial disc) including anterior approach, lumbar, single interspace (includes	Feb-06	Lumbar Arthroplasty	8	September 2010
22865	Removal of total disc arthroplasty (artificial disc), including anterior approach, lumbar, single interspace	Feb-06	Lumbar Arthroplasty	8	September 2010
32998	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleur or chest wall when involved by tumor	Apr-06	Percutaneous RF Pulmonary Tumor Ablation	15	September 2010
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr-06	Atrial Tissue Ablation and Reconstruction	17	September 2010
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr-06	Atrial Tissue Ablation and Reconstruction	17	September 2010
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr-06	Atrial Tissue Ablation and Reconstruction	17	September 2010
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr-06	Atrial Tissue Ablation and Reconstruction	17	September 2010
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr-06	Atrial Tissue Ablation and Reconstruction	17	September 2010
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr-06	Gastric Antrum Neurostimulation	26	September 2010

New Technology/Services List - CPT 2007 New/Revised Codes					
CPT Code	**Descriptor**	**Meeting**	**Issue**	**Agenda Tab**	**Date to be Re-reviewed**
43648	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum; revision or removal of gastric neurostimulator electrodes, antrum	Apr-06	Gastric Antrum Neurostimulation	26	September 2010
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr-06	Gastric Antrum Neurostimulation	26	September 2010
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr-06	Gastric Antrum Neurostimulation	26	September 2010
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less;	Feb-06	Laparoscopic Supracervical Hysterectomy	13	September 2010
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	Feb-06	Laparoscopic Supracervical Hysterectomy	13	September 2010
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams;	Feb-06	Laparoscopic Supracervical Hysterectomy	13	September 2010
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Feb-06	Laparoscopic Supracervical Hysterectomy	13	September 2010
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb-06	Functional MRI	15	September 2010
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb-06	Functional MRI	15	September 2010
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion(s) consisting of one session); multi-source Cobalt 60 based	Sep-05	Stereotactic Radiation Tx Delivery	7	September 2010
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion(s) consisting of one session); linear accelerator based	Sep-05	Stereotactic Radiation Tx Delivery	7	September 2010

New Technology/Services List - CPT 2007 New/Revised Codes					
CPT Code	**Descriptor**	**Meeting**	**Issue**	**Agenda Tab**	**Date to be Re-reviewed**
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr-06	Stereotactic Body Radiation Therapy	B	September 2010
77435	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)	Apr-06	Stereotactic Body Radiation Therapy	B	September 2010
96020	Neurofunctional testing selection and administration during non-invasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report	Feb-06	Functional MRI	15	September 2010
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb-06	Whole Body Integumentary Photography	19	September 2010
99605	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements	Apr-06	Anticoagulant Management Services	I	September 2010
99606	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of three INR measurements	Apr-06	Anticoagulant Management Services	I	September 2010

Specialty and Acronym

Society	Acronym
AMA CPT Editorial Panel	AMA/CPT
AMA Staff	AMA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Pharmaceutical Physicians and Investigators	AAPPI
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular and Electrodiagnostic	AANEM
American Association of Plastic Surgeons	AAPS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Cardiology	ACC
American College of Chest Physicians	ACCP

Society	Acronym
American College of Emergency Physicians	ACEP
American College of Medical Genetics	ACMG
American College of Obstetricians and Gynecologists	ACOG
American College of Occupational and Environmental Medicine	ACOEM
American College of Physicians	ACP
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Dental Association	ADA/AAOMS
American Dietetic Association	ADiA
American Gastroenterological Association Institute	AGAI
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Medical Directors Association	AMDA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS

Society	Acronym
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Therapeutic Radiology & Oncology	ASTRO
American Society for Therapeutic Radiology and Oncology	ASTRO
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Clinical Pathology	ASCP
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Transplant Surgeons	ASTS
American Speech, Language, and Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association Military Surgeons of the U.S.	AMSUS
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
CMD	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS

Society	Acronym
Contact Lens Society of America	CLSA
Infectious Diseases Society of America	IDSA
International Spinal Injection Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
MedPAC	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Practice Expense Review Committee (PERC)	PERC
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Vascular Surgery	SVS
Society of American Gastrointestinal Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine	SNM
Society of Thoracic Surgeons	STS
The Endocrine Society	TES
The Triological Society	TTS

CPT 2007 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
00625	XXX	N	Feb06	11	Anterior Spine Anesthesia Procedures	R1	Apr06	06	ASA	13.00	13.00		☑		☐
00626	XXX	N	Feb06	11	Anterior Spine Anesthesia Procedures	R2	Apr06	06	ASA	15.00	15.00		☑		☐
01995	XXX	D	Feb06	10	Regional Intravenous Agent Administration		Deleted						☑		☐
15000	000	D	Feb06	16	Skin Graft Recipient Site		Apr06	07	ABA, ACS, ASPS				☑		☐
15001	ZZZ	D	Feb06	16	Skin Graft Recipient Site		Apr06	07	ABA, ACS, ASPS				☑		☐
15002	000	N	Feb06	16	Skin Graft Recipient Site	S1	Apr06	07	ABA, ACS, ASPS	3 65	3.65		☑		☐
15003	ZZZ	N	Feb06	16	Skin Graft Recipient Site	S2	Apr06	07	ABA, ACS, ASPS	0.80	0.80		☑		☐
15004	000	N	Feb06	16	Skin Graft Recipient Site	S3	Apr06	07	ABA, ACS, ASPS	4.58	4.58		☑		☐
15005	ZZZ	N	Feb06	16	Skin Graft Recipient Site	S4	Apr06	07	ABA, ACS, ASPS	1.60	1.60		☑		☐
15731	090	N	Feb06	17	Axial Pattern Forehead Flap	T1	Apr06	08	ASPS	12 95	12 95		☑	Five Year Review Issue	☐
15732	090	R	Feb06	17	Axial Pattern Forehead Flap		Apr06	08	ASPS	17.81	17 81	Yes	☑	Five Year Review Issue	☐
15830	090	N	Feb06	18	Panniculectomy	U1	Apr06	09	ACS, ASPS	17.00	15.60		☑	Five Year Review Issue	☐
15831	ZZZ	D	Feb06	18	Panniculectomy		Apr06	09	ACS, ASPS				☑	Five Year Review Issue	☐
15846	ZZZ	N	Feb06	18	Panniculectomy	U2	Apr06	09	ACS, ASPS	Carrier Priced	Carrier Priced		☑	Five Year Review Issue, Renumbered from 15831, Carrier Priced	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
17000	010	R	Feb06	EC G	Destruction of Lesions		Feb06	04	AAFP, AAD	0.60	0.60	Yes	☑		☐
17003	ZZZ	R	Feb06	EC G	Destruction of Lesions		Feb06	04	AAFP, AAD	0.15	0.07		☑	Five Year Review Issue	☐
17004	010	R	Feb06	EC G	Destruction of Lesions		Feb06	04	AAFP, AAD	2.20	1.80		☑	Five Year Review Issue	☐
17110	010	R	Feb06	EC G	Destruction of Lesions		Feb06	04	AAFP, AAD	0.65	0 65	Yes	☑		☐
17111	010	R	Feb06	EC G	Destruction of Lesions		Feb06	04	AAFP, AAD	0.92	0.92	Yes	☑		☐
17304	000	D	Feb06	19	Mohs Surgery		Apr06	10	AAD				☑	Five Year Review Issue	☐
17305	000	D	Feb06	19	Mohs Surgery		Apr06	10	AAD				☑	Five Year Review Issue	☐
17306	000	D	Feb06	19	Mohs Surgery		Apr06	10	AAD				☑	Five Year Review Issue	☐
17307	000	D	Feb06	19	Mohs Surgery		Apr06	10	AAD				☑	Five Year Review Issue	☐
17310	ZZZ	D	Feb06	19	Mohs Surgery		Deleted		AAD				☑	Five Year Review Issue	☐
17311	000	N	Feb06	19	Mohs Surgery	V1	Apr06	10	AAD	8.76	6.20		☑	Five Year Review Issue	☐
17312	ZZZ	N	Feb06	19	Mohs Surgery	V2	Apr06	10	AAD	6.01	3 30		☑	Five Year Review Issue	☐
17313	000	N	Feb06	19	Mohs Surgery	V3	Apr06	10	AAD	7.76	5.56		☑	Five Year Review Issue	☐
17314	ZZZ	N	Feb06	19	Mohs Surgery	V4	Apr06	10	AAD	5 01	3 06		☑	Five Year Review Issue	☐
17315	ZZZ	N	Feb06	19	Mohs Surgery	V5	Apr06	10	AAD	0.95	0 87		☑	Five Year Review Issue	☐
19105	000	N	Feb06	104	Fibroadenoma Cryoablation	W1	Apr06	11	ACS	4.75	3 69		☑		☑
19140	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19160	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
19162	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19180	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19182	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19200	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19220	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19240	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
19300	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			5.13	5.13	Yes	☑	Renumbered from 19140	☐
19301	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			5.98	5.98	Yes	☑	Renumbered from 19160	☐
19302	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			13.51	13.51	Yes	☑	Renumbered from 19162	☐
19303	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			8.79	8.79	Yes	☑	Renumbered from 19180	☐
19304	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			7.71	7.72	Yes	☑	Renumbered from 19182	☐
19305	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			15 47	15 47	Yes	☑	Renumbered from 19200	☐
19306	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			15.70	15.70	Yes	☑	Renumbered from 19220	☐
19307	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			15.98	15.98	Yes	☑	Renumbered from 19240	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
19361	090	R	Feb06	21	Breast Reconstruction	X1	Apr06	12	ACS, ASPS	23.50	22 00		☑		☐
21300	000	D	Feb06	24	Skull Fracture Closed Treatment Deletion		Deleted						☑		☑
22526	010	N	Feb06	102	Percutaneuos Intradiscal Annuloplast	Y1	Apr06	13	AAPM, ASA, AANS/CNS, NASS, ASNR, AAPMR, ACR, AAOS	7.37	6.05		☑		☑
22527	ZZZ	N	Feb06	102	Percutaneous Intradiscal Annuloplast	Y2	Apr06	13	AAPM, ASA, AANS/CNS, NASS, ASNR, AAPMR, ACR, AAOS	3.95	3.03		☑		☑
22857	090	N	Oct05	35	Lumbar Arthroplasty	F1	Feb06	08	AANS/CNS, NASS, AAOS	28.95	25.07		☑		☑
22862	090	N	Oct05	35	Lumbar Arthroplasty	F2	Feb06	08	AANS/CNS, NASS, AAOS	36 00	30 57		☑		☑
22865	090	N	Oct 05	35	Lumbar Arthroplasty	F3	Feb06	08	AANS/CNS, NASS, AAOS	35 00	29.57		☑		☑
25109	090	N	Feb06	25	Excision of Tendon	Z1	Apr06	14	ASSH, AAOS	6.25	6 25		☑		☐
25600	090	R	Oct05	44	Distal Radius Fracture		Feb06	09	ASSH, AAOS	2 63	2.63	Yes	☑		☐
25605	090	R	Oct05	44	Distal Radius Fracture		Feb06	09	ASSH, AAOS	5.80	5.80	Yes	☑		☐
25606	090	N	Oct05	44	Distal Radius Fracture	G1	Feb06	09	ASSH, AAOS	8 00	7.25		☑		☐
25607	090	N	Oct05	44	Distal Radius Fracture	G2	Feb06	09	ASSH, AAOS	9 00	8 50		☑		☐
25608	090	N	Oct05	44	Distal Radius Fracture	G3	Feb06	09	ASSH, AAOS	11 25	10.01		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
25609	090	N	Oct05	44	Distal Radius Fracture	G4	Feb06	09	ASSH, AAOS	15.00	13.00		☑		☐
25611	090	D	Oct05	44	Distal Radius Fracture		Feb06	09	ASSH, AAOS				☑		☐
25620	090	D	Oct05	44	Distal Radius Fracture		Feb06	09	ASSH, AAOS				☑		☐
26170	090	R	Feb06	25	Excision of Tendon		Apr06	14	ASSH, AAOS	4 76	4.76	Yes	☑		☐
26180	090	R	Feb06	25	Excision of Tendon		Apr06	14	ASSH, AAOS	5.17	5.17	Yes	☑		☐
26504	090	D	Feb06	26	Tendon Prosthesis		Deleted						☑		☐
27315	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
27320	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
27325	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			6.96	6.96	Yes	☑	Renumbered from 27315	☐
27326	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			6.29	6.29	Yes	☑	Renumbered from 27320	☐
28030	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
28055	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			8.67	8.67	Yes	☑	Renumbered from 28030	☐
31700	000	D	Oct05	11	Pulmonary Code Deletions		Deleted						☑		☐
31708	000	D	Oct05	11	Pulmonary Code Deletions		Deleted						☑		☐
31710	000	D	Oct05	11	Pulmonary Code Deletions		Deleted						☑		☐
32998	000	N	Feb06	27	Percutaneous RF Pulmonary Tumor Ablation	AA1	Apr06	15	SIR, ACR	6.75	5 68		☑		☑
33200	090	D	Feb06	28	Initial Epicardial Electrode Insertion		Apr06	16	STS, ACC				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33201	090	D	Feb06	28	Initial Epicardial Electrode Insertion		Apr06	16	STS, ACC				☑		☐
33202	090	N	Feb06	28	Initial Epicardial Electrode Insertion	BB1	Apr06	16	STS, ACC	15.50	12 43		☑		☐
33203	090	N	Feb06	28	Initial Epicardial Electrode Insertion	BB2	Apr06	16	STS, ACC	16 40	13.20		☑		☐
33245	090	D	Feb06	28	Initial Epicardial Electrode Insertion		Apr06	16	STS, ACC				☑		☐
33246	090	D	Feb06	28	Initial Epicardial Electrode Insertion		Apr06	16	STS, ACC				☑		☐
33253	090	D	Feb06	5	Atrial Tissue Ablation and Reconstruction		Apr06	17	STS, ACC				☑		☐
33254	090	N	Feb06	5	Atrial Tissue Ablation and Reconstruction	CC1	Apr06	17	STS, ACC	25.00	22.52		☑		☑
33255	090	N	Feb06	5	Atrial Tissue Ablation and Reconstruction	CC2	Apr06	17	STS, ACC	30.00	27.52		☑		☑
33256	090	N	Feb06	5	Atrial Tissue Ablation and Reconstruction	CC3	Apr06	17	STS, ACC	34 00	32.54		☑		☑
33265	090	N	Feb06	5	Atrial Tissue Ablation and Reconstruction	CC4	Apr06	17	STS, ACC	25 00	22.52		☑		☑
33266	090	N	Feb06	5	Atrial Tissue Ablation and Reconstruction	CC5	Apr06	17	STS, ACC	34.00	31 52		☑		☑
33675	090	N	Feb06	30	Multiple Ventricular Septal Defect Corrections	DD1	Apr06	18	STS	34.00	34.00		☑		☐
33676	090	N	Feb06	30	Multiple Ventricular Septal Defect Corrections	DD2	Apr06	18	STS	35.00	35.00		☑		☐
33677	090	N	Feb06	30	Multiple Ventricular Septal Defect Corrections	DD3	Apr06	18	STS	36 50	36 50		☑		☐
33681	090	R	Feb06	30	Multiple Ventricular Septal Defect Corrections		Apr06	18	STS	30 56	30 56	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33684	090	R	Feb06	30	Multiple Ventricular Septal Defect Corrections		Apr06	18	STS	32.50	32.50		☑	Five Year Review Issue	☐
33688	090	R	Feb06	30	Multiple Ventricular Septal Defect Corrections		Apr06	18	STS	32 88	32.88		☑	Five Year Review Issue	☐
33724	090	N	Feb06	32	Venous Anomalies	EE1	Apr06	19	STS	29.50	26.13		☑		☐
33726	090	N	Feb06	32	Venous Anomalies	EE2	Apr06	19	STS	35 50	35 50		☑		☐
35301	090	R	Feb06	34	Thromboendarterectomy	FF1	Apr06	20	SVS	18.67	18.67	Yes	☑	Five Year Review Issue	☐
35302	090	N	Feb06	34	Thromboendarterectomy	FF2	Apr06	20	SVS	20.75	20.53		☑	Five Year Review Issue	☐
35303	090	N	Feb06	34	Thromboendarterectomy	FF3	Apr06	20	SVS	23.00	22.78		☑	Five Year Review Issue	☐
35304	090	N	Feb06	34	Thromboendarterectomy	FF4	Apr06	20	SVS	24 00	23 78		☑	Five Year Review Issue	☐
35305	090	N	Feb06	34	Thromboendarterectomy	FF5	Apr06	20	SVS	23.00	22 78		☑	Five Year Review Issue	☐
35306	ZZZ	N	Feb06	34	Thromboendarterectomy	FF6	Apr06	20	SVS	9 25	9.25		☑	Five Year Review Issue	☐
35381	090	D	Feb06	34	Thromboendarterectomy		Apr06	20	SVS				☑	Five Year Review Issue	☐
35501	090	R	Feb06	35	Carotid Bypass	GG1	Apr06	21	SVS	28.00	28.00		☑	Five Year Review Issue	☐
35506	090	R	Feb06	36	Subclavian-Carotid Bypass Graft		Editorial			19 64	19 64	Yes	☑		☐
35507	090	D	Feb06	36	Subclavian-Carotid Bypass Graft		Deleted						☑		☐
35509	090	R	Feb06	35	Carotid Bypass	GG2	Apr06	21	SVS	27.00	27.00		☑	Five Year Review Issue	☐
35537	090	N	Feb06	38	Aortobiliac-Aortoiliac Bypass	II1	Apr06	23	SVS	40.00	39.90		☑	Five Year Review Issue	☐
35538	090	N	Feb06	38	Aortobiliac-Aortoiliac Bypass	II2	Apr06	23	SVS	44.63	44.63		☑	Five Year Review Issue	☐
35539	090	N	Feb06	37	Aortobifemoral-Aortofemoral Bypass	HH1	Apr06	22	SVS	44.50	42 01		☑	Five Year Review Issue	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
35540	090	N	Feb06	37	Aortobifemoral-Aortofemoral Bypass	HH2	Apr06	22	SVS	48.00	47.23		☑	Five Year Review Issue	☐
35541	090	D	Feb06	38	Aortobiliac-Aortoiliac Bypass		Apr06	23	SVS				☑	Five Year Review Issue	☐
35546	090	D	Feb06	37	Aortobifemoral-Aortofemoral Bypass		Apr06	22	SVS				☑	Five Year Review Issue	☐
35601	090	R	Feb06	39	Carotid Bypass Graft	JJ1	Apr06	24	SVS	26.00	26.00		☑	Five Year Review Issue	☐
35637	090	N	Feb06	38	Aortobiliac-Aortoiliac Bypass	II3	Apr06	23	SVS	30.95	30.95		☑	Five Year Review Issue	☐
35638	090	N	Feb06	38	Aortobiliac-Aortoiliac Bypass	II4	Apr06	23	SVS	31.50	31.50		☑	Five Year Review Issue	☐
35641	090	D	Feb06	38	Aortobiliac-Aortoiliac Bypass		Apr06	23	SVS				☑	Five Year Review Issue	☐
35883	090	N	Feb06	40	Femoral Anastomosis Revision	KK1	Apr06	25	SVS	22.00	22.00		☑		☐
35884	090	N	Feb06	40	Femoral Anastomosis Revision	KK2	Apr06	25	SVS	23.50	23 50		☑		☐
37210	000	N	Feb06	48	Uterine Fibroid Embolization	MM1	Apr06	28	SIR, ACR	14.03	9 00		☑	Interim Value - To be reviewed October 2006	☐
43647	090	N	Oct05	13	Gastric Antrum Neurostimulation	H1	Apr06	26	ACS, SAGES, AGA				☑	Carrier Priced	☑
43648	090	N	Oct05	13	Gastric Antrum Neurostimulation	H2	Apr06	26	ACS, SAGES, AGA				☑	Carrier Priced	☑
43881	090	N	Oct05	13	Gastric Antrum Neurostimulation	H3	Apr06	26	ACS, SAGES, AGA				☑	Carrier Priced	☑
43882	090	N	Oct05	13	Gastric Antrum Neurostimulation	H4	Apr06	26	ACS, SAGES, AGA				☑	Carrier Priced	☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
44152	090	D	Oct05	43	Total Colectomy		Feb06	11	ASCRS (Colon), ASGS, ACS				☑	Five Year Review Issue	☐
44153	090	D	Oct05	43	Total Colectomy		Feb06	11	ASCRS (Colon), ASGS, ACS				☑	Five Year Review Issue	☐
44157	090	N	Oct05	43	Total Colectomy	I1	Feb06	11	ASCRS (Colon), ASGS, ACS	33.00	33 00		☑	Five Year Review Issue	☐
44158	090	N	Oct05	43	Total Colectomy	I2	Feb06	11	ASCRS (Colon), ASGS, ACS	34.00	34.00		☑	Five Year Review Issue	☐
44211	090	R	Oct05	43	Total Colectomy		Feb06	11	ASCRS (Colon), ASGS, ACS	34.95	34.95	Yes	☑	Five Year Review Issue	☐
47716	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
47719	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			16.42	16 42	Yes	☑	Renumbered from 47716	☐
48005	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
48105	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			42 11	42.11	Yes	☑	Renumbered from 48005	☐
48180	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
48548	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			24.68	24 68	Yes	☑	Renumbered from 48180	☐
49085	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
49324	010	N	Feb06	43	Laparoscopic Permanent Intraperitoneal	LL1	Apr06	27	ASGS, ACS	7.00	6 00		☑		☐
49325	010	N	Feb06	43	Laparoscopic Permanent Intraperitoneal	LL2	Apr06	27	ASGS, ACS	7.50	6.50		☑		☐
49326	ZZZ	N	Feb06	43	Laparoscopic Permanent Intraperitoneal	LL3	Apr06	27	ASGS, ACS	3 50	3.50		☑		☐
49402	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			12.12	12.12	Yes	☑	Renumbered from 49085	☐
49435	ZZZ	N	Feb06	43	Laparoscopic Permanent Intraperitoneal	LL4	Apr06	27	ASGS, ACS	2.25	2.25		☑		☐
49436	090	N	Feb06	43	Laparoscopic Permanent Intraperitoneal	LL5	Apr06	27	ASGS, ACS	3.00	2 67		☑		☐
51720	000	R	Feb06	44	Bladder Instillation		Editorial			1 96	1.96	Yes	☑		☐
52204	000	R	Feb06	47	Cystourethroscopy with Biopsy		Editorial			2 37	2 37	Yes	☑		☐
54150	000	R	Feb06	53	Circumcision	NN1	Apr06	29	AAP, ACOG, AAFP, AUA	1 90	1.90		☑	Five Year Review Issue	☐
54152	010	D	Feb06	53	Circumcision		Deleted						☑	Five Year Review Issue	☐
54160	010	R	Feb06	53	Circumcision		Editorial	29	AAP, ACOG, AAFP, AUA	2.48	2.48	Yes	☑	Five Year Review Issue	☐
54161	010	R	Feb06	53	Circumcision		Editorial	29	AAP, ACOG, AAFP, AUA	3.27	3.27	Yes	☑	Five Year Review Issue	☐
54820	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
54865	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			5.13	5 13	Yes	☑	Renumbered from 54820	☐
55859	090	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
55875	090	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			12.50	12.50	Yes	☑	Renumbered from 55859	☐
55876	000	N	Oct05	14	Interstitial Fiducial Marker Placement	J1	Feb06	12	AUA, ASTRO, ACR	1.73	1.73		☑		☐
56442	000	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.68	0.68	Yes	☑	Renumbered from 56720	☐
56720	000	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
57296	090	N	Jun05	15	Abdominal Approach Revision of Prosthetic Vaginal Graft	A1	Sep05	05	ACOG	15.02	15 02		☑		☐
57558	010	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.67	1 67	Yes	☑	Renumbered from 57820	☐
57820	010	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
58541	090	N	Oct05	15	Laparoscopic Supracervical Hysterectomy	K1	Feb06	13	ACOG	13 77	13 77		☑		☑
58542	090	N	Oct05	15	Laparoscopic Supracervical Hysterectomy	K2	Feb06	13	ACOG	15 63	15.63		☑		☑
58543	090	N	Oct05	15	Laparoscopic Supracervical Hysterectomy	K3	Feb06	13	ACOG	15.94	15 94		☑		☑
58544	090	N	Oct05	15	Laparoscopic Supracervical Hysterectomy	K4	Feb06	13	ACOG	17.44	17 44		☑		☑
58548	090	N	Feb06	50	Laparoscopic Radical Hysterectomy	OO1	Apr06	30	ACOG	30.00	30.00		☑		☐
58950	090	R	Feb06	52	Tumor Debulking	PP1	Apr06	31	ACOG	16.90	16.90	Yes	☑		☐
58951	090	R	Feb06	52	Tumor Debulking	PP2	Apr06	31	ACOG	22.35	22 35	Yes	☑		☐
58952	090	R	Feb06	52	Tumor Debulking	PP3	Apr06	31	ACOG	24 97	24 97	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
58957	090	N	Feb06	52	Tumor Debulking	PP4	Apr06	31	ACOG	24.50	24.53		☑		☐
58958	090	N	Feb06	52	Tumor Debulking	PP5	Apr06	31	ACOG	27.50	27.53		☑		☐
61107	000	R	Feb06	56	Cerebral Monitoring		Editorial			4.99	4.99	Yes	☑		☐
61210	000	R	Feb06	56	Cerebral Monitoring		Editorial			5.83	5 83	Yes	☑		☐
62160	ZZZ	R	Feb06	57	Intracranial Neuroendoscopy Revision		Editorial			3.00	3 00	Yes	☑		☐
62258	090	R	Feb06	57	Intracranial Neuroendoscopy Revision		Editorial			14.52	14.52	Yes	☑		☐
64590	010	R	Oct05	13	Gastric Antrum Neurostimulation	H5	Apr06	26	ACS, SAGES, AGA	2.40	2.40	Yes	☑		☐
64595	010	R	Oct05	13	Gastric Antrum Neurostimulation	H6	Apr06	26	ACS, SAGES, AGA	1.73	1.73	Yes	☑		☐
64910	090	N	Feb06	60	Nerve Repair Grafting	QQ1	Apr06	A	AANS/CNS, ASSH, ASPS, AAOS	10 92	10.92		☑		☐
64911	090	N	Feb06	60	Nerve Repair Grafting	QQ2	Apr06	A	AANS/CNS, ASSH, ASPS, AAOS	13.38	13.38		☑		☐
66990	ZZZ	R	Oct05	EC-D	Revision of 66990		Editorial	14	AAO	1.51	1 51	Yes	☑		☐
67036	090	R	Oct05	EC-D	Revision of 66990	L1	Editorial	14	AAO	11.87	11 87	Yes	☑		☐
67112	090	R	Oct05	EC-D	Revision of 66990	L2	Editorial	14	AAO	16 83	16 83	Yes	☑		☐
67346	000	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			2.87	2.87	Yes	☑	Renumbered from 67350	☐
67350	000	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
70540	XXX	R	Feb06	61	MRI Orbits, Face and Neck		Editorial			1.35	1.35	Yes	☑		☐
70542	XXX	R	Feb06	61	MRI Orbits, Face and Neck		Editorial			1 62	1 62	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
70543	XXX	R	Feb06	61	MRI Orbits, Face and Neck		Editorial			2.15	2.15	Yes	☑		☐
70551	XXX	R	Oct05	5	Functional MRI		Editorial			1.48	1 48	Yes	☑		☐
70552	XXX	R	Oct05	5	Functional MRI		Editorial			1.78	1.78	Yes	☑		☐
70553	XXX	R	Oct05	5	Functional MRI		Editorial			2.36	2.36	Yes	☑		☐
70554	XXX	N	Oct05	5	MRI Functional Cortical and Subcortical Brain Mapping	M1	Feb06	15	AAN, ASNR, APA, ACR	2.11	2.11		☑		☑
70555	XXX	N	Oct05	5	MRI Functional Cortical and Subcoritcal Brain Mapping	M2	Feb06	15	AAN, ASNR, APA, ACR	2.54	2.54		☑		☑
71275	XXX	R	Oct05	26	CT Angiography, Chest		Editorial			1.92	1.92	Yes	☑		☐
72291	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 00	0.00	Yes	☑	Renumbered from 76012	☐
72292	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.00	0.00	Yes	☑	Renumbered from 76013	☐
75998	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76003	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76005	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76006	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76012	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76013	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
76020	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76040	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76061	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76062	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76065	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76066	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76070	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76071	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76075	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76076	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76077	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76078	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76082	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76083	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
76086	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76088	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76090	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76091	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76092	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76093	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76094	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76095	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76096	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76355	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76360	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76362	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76362	XXX	R	Feb06	27	Percutaneous RF Pulmonary Tumor Ablation		Apr06	15	SIR, ACR	3 99	3.99	Yes	☑		☐
76370	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐

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76393	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76394	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76394	XXX	R	Feb06	27	Percutaneous RF Pulmonary Tumor Ablation		Apr06	15	SIR, ACR	4 24	4.24	Yes	☑		☐
76400	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76536	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.56	0.56	Yes	☑		☐
76604	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.55	0.55	Yes	☑		☐
76645	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.54	0 54	Yes	☑		☐
76700	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0 81	0.81	Yes	☑		☐
76770	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.74	0 74	Yes	☑		☐
76775	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0 58	0.58	Yes	☑		☐
76776	XXX	N	Jun05	20	Ultrasound Transplanted Kidney with Doppler	B1	Sep05	06	SVS, ACR	0.90	0.76		☑		☐
76778	XXX	D	Jun05	20	Ultrasound Transplanted Kidney with Doppler		Deleted						☑		☐
76813	XXX	N	Oct05	17	Sonographic Measurement of Nuchal Translucency	N1	Feb06	16	ACOG	1 18	1 18		☑		☐
76814	ZZZ	N	Oct05	17	Sonographic Measurement of Nuchal Translucency	N2	Feb06	16	ACOG	0 99	0.99		☑		☐
76856	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.69	0.69	Yes	☑		☐
76880	XXX	R	Feb06	63	B-Scan Elimination		Editorial			0.59	0 59	Yes	☑		☐
76940	XXX	R	Feb06	27	Percutaneous RF Pulmonary Tumor Ablation		Apr06	15	SIR, ACR	2.00	2 00	Yes	☑		☐

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76986	XXX	D	Feb06	80	Editorial Revisions – CPT Data Model Project		Deleted						☑		☐
76998	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.20	1 20	Yes	☑	Renumbered from 76986	☐
77001	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.38	0 38	Yes	☑	Renumbered from 75998	☐
77002	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.54	0.54	Yes	☑	Renumbered from 76003	☐
77003	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.60	0 60	Yes	☑	Renumbered from 76005	☐
77011	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1 21	1 21	Yes	☑	Renumbered from 76355	☐
77012	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.16	1 16	Yes	☑	Renumbered from 76360	☐
77013	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			3 99	3.99	Yes	☑	Renumbered from 76362	☐
77014	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.85	0.85	Yes	☑	Renumbered from 76370	☐
77021	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.50	1.50	Yes	☑	Renumbered from 76393	☐
77022	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			4.24	4.24	Yes	☑	Renumbered from 76394	☐
77031	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.59	1.59	Yes	☑	Renumbered from 76095	☐
77032	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.56	0.56	Yes	☑	Renumbered from 76096	☐
77051	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.06	0 06	Yes	☑	Renumbered from 76082	☐

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77052	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 06	0.06	Yes	☑	Renumbered from 76083	☐
77053	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 36	0.36	Yes	☑	Renumbered from 76086	☐
77054	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.45	0.45	Yes	☑	Renumbered from 76088	☐
77055	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.70	0 70	Yes	☑	Renumbered from 76090	☐
77056	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 87	0.87	Yes	☑	Renumbered from 76091	☐
77057	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 70	0.70	Yes	☑	Renumbered from 76092	☐
77058	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.63	1 63	Yes	☑	Renumbered from 76093	☐
77059	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.63	1 63	Yes	☑	Renumbered from 76094	☐
77071	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.41	0 41	Yes	☑	Renumbered from 76006	☐
77072	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 19	0 19	Yes	☑	Renumbered from 76020	☐
77073	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.27	0 27	Yes	☑	Renumbered from 76040	☐
77074	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 45	0.45	Yes	☑	Renumbered from 76061	☐
77075	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.54	0 54	Yes	☑	Renumbered from 76062	☐
77076	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 70	0 70	Yes	☑	Renumbered from 76065	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77077	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 31	0.31	Yes	☑	Renumbered from 76066	☐
77078	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0 25	0.25	Yes	☑	Renumbered from 76070	☐
77079	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.22	0.22	Yes	☑	Renumbered from 76071	☐
77080	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.30	0.30	Yes	☑	Renumbered from 76075	☐
77081	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.22	0.22	Yes	☑	Renumbered from 76076	☐
77082	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.17	0.17	Yes	☑	Renumbered from 76077	☐
77083	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			0.20	0.20	Yes	☑	Renumbered from 76078	☐
77084	XXX	N	Feb06	80	Editorial Revisions – CPT Data Model Project		Renumbered			1.60	1.60	Yes	☑	Renumbered from 76400	☐
77371	XXX	N	Jun05	09	Stereotactic Radiation Treatment Delivery	C1	Sep05	07	ASTRO	0.00	0 00		☑	Practice Expense Inputs Only	☑
77372	XXX	N	Jun05	09	Stereotactic Radiation Treatment Delivery	C2	Sep05	07	ASTRO	0.00	0.00		☑	Practice Expense Inputs Only	☑
77373	XXX	N	Jun05	09	Stereotactic Body Radiation Therapy	RR1	Apr06	B	ASTRO	0.00	0.00		☑	Practice Expense Inputs Only	☑
77435	XXX	N	Jun05	09	Stereotactic Body Radiation Therapy	RR2	Apr06	B	ASTRO	13 00	13.00		☑		☑
78700	XXX	R	Feb06	66	Kidney Imaging		Editorial			0 45	0 45	Yes	☑		☐
78704	XXX	D	Feb06	67	Nuclear Medicine Genitourinary		Deleted						☑		☐
78707	XXX	R	Feb06	66	Kidney Imaging		Editorial			0 96	0.96	Yes	☑		☐
78708	XXX	R	Feb06	66	Kidney Imaging		Editorial			1.21	1.21	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
78709	XXX	R	Feb06	66	Kidney Imaging		Editorial			1 41	1 41	Yes	☑		☐
78710	XXX	R	Feb06	66	Kidney Imaging		Editorial			0 66	0 66	Yes	☑		☐
78715	XXX	D	Feb06	67	Nuclear Medicine Genitourinary		Deleted						☑		☐
78730	ZZZ	R	Feb06	68	Urinary Bladder Residual Study	SS1	Apr06	C	SNM, ACR	0.15	0.15		☑		☐
78760	XXX	D	Feb06	67	Nuclear Medicine Genitourinary		Deleted						☑		☐
78761	XXX	R	Feb06	67	Nuclear Medicine Genitourinary		Editorial			0.71	0.71	Yes	☑		☐
82107	XXX	N	Oct05	19	Alpha-fetoprotein L3 Fraction		CLFS						☐		☐
83698	XXX	N	Oct05	21	Lipoprotein Associated Phospholipase A2		CLFS						☐		☐
83913	XXX	N	Feb06	71	RNA Sample Collection Preservation		CLFS						☐		☐
86788	XXX	N	Oct05	23	West Nile IgM Antibody		CLFS						☐		☐
86789	XXX	N	Oct05	23	West Nile IgM Antibody		CLFS						☐		☐
87088	XXX	R	Feb06	73	Bacterial Urine Cluture		CLFS						☐		☐
87305	XXX	N	Feb06	74	Enzyme Immunoassay Aspergillus Detection		CLFS						☐		☐
87498	XXX	N	Feb06	75	Amplified Probe Enterovirus		CLFS						☐		☐
87640	XXX	N	Feb06	9	Methicillin Resistant Staph-aureus Amplified Probe		CLFS						☐		☐
87641	XXX	N	Feb06	09	Methicillin Resistant Staph-aureus Amplified Probe		CLFS						☐		☐
87653	XXX	N	Oct05	25	Group B Streptococcus Test		CLFS						☐		☐
87808	XXX	N	Oct05	26	Trichomonas Rapid Immunoassay Test		CLFS						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
88106	XXX	R	Feb06	78	Non-Gynecologic Cytology Specimen Instruction		CLFS						☐		☐
88107	XXX	R	Feb06	78	Non-Gynecologic Cytology Specimen Instruction		Editorial			0.76	0.76	Yes	☐		☐
89060	XXX	R	Feb06	79	Crystal Identification Specimen		Editorial			0.37	0.37	Yes	☐		☐
90655	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90656	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90657	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90658	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90669	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90700	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90702	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90714	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90715	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90718	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
90732	XXX	R	Feb06	82	Preservative Free Influenza Vaccine		Vaccine						☐		☐
91060	000	D	Oct05	11	Pulmonary Code Deletions		Deleted						☑		☐
91111	XXX	N	Feb06	83	Esophageal Capsule Endoscopy	TT1	Apr06	D	AGA, ASGE	1.00	1 00		☑		☐
92025	XXX	N	Oct05	27	Computerized Corneal Topography	O1	Feb06	17	AAO, AOA (Eye)	0 35	0 35		☑		☐
92573	XXX	D	Feb06	85	Lombard Test		Deleted						☑		☐
94002	XXX	N	Feb06	90	Ventilator Management	WW1	Apr06	F	AAP, ASA, ACCP/ATS	2 25	1.99		☑	Five Year Review Issue	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
94003	XXX	N	Feb06	90	Ventilator Management	WW2	Apr06	F	AAP, ASA, ACCP/ATS	1.50	1.37		☑	Five Year Review Issue	☐
94004	XXX	N	Feb06	90	Ventilator Management	WW3	Apr06	F	AAP, ASA, ACCP/ATS	1.33	1.00		☑	Five Year Review Issue	☐
94005	XXX	N	Feb06	90	Ventilator Management	WW4	Apr06	F	AAP, ASA, ACCP/ATS	1.75	1 50		☑	Five Year Review Issue	☐
94610	XXX	N	Feb06	91	Surfactant Administration	VV1	Apr06	E	AAP	2 00	1 16		☑		☐
94620	XXX	R	Oct05	29	Pulmonary Stress Testing		Editorial			0.64	0 64	Yes	☑		☐
94640	XXX	R	Jun05	23	Continuous Bronchodialator Therpay	D1	Sep05	08	ACCP, ATS	0.00	0.00	Yes	☑	Practice Expense Inputs Only	☐
94644	XXX	N	Jun05	23	Continuous Bronchodialator Therapy	D2	Sep05	08	ACCP, ATS	0 00	0 00		☑	Practice Expense Inputs Only	☐
94645	XXX	N	Jun05	23	Continuous Bronchodialator Therapy	D3	Sep05	08	ACCP, ATS	0 00	0.00		☑	Practice Expense Inputs Only	☐
94656	XXX	D	Feb06	90	Ventilator Management		Deleted		AAP, ASA, ACCP/ATS				☑	Five Year Review Issue	☐
94657	XXX	D	Feb06	90	Ventilator Management		Deleted		AAP, ASA, ACCP/ATS				☑	Five Year Review Issue	☐
94774	XXX	N	Feb06	92	Home Apnea Monitoring	XX1	Apr06	G	AAP	2.00			☑	Carrier Priced	☐
94775	XXX	N	Feb06	92	Home Apnea Monitoring	XX2	Apr06	G	AAP	0 00			☑	Carrier Priced	☐
94776	XXX	N	Feb06	92	Home Apnea Monitoring	XX3	Apr06	G	AAP	0.00			☑	Carrier Priced	☐
94777	XXX	N	Feb06	92	Home Apnea Monitoring	XX4	Apr06	G	AAP	1 66			☑	Carrier Priced	☐
95012	XXX	N	Oct05	8	Exhaled Nitric Oxide Measurement	P1	Feb06	18	ACCP/ATS , JCAAI	0 00	0 00		☑	Practice Expense Inputs Only	☐
95078	XXX	D	Jun05	24	Provocative Testing		Deleted						☑		☐
96020	XXX	N	Oct05	5	MRI Functional Cortical and Subcortical Brain Mapping	M3	Feb06	15	AAN, ASNR, APA, ACR	3.43	3.43		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96040	XXX	N	Jun05	11	Genetic Counseling	E1	Sep05	09	ACMG	0.00	0.00		☑	Practice Expense Inputs Only	☐
96904	XXX	N	Oct05	34	Whole Body Integumentary Photography	Q1	Feb06	19	AAD	0.00	0.00		☑	Practice Expense Inputs Only	☑
99251	XXX	R	Feb06	12	Hospital Inpatient Consult Codes		Editorial			1 00	1.00		☑	Five Year Review Issue	☐
99252	XXX	R	Feb06	12	Hospital Inpatient Consult Codes		Editorial			1.50	1.50		☑	Five Year Review Issue	☐
99253	XXX	R	Feb06	12	Hospital Inpatient Consult Codes		Editorial			2.27	2.27		☑	Five Year Review Issue	☐
99254	XXX	R	Feb06	12	Hospital Inpatient Consult Codes		Editorial			3.29	3.29		☑	Five Year Review Issue	☐
99255	XXX	R	Feb06	12	Hospital Inpatient Consult Codes		Editorial			4.00	4.00		☑	Five Year Review Issue	☐
99605	XXX	N	Feb06	97	Physician Anticoagulant Management Services	ZZ1	Apr06	I	ACP, AAN, ACC	1.65	1.65		☑		☑
99606	XXX	N	Feb06	97	Physician Anticoagulant Management Services	ZZ2	Apr06	I	ACP, AAN, ACC	0.63	0 63		☑		☑

Physician Time Components New and Revised Codes - CPT Cycle 2007																			
code	Pre-Service Evalutation	Pre-Service Postioning	Pre-Service Scrub Dress	Intra Service	Immediate Post	99291	99292	99231	99232	99233	99238	99239	99211	99212	99213	99214	99215	Total Time	RUC Meeting Date
00625	30			240	30													300	April 2006
00626	40			300	30													370	April 2006
15002	45	15	15	20	20													115	April 2006
15003				15	1													16	April 2006
15004	45	15	15	45	30													150	April 2006
15005				20	1													21	April 2006
15731	50	10	15	120	30						0.05			1	3	1		383	April 2006
15830	50	15	15	120	30			1	1		1			2	3			414	April 2006
17004	5			20	5									1				45	February 2006
17311	8	6	6	110	8													138	April 2006
17312		8		65														73	April 2006
17313	8	6	6	100	8													128	April 2006
17314		8		60														68	April 2006
17315				30														30	April 2006
19105	30	5	10	45	15													105	April 2006
19361	35	20	15	240	30			2	1		1			3	2			535	April 2006
22526	30	15	15	45	15						1			1				153	April 2006
22527				45														45	April 2006
22857	60	20	15	180	45			1	2		1				4			527	February 2006
22862	70	20	15	240	45			1	2		1				4			679	February 2006
22865	75	20	15	210	30			2	2		1				4			617	February 2006
25109	25	10	15	40	20						1			1	2			189	April 2006
25606	40	10	15	45	30						0.5			2	3			257	February 2006
25607	40	10	15	60	30						0.5			2	3			272	February 2006
25608	40	10	15	90	30						0.5			2	3			302	February 2006
25609	40	10	15	120	30						0.5			2	4			355	February 2006
32998	15	15	15	60	30													135	April 2006
33202	55	15	15	65	30			1	1		1				1			329	April 2006
33203	55	15	15	90	30			1	1		1				1			313	April 2006
33254	60	15	20	120	40			1	1		1				1	1		442	April 2006
33255	60	15	20	180	40			1	2		1				1	1		532	April 2006
33256	60	15	20	200	40	1		1	3		1				1	1		604	April 2006
33265	60	15	20	150	40			1	1		1				1	1		472	April 2006
33266	60	15	20	200	40			1	2		1				1	1		552	April 2006
33548	60	15	20	217	40	2	1	1	2	3		1			2	1		841	February 2006
33675	70	15	15	180	60	1		3	2		1					1		594	April 2006
33676	70	15	15	210	60	1		3	2		1					1		624	April 2006

Physician Time Components New and Revised Codes - CPT Cycle 2007																			
code	Pre-Service Evalutation	Pre-Service Postioning	Pre-Service Scrub Dress	Intra Service	Immediate Post	99291	99292	99231	99232	99233	99238	99239	99211	99212	99213	99214	99215	Total Time	RUC Meeting Date
33677	70	15	15	240	60	1		3	2		1					1		654	April 2006
33724	60	15	20	183	53	1		2	1		1					1		536	April 2006
33726	60	15	20	240	60	1		3	1		1					1		660	April 2006
35302	40	15	20	150	30			1	1		1			1	1			419	April 2006
35303	40	15	20	150	30			1	1		1			1	1			419	April 2006
35304	40	15	20	180	30			1	1		1			1	1			449	April 2006
35305	40	15	20	160	30			1	1		1			1	1			429	April 2006
35306				90														90	April 2006
35501	40	15	20	200	30			1	1		1				2			477	April 2006
35509	40	15	20	190	30			1	1		1				2			467	April 2006
35537	50	15	20	288	40	1		1	2		1			1	2			734	April 2006
35538	50	15	20	360	43	1		1	2		1			1	2	1		847	April 2006
35539	60	20	20	300	30	1		2	2		1			1	2			770	April 2006
35540	60	20	20	360	30	1		2	2		1			1	2			830	April 2006
35601	40	15	20	180	30			1	1		1				2			457	April 2006
35637	40	15	20	210	30	1		2	2		1			1	2			614	April 2006
35638	40	15	20	240	30	1		2	2		1			1	2			644	April 2006
35883	50	15	20	170	30			1	2		1			1	1			438	April 2006
35884	50	15	20	190	30			1	2		1			1	1			458	April 2006
37210	25	10	10	90	25													160	April 2006
44157	30	15	15	240	45			5	3		1			1	2	1		706	February 2006
44158	30	15	15	260	45			5	3		1			1	2	1		726	February 2006
49324	20	10	10	60	20						1				1			161	April 2006
49325	20	10	10	60	20						1				1			161	April 2006
49326				45														45	April 2006
49435				30														30	April 2006
49436	15	5	10	15	13						1			1				91	April 2006
54150	15	5	5	15	5													45	April 2006
55876	19	10		20	10													59	February 2006
57296	45	10	10	120	40			2	2		1				2			405	September 2005
58240	75	30	15	420	75			3	6			1		1	4	1		1165	April 2006
58541	45	10	5	95	30			2			1			1	2			320	February 2006
58542	45	10	5	110	30			2			1			1	2			335	February 2006
58543	45	10	5	120	30			2			1			1	2			345	February 2006
58544	45	10	5	135	30			2			1			1	2			360	February 2006
58548	60	10	5	240	45			2	1		1				2	1		548	April 2006
58957	65	10	15	180	45			2	2		1			1	1	1		566	April 2006

Physician Time Components New and Revised Codes - CPT Cycle 2007																			
code	Pre-Service Evalutation	Pre-Service Postioning	Pre-Service Scrub Dress	Intra Service	Immediate Post	99291	99292	99231	99232	99233	99238	99239	99211	99212	99213	99214	99215	Total Time	RUC Meeting Date
58958	65	10	15	210	45			2	2		1			1	1	1		596	April 2006
64910	25	10	15	90	20						1			1	1			216	April 2006
64911	25	10	15	120	20						1			1	3			292	April 2006
70554	15			35	10													60	February 2006
70555	10			45	10													65	February 2006
76776	5			10	5													20	September 2005
76813	5			20	10													35	February 2006
76814				20														20	February 2006
77435	20			230	20													270	April 2006
78730				5														5	April 2006
91111	5			15	15													35	April 2006
92025	5			12														17	February 2006
94002	15			30	15													17	April 2006
94003	10			20	10													40	April 2006
94004	10			15	10													35	April 2006
94005	15			25	15													55	April 2006
94610				20														20	April 2006
96020	10			60	10													80	February 2006
96904	10			60	10													80	February 2006
99605				50														50	April 2006
99606				20														20	April 2006

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
00520				20	90			15															125	125	6		6	6 00
00528				30	80			15															125	125	8		8	8.00
00537				15	120		15																150	150	7		7	7 00
00540				30	150			25															205	205	12		12	12 00
00550				12 5	90		20																122 5	122 5	10		10	10 00
00561	45				300				30														375	375	25		25	25 00
00563				60	300		30																390	390	25		25	25 00
00566				20	180		27 5																227 5	227 5	25		25	25 00
00625	30				240				30														300	300		13 00	13 00	13 00
00626	40				300				30														370	370		15 00	15.00	15 00
00635				15	20		15																50	50	4		4	4 00
00797	30				185				30														245	245	8	11	11	11 00
00851				15	60		10																85	85	6		6	6 00
00865				20	180			25															225	225	7		7	7 00
01173		35			300																		335	335	12		12	12 00
01214				12 5	120		20																152 5	152 5	8		8	8 00
01215				15	120		15																150	150	10		10	10 00
01905				15	60		15																90	90	5		5	5 00
01916				19	46.5		15																80 5	80 5	6		6	6 00
01924				20	90		15																125	125	5		5	5 00
01925				25	90		20																135	135	7		7	7 00
01926				30	120		20																170	170	8		8	8 00
01930				18	60		15																93	93	5		5	5 00
01931				20	105		20																145	145	7		7	7 00
01932				27 5	90		20																137.5	137 5	6		6	6 00
01933				25	77 5		15																117.5	117 5	7		7	7 00
01951				15	60		20																95	95	3		3	3 00
01952				15	90		25																130	130	5		5	5.00
01953				20	120		30																170	170	1		1	1 00
01960				10	45		15																70	70	5		5	5 00
01961				15	75		11																101	101	7		7	7 00
01962				15	75		15																105	105	8		8	8 00
01963				10.5	120		20																150 5	150 5	8		8	8 00
01965	15				35				10														60	60	4		4	4 00
01967				15	97 5		-10																122 5	122 5	5		5	5 00
01968				10	75		10																95	95	2		2	2 00
01969				15	150		20																185	185	5		5	5 00
10021				21	17			10															48	48	1 27		1.27	1 27
10022				11	20			10															41	41	1 27		1.27	1.27
10040	7				14				7									0 5					35 5	36	1 18		1 18	1 19
10060	8				19				8									1					50	51	1 17		1 17	1 19
10061	8				27				8						0 5			1					76	78	2 4		2 4	2 42
10080	8				15				8									1					46	47	1 17		1 17	1 19
10081	9				27				9									1					60	61	2 45		2 45	2 47
10120	7				18				7									0 5					39 5	40	1 22		1 22	1 23
10121	10				53				9									1					87	88	2 69		2 69	2.71
10140	7				16				7									1					45	46	1 53		1 53	1 55
10160	6				11				6									1					38	39	1 2		1 2	1 22
10180	8				20				8									1					51	52	2 25		2 25	2.27
11000				5	10			5															20	20	0 6		0 6	0 60
11001					10																		10	10	0 3		0 3	0 30
11004	30	15	20		90				30					1									226	240	10 31		10 31	10 80
11005	30	15	15		120				30					1									251	265	13 75		13 75	14 24
11006	30	15	20		120				30					1									256	270	12 61		12.61	13 10
11008					60																		60	60	5		5	5 00
11010				45	50	30																	125	125	4 19		4.19	4.19
11011				45	60			45															150	150	4 94		4 94	4 94
11012				60	90			60															210	210	6 87		6 87	6 87

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
11040	6				25				6														37	37	0.5		0 5	0.50
11041	15				36				12														63	63	0 82		0 82	0 82
11042	22		15		30				18														85	85	1.12		1 12	1 12
11043				45	45	20						1			1				2				211	214	2 38		2 38	3 04
11044				60	90	30						2			1				3				323	327	3 06		3 06	4 11
11055				2	4			5															11	11	0 43		0 43	0 43
11056				2	8			5															15	15	0 61		0 61	0.61
11057				2	15			5															22	22	0 79		0.79	0 79
11100	5				12				5														22	22	0 81	0 81	0 81	0 81
11101					10																		10	10	0 41		0 41	0 41
11200				4	7	2												1					28	29	0 77		0 77	0 79
11201					5																		5	5	0 29		0.29	0.29
11300																							0	29	0.51		0 51	0 51
11301																							0	36	0 85		0 85	0 85
11302																							0	40	1 05		1 05	1 05
11303																							0	43	1 24		1.24	1 24
11305																							0	32	0 67		0 67	0 67
11306																							0	38	0 99		0 99	0 99
11307																							0	41	1 14		1 14	1 14
11308																							0	47	1 41		1 41	1 41
11310																							0	33	0 73		0 73	0 73
11311																							0	40	1.05		1 05	1 05
11312																							0	43	1 2		1 2	1 20
11313																							0	51	1 62		1 62	1 62
11400	5				10				5									1					35	36	0 85	0.85	0.85	0.87
11401	10				20				5									1					50	51	1 23	1 23	1 23	1 25
11402	10				25				5									1					55	56	1 51	1 4	1 4	1 42
11403	10	5	5		30				10									1					75	76	1.79	1 79	1 79	1 81
11404	10	5	5		40				10									1					85	86	2 06	2 06	2 06	2 08
11406	10	5	5		60				10										1				113	113	2 76	3 2	3 2	3 47
11420	5				10				5									1					35	36	0 98	0 98	0 98	1 00
11421	10				20				5									1					50	51	1 42	1 42	1 42	1 44
11422	10				25				5									1					55	56	1 63	1 63	1 63	1 65
11423	10	5	5		30				10									1					75	76	2 01	2 01	2 01	2 03
11424	10	5	5		40				10									1					85	86	2 43	2 43	2 43	2 45
11426	10	5	5		60				10										1				113	113	3 77	3 77	3 77	4 04
11440	5				10				5									1					35	36	1 06	1	1	1.02
11441	10				20				5									1					50	51	1 48	1 48	1 48	1 50
11442	10				25				5									1					55	56	1 72	1.72	1 72	1 74
11443	10	5	5		30				10									1					75	76	2 29	2 29	2 29	2 31
11444	10	5	5		40				10									1					85	86	3 14	3 14	3 14	3 16
11446	10	5	5		60				10										1				113	113	4.48	4 48	4 48	4 75
11450	8				43				8										1 5				93 5	93 5	2 73		2.73	3 14
11451	7				51				7										1 5				99 5	99 5	3 94		3 94	4 35
11462	8				48				8										1 5				98 5	98 5	2 51		2 51	2 92
11463	7				61				7										1 5				109 5	109 5	3 94		3.94	4 35
11470	8				50				8										1 5				100 5	100.5	3 25		3 25	3 66
11471	8				57				8										1.5				107 5	107 5	4.4		4 4	4 81
11600	10				10				5										1				48	48	1 31	1 31	1.31	1 58
11601	15				20				5										1				63	63	1 8	1 75	1 75	2 02
11602	15				25				5										1				68	68	1 95	1 95	1 95	2 22
11603	20	5	5		30				10										1				93	93	2 19	2.5	2 5	2 77
11604	20	5	5		40				10										1				103	103	2 4	2 85	2 85	3 12
11606	20	5	5		90				10										1				153	153	3 42	4 7	4 7	4 97
11620	10				10				5										1				48	48	1.19	1.32	1 32	1 59
11621	15				20				5										1				63	63	1 76	1 76	1 76	2 03
11622	15				25				5										1				68	68	2 09	2 09	2 09	2.36
11623	20	5	5		30				10										1				93	93	2 61	2 79	2 79	3 06

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
11624	20	5	5		40				10										1				103	103	3 06	3 3	3 3	3 57
11626	20	5	5		60				10										1				123	123	4 29	4 29	4 29	4 56
11640	10				10				5										1				48	48	1 35	1 35	1 35	1 62
11641	15				20				5										1				63	63	2 16	1 85	1 85	2 12
11642	15				25				5										1				68	68	2 59	2 3	2 3	2 57
11643	20	5	5		30				10										1				93	93	3 1	3 1	3 1	3 37
11644	20	5	5		45				10										1				108	108	4 02	4 02	4 02	4 29
11646	20	5	5		65				10										1				128	128	5 94	5 94	5 94	6 21
11719				2	2			5															9	9	0 17		0 17	0.17
11720				5	8			5															18	18	0.32		0 32	0 32
11721				5	8			5															18	18	0 54		0 54	0 54
11730	3				22				2														27	27	1 13		1.13	1 13
11732					20																		20	20	0 57		0 57	0 57
11740	4				16				4														24	24	0 37		0 37	0 37
11750				10	15	10													2				81	81	1 86		1 86	2 40
11752				15	25	15													3				124	124	2 67		2 67	3 48
11755				15	25			15															55	55	1 31		1 31	1 31
11760	7				33				7									1					62	63	1 58		1 58	1 60
11762	10		15		60				10									1					110	111	2 89		2 89	2 91
11765	7				24				7									1					53	54	0 69		0.69	0 71
11770	9				37				9									1					70	71	2 61		2 61	2 63
11771	21		15		58				18			1 5			1			3 5					229	236	5 73		5 73	5 98
11772	27		25		63				22			1 5			1			4					261 5	269	6.97		6 97	7 23
11900	3				9				3														15	15	0 52		0 52	0 52
11901	4				16				4														24	24	0 8		0 8	0 80
11920				20	30			15															65	65	1 61		1 61	1 61
11921				20	45			15															80	80	1 93		1 93	1 93
11922					60																		60	60	0 49		0 49	0 49
11950				10	15			10															35	35	0 84		0 84	0 84
11951				15	30			10															55	55	1 19		1.19	1 19
11952				20	40			15															75	75	1 69		1 69	1 69
11954				20	53			15															88	88	1 85		1 85	1 85
11960				60	78	30									1			2	2	4			432	444	9 07		9 07	11 01
11970	28		15		78				22						0 5				3				230	231	7 05		7 05	7.86
11971				53	90	30									1				4				301	303	2.13		2 13	3 21
11975																							0	48	1 48		1.48	1 48
11976																							0	54	1 78		1 78	1.78
11977																							0	85	3 3		3 3	3 30
11980				15	12.5		5																32 5	32 5	1 48		1 48	1 48
11981																							0	39	1.48		1 48	1 48
11982																							0	44	1 78		1 78	1 78
11983																							0	69	3 3		3 3	3 30
12001	5				18				5									1					43	44	1 7		1 7	1 72
12002	6				22				6									1					49	50	1 86		1 86	1 88
12004	7				37				7									1					66	67	2 24		2 24	2 26
12005	8				54				8									1					85	86	2 86		2 86	2 88
12006	9				64				9									1					97	98	3 66		3 66	3 68
12007	13				78				12									1					118	119	4 11		4 11	4 13
12011	6				22				6									1					49	50	1 76		1 76	1 78
12013	6				32				6									1					59	60	1 99		1 99	2 01
12014	7				45				7									1					74	75	2 46		2.46	2 48
12015	9				67				9									1					100	101	3 19		3 19	3 21
12016	11				83				11									1					120	121	3 92		3 92	3 94
12017	14				119				12									1					160	161	4 7		4 7	4.72
12018	15				113				13									1					156	157	5 52		5 52	5 54
12020	9				31				8									1					63	64	2 62		2 62	2 64
12021	7				21				7									1					50	51	1 84		1.84	1.86
12031	6				24				6									1					51	52	2 15		2 15	2 17

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
12032	7				38				7									1					67	68	2 47		2 47	2 49
12034	8				52				8									1					83	84	2 92		2 92	2 94
12035	9				68				9									1					101	102	3 42		3 42	3 44
12036	12				84				11									1					122	123	4 04		4 04	4 06
12037	13				102				11									1					141	142	4 66		4 66	4 68
12041	6				27				6									1					54	55	2 37		2 37	2.39
12042	7				40				7									1					69	70	2 74		2 74	2 76
12044	9				56				9									1					89	90	3 14		3 14	3 16
12045	10				75				10									1					110	111	3 63		3 63	3 65
12046	12				90				11									1					128	129	4 24		4.24	4 26
12047	13				111				12									1					151	152	4 64		4 64	4 66
12051	8				24				8									1					55	56	2 47		2 47	2 49
12052	5				28				10									2					73	75	2 77	2 77	2 77	2 81
12053	10				49				10									1					84	85	3 12		3.12	3 14
12054	12				66				12									1					105	106	3.45		3 45	3 47
12055	13				89				12									1					129	130	4 42		4 42	4 44
12056	14				106				12									1					147	148	5 23		5 23	5 25
12057	15				131				13									1					174	175	5 95		5.95	5 97
13100	21				33				21									1					90	91	3 12		3 12	3 14
13101	21				53				21									1					110	111	3 91		3 91	3 93
13102					25																		25	25	1 24		1.24	1 24
13120	21				35				21									1					92	93	3 3		3 3	3 32
13121	10				60				15									2					115	117	4 32	4 32	4 32	4 36
13122					23																		23	23	1.44		1 44	1 44
13131	19				43				19									1					96	97	3 78		3 78	3 80
13132				30	45	15													2				136	136	5.94		5 94	6 48
13133					30																		30	30	2 19		2 19	2 19
13150	21				39				21									1					96	97	3.8		3 8	3 82
13151	26				57				25									1					123	124	4 44		4 44	4 46
13152	26				73				26									1					140	141	6.32		6 32	6 34
13153					45																		45	45	2 38		2.38	2.38
13160	37		25		95				26			2 5			1				4				358.5	363	10 46		10 46	11 84
14000	25				64				22						0.5				3 5				209 5	210 5	5 88		5 88	6 83
14001	34		15		105				26			0 5			1				4				317 5	320	8 46		8 46	9 60
14020	29				78				24						0 5				4				241	242	6 58		6 58	7 66
14021	37		15		116				28			0 5			1				4				333 5	336	10 04		10 04	11 18
14040	15	10	5		90				25									2	2				221	223	7 86	7 86	7 86	8 44
14041	34		15		135				27			1			1				4				358	361	11 47		11 47	12 67
14060	15	10	5		60				15									2	2				181	183	8 49	8 49	8 49	9 07
14061	38		15		157				28			1 5			1				4.5				406	409 5	12 27		12 27	13 67
14300	44		25		102				34			2 5			1				4 5				392	396 5	11 74		11 74	13 26
14350	32		25		113				26						0 5				4 5				317 5	318.5	9.6		9 6	10 82
15000	15	15	10		30				20														90	90	3 99		3 99	3 99
15001					15																		15	15	1		1	1 00
15002	45	15	15		20				20														115	115		3.65	3 65	3 65
15003					15				1														16	16		0 80	0 80	0 80
15004	45	15	15		45				30														150	150		4 58	4 58	4.58
15005					20				1														21	21		1 60	1 60	1 60
15040	15	10	10		15				10														60	60	2		2	2 00
15050	21		15		43				19										4				190	190	4 29		4 29	5 37
15100	45	10	10		60				20			1			1			2	2				276	281	9 04	9 04	9 04	9 74
15101					29																		29	29	1 72		1 72	1 72
15110	20	20	10		28				20				4					3					263	306	9 5		9 5	10 88
15111					25																		25	25	1 85		1 85	1 85
15115	20	20	15		35				20				4		1			3					311	356	9 81		9 81	11 19
15116					35																		35	35	2.5		2 5	2 50
15120	31		25		102				25			0 5			1				4				320 5	323	9 82		9 82	10 96
15121					64																		64	64	2 67		2 67	2 67

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
15130	10	10	10		25				18				1		1			4					199	215	7		7	7 41
15131					18																		18	18	1 5		1 5	1 50
15135	13	12	10		28				18				1		1			4					207	223	10 5		10 5	10 91
15136					15																		15	15	1 5		1 5	1 50
15150	30	25	15		20				30				3		1			3					291	326	8 25		8 25	9 30
15151					20																		20	20	2		2	2 00
15152					20																		20	20	2 5		2 5	2 50
15155	30	30	15		25				30				3		1			3					301	336	9		9	10 05
15156					20																		20	20	2 75		2 75	2 75
15157					30																		30	30	3		3	3 00
15170	20	20	10		30				20				3										190	220	5		5	5.99
15171					15																		15	15	1 55		1 55	1 55
15175	18	20	10		30				20				3										188	218	7		7	7 99
15176					28																		28	28	2 45		2 45	2 45
15200	30		25		90				24						1				3 5				285 5	287 5	8 02		8 02	8 97
15201					30																		30	30	1.32		1 32	1 32
15220	27		15		90				27						1			4 5					262 5	269	7 86		7 86	7 95
15221					24																		24	24	1 19		1.19	1 19
15240	45	10	10		60				20						1			2	4				285	307	9.03	9 03	9 03	10 15
15241					45																		45	45	1 86		1 86	1 86
15260	32		15		92				30										5				284	284	10 04		10 04	11 39
15261					40																		40	40	2 23		2 23	2.23
15300	15	18	15		20				18				2										146	166	3.99		3 99	4 65
15301					15																		15	15	1		1	1 00
15320	15	20	15		40				18				2										168	188	4 7		4 7	5.36
15321					20																		20	20	1 5		1 5	1 50
15330	15	15	13		18				18														79	79	3 99		3 99	3 99
15331					13																		13	13	1		1	1 00
15335	15	15	10		30				15														85	85	4 5		4 5	4 50
15336					25																		25	25	1 43		1 43	1 43
15340	10	5	10		28				15						0 5			2					116	119	3 72		3 72	3 76
15341					15																		15	15	0 5		0.5	0 50
15360	20	15	10		30				15						1			3					171	176	3 87		3.87	3 93
15361					13																		13	13	1.15		1 15	1 15
15365	15	15	10		25				15						1			3					161	166	4 15		4 15	4 21
15366	15																						15	15	1 45		1 45	1 45
15400	15	10	13		25				15				1					3					153	166	3 99		3 99	4 38
15401					20																		20	20	1		1	1 00
15420	15	15	15		30				15				1					3					165	178	4 5		4.5	4 89
15421	20																						20	20	1 5		1 5	1 50
15430	10	5	10		15				10						0 5			9					203	213	5 75		5 75	5 93
15570				60	105	30						2			1			1	2				330	335	9 2		9 2	10 00
15572				35	90	30						1			1			1	2				271	275	9 26		9 26	9 94
15574				50	120	30						3			1		1	1	1				338	344	9 87		9 87	10 52
15576				45	90	30									1			1	2				262	265	8 68		8 68	9.24
15600	24		25		52				27						0 5			2					176	179	1 91		1 91	1 95
15610	24		25		52				27						0 5			2					176	179	2.42		2 42	2 46
15620	24		15		52				27										2.5				175 5	175.5	2 94		2 94	3 62
15630	27		15		56				26										2.5				181 5	181 5	3 27		3 27	3 95
15650	28		25		70				22						0 5				2 5				220 5	221 5	3 96		3.96	4 64
15731	50	10	15		120				30						0 5			1	3	1			365	369		12 95	12 95	14 12
15732				60	150	30						4	1		1				4				474	490	17 81		17 81	19 70
15734	30	15	15		163				30			1	1	1	1			2	2	1			493	524	17 76	17 76	17 76	19 62
15736				60	150	30						3			1		1	2	1				393	400	16 25		16 25	16.92
15738				60	150	30						6			1		1	2	1				450	460	17 89		17 89	18 92
15740	39		15		118				32			1			1				4 5				362 5	365 5	10.23		10 23	11 57
15750	38		25		146				30			1			1				4 5				397.5	400 5	11 39		11 39	12 73
15756				90	360	60						8			1		1	3	2				796	809	35 18		35 18	36 74

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
15757				90	360	60						7	1		1		1	3	2				807	829	35 18		35 18	36 95
15758				90	360	60						6	1		1		1	3	2				788	809	35 05		35 05	36.70
15760	33		15		105				26						0 5				3 5				277 5	278 5	8 73		8 73	9 68
15770	28		25		104				23						1				4 5				319 5	321.5	7 51		7 51	8 73
15775				30	60			20															110	110	3 95		3 95	3 95
15776				30	90			20															140	140	5 53		5 53	5 53
15780	30				71				21						0 5				4 5				243 5	244 5	7 28		7 28	8 50
15781	26				43				19									3 5					140 5	144	4 84		4 84	4 91
15782	21				44				18									2.5					120 5	123	4 31		4 31	4 36
15783	21				38				18									2 5					114 5	117	4 28		4 28	4 33
15786	10				17				10									1					52	53	2 03		2 03	2 05
15787					8																		8	8	0 33		0 33	0 33
15788					40																		40	40	2 09		2 09	2 09
15789					57																		57	57	4 91		4 91	4 91
15792					36																		36	36	1 86		1 86	1 86
15793		27			55				21									4 5					170 5	175	3 73		3 73	3 82
15819	37		15		125				28						0 5				4				315	316	9 37		9 37	10 45
15820	27		15		36				20										3 5				178 5	178 5	5 14		5 14	6 09
15821	28		15		46				22										3 5				191.5	191 5	5 71		5 71	6 66
15822	26		15		33				21									3 5					147 5	151	4 44		4 44	4 51
15823		28			45				28										4				193	193	7 04		7 04	8 12
15830	50	15	15		120				30			1	1		1			2	3				414	429		15 60	15 60	16 90
15831	42		15		177				32			0 5			1				4 5				415	417 5	12 38		12 38	13 66
15832	39		15		150				30						1				4				362	364	11 57		11 57	12 65
15833	41		15		126				30						1				4				340	342	10 62		10 62	11 70
15834	37		15		131				29			0 5			1				4				349 5	352	10 83		10.83	11 97
15835	38		15		121				30			0 5			1				4				341 5	344	11 65		11 65	12 79
15836	38		15		113				25						0 5				4				301	302	9 33		9 33	10.41
15837	33		15		85				26										3 5				239 5	239 5	8.42		8 42	9 37
15838	32		15		54				24										3 5				205 5	205 5	7 12		7 12	8 07
15839	33		15		101				26						0 5				3 5				273 5	274 5	9.37		9 37	10 32
15840	38		25		159				30			2 5			1				4 5				439	443 5	13 24		13 24	14 76
15841	54		25		333				41			7			1				6				760	769	23.23		23 23	25 69
15842	67		25		462				52			8 5			1				6 5				953	963 5	37 9		37 9	40 68
15845	43		25		198				30						1				5 5				458.5	460 5	12.55		12 55	14 04
15850				15	18			10															43	43	0 78		0 78	0 78
15851	11				18				11														40	40	0.86		0 86	0 86
15852	13				33				13														59	59	0 86		0 86	0 86
15860	12				23				12														47	47	1 95		1 95	1 95
15920	28		25		88				23			1			1			4 5					286 5	294	7 94		7 94	8 15
15922	32		25		113				26			2			1			5					345	354	9 89		9 89	10 23
15931	26		25		56				23			5 5			1			3 5					323	334	9 23		9 23	9 96
15933	31		25		84				27			5 5			1			5.5					390	403	10 83		10 83	11 60
15934	30		25		124				22			6 5			1			4 5					428	441	12 67		12 67	13 54
15935	37		25		139				31			7 5			1			6 5					508	524	14 55		14 55	15 58
15936	27		25		125				20			5			1			4					388	399	12 36		12.36	13.04
15937	29		25		160				22			6			1			4 5					453 5	466	14 19		14 19	15.00
15940	26		25		65				18			6			1			3					329	340	9 33		9 33	10 11
15941	31		25		88				28			6			1			5 5					404 5	418	11 41		11 41	12 24
15944	34		25		108				28			6			1			5 5					427 5	441	11 44		11.44	12 27
15945	35		25		120				29			6 5			1			6					458 5	473	12 67		12 67	13 57
15946	46		25		184				47			7 5			1					4			632 5	650	21 54		21 54	23 80
15950	26		25		55				24			2 5			1			4					273 5	282	7 53		7.53	7.91
15951	31		25		79				28			5			1			5 5					376 5	389	10 7		10 7	11 41
15952	34		25		107				28			5 5			1			5 5					417	430	11 37		11 37	12.14
15953	35		25		121				29			5 5			1			6					440 5	454	12 61		12 61	13 39
15956	40		25		169				32			8			1			6 5					551 5	568	15 5		15 5	16 59
15958	40		25		173				32			8			1			6 5					555 5	572	15 46		15 46	16.55

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
16000	4				23				4														31	31	0 89		0 89	0 89
16020	10	5	5		10				10														40	40	0 8		0 8	0 80
16025	10	5	8		20				15														58	58	1 85		1 85	1 85
16030	15	5	10		35				13														78	78	2 08		2 08	2 08
16035				30	20		20																70	70	3 74		3 74	3 74
16036					20																		20	20	1 5		1 5	1 50
17000				4	3	2												1					24	25	0 6		0 6	0 62
17003					2																		2	2	0 15	0 07	0 07	0 07
17004	5				20				5									1					45	46	2 79	1 8	1.8	1 82
17004	5				20				5									1					45	46		1.80	1 80	1 82
17106				20	20													2					70	72	4.58		4 58	4 62
17107				20	30													2					80	82	9 15		9 15	9 19
17108				20	45													2					95	97	13 18		13 18	13 22
17110				3	7	3												1					28	29	0 65		0 65	0 67
17111				3	10	2												1					30	31	0 92		0 92	0.94
17250	4				6				4														14	14	0 5		0 5	0 50
17260	4				13				4									1					36	37	0 91		0 91	0.93
17261	5				16				5									1					41	42	1 17		1 17	1 19
17262	5	3			15				5									1					43	44	1 58	1 58	1 58	1 60
17263	8				25				8									1					56	57	1 79		1 79	1 81
17264	6				33				6									1					60	61	1 94		1 94	1 96
17266	6				37				6									1					64	65	2 34		2 34	2 36
17270	4				15				4									1					38	39	1 32		1 32	1 34
17271	6				18				6									1					45	46	1 49		1 49	1 51
17272	5				22				6									1					48	49	1 77		1.77	1 79
17273	7				25				7									1					54	55	2 05		2 05	2 07
17274	8				32				8									1					63	64	2 59		2 59	2 61
17276	6				40				6									1					67	68	3 2		3 2	3.22
17280	5				13				6									1					39	40	1 17		1 17	1 19
17281	5	3			14				5									1					42	43	1 72	1 72	1 72	1 74
17282	8				25				8									1					56	57	2 04		2 04	2 06
17283	7				34				7									1					63	64	2 64		2 64	2 66
17284	8				43				8									1					74	75	3 21		3 21	3 23
17286	9				48				9									1					81	82	4 43		4.43	4 45
17304	9				50				10														69	69	7 59		7 59	7 59
17305																							0	76	2 85		2 85	2 85
17306																							0	76	2 85		2.85	2 85
17307																							0	76	2 85		2 85	2 85
17310					20																		20	20	0.95		0 95	0 95
17311	8	6	6		110				8														138	138		6 20	6 20	6 20
17312		8			65																		73	73		3.30	3 30	3 30
17313	8	6	6		100				8														128	128		5 56	5 56	5 56
17314		8			60																		68	68		3 06	3 06	3 06
17315					30																		30	30		0 87	0 87	0 87
17340	3				7				3								0 5						16 5	16 5	0 76		0 76	0.76
17360	4				13				4									0 5					28 5	29	1 43		1 43	1 44
19000	12				7				12														31	31	0 84		0 84	0 84
19001					7																		7	7	0.42		0 42	0 42
19020				48	48				14			1						3					174	178	3 56		3 56	3 74
19030	7				21				7														35	35	1 53		1 53	1.53
19100				15	30			15															60	60	1 27		1 27	1 27
19101	35		15		32				18									1					115	116	3 18		3.18	3.20
19102				18	30		15																63	63	2		2	2 00
19103				20	30		15																65	65	3 69		3 69	3 69
19105	30	5	10		45				15														105	105		3 69	3 69	3 69
19110	21		15		42				18									3					141	144	4 29		4 29	4 35
19112	20		15		37				17									3					134	137	3.66		3 66	3.72
19120				32	45	20												1	1				135	136	5 55		5 55	5 84

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
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19125				60	60	30													2				196	196	6 05		6 05	6 59
19126					60																		60	60	2 93		2 93	2 93
19140	24		15		50				20						0 5			3.5					179 5	184	5 13		5 13	5 20
19160	36		15		52				21						0 5			2 5					179 5	183	5 98		5 98	6 03
19162	41		25		109				25			2 5			1			3 5					336	344	13 51		13 51	13 88
19180	30	15	15		90				20			1			1				2	1			309	314	8 79	14 67	14 67	15 67
19182	32		25		94				25						1			4 5					279 5	286	7.72		7.72	7 81
19200	44		25		137				26			4.5			1				4 5				457	463 5	15 47		15 47	17.23
19220	50		25		166				29			5 5			1				5.5				537	544 5	15 7		15 7	17 85
19240	37		25		104				31			4			1				5 5				435 5	441 5	15 98		15 98	17.95
19260	37		25		112				28	1		6			1				3 5				495 5	510.5	15 42		15 42	17 60
19271	43		25		189				35	1		6			1				6 5				654 5	669 5	18 87		18.87	21 86
19272	48		25		229				39	1		7 5			1				7				743 5	760	21 52		21 52	24 82
19290																							0	81	1 27		1 27	1 27
19291																							0	23	0 63		0 63	0 63
19296	30	10	15		30				15						0 5								118	119	3 63		3 63	3 63
19297	5				30				5														40	40	1.72		1.72	1 72
19298	30	15	15		60				30						0 5								168	169	6		6	6 00
19316				60	110	30									1			2	1				289	293	10.67		10 67	10 98
19318				60	150	30									1		1	2	1				336	340	15 6		15 6	15 91
19324	34		15		150				22										3				290	290	5 84		5 84	6 65
19325				60	90	30												4					240	244	8 44		8 44	8 52
19328	23		15		38				20						0.5				2 5				171 5	172 5	5 67		5 67	6.35
19330	29		15		62				24						0 5				3				217	218	7 58		7 58	8 39
19340					88																		88	88	6 32		6 32	6.32
19342	39		15		115				28						0 5				4 5				318 5	319 5	11.18		11.18	12 40
19350				45	90	30												4					225	229	8 91		8 91	8 99
19355	29		15		70				23										3				206	206	7.56		7 56	8 37
19357				65	105	30						1	1		1			5	7				521	539	18 13		18 13	20 57
19361				84	210	30						2	2		1			3	2				549	576	19.23		19 23	20 73
19361	35	20	15		240				30			2	1		1			3	2				535	552		22 00	22 00	23 17
19364				60	390	45						1	3		1		1	4	1				730	767	40 94		40 94	42 40
19366				60	243	30						1			1			3	1				456	462	21.25		21 25	21 70
19367				60	300		90											1	2	1			549	552	25 69		25 69	26 59
19368				60	420		90											1	2	2			707	712	32 37		32 37	33 61
19369				60	360		95											1	2	2			652	657	29 78		29 78	31 02
19370	33		15		82				23						0.5				3 5				251 5	252 5	8 04		8 04	8.99
19371	37		15		117				26						0.5				4				305	306	9 34		9 34	10 42
19380	36		15		89				26						0.5				4				276	277	9 13		9 13	10 21
19396				30	45			13															88	88	2 17		2 17	2.17
20000	14				19				14						1			1					98	101	2.12		2 12	2 14
20005	21		25		43				19			1			1			1					178	182	3 41		3 41	3 55
20100				45	90	60													1				218	218	10.06		10 06	10 33
20101				30	30	30											1						97	97	3 22		3 22	3 22
20102				30	30	30												1					105	106	3.93		3 93	3 95
20103				30	60	30												1					135	136	5 29		5 29	5 31
20150				60	120	30						1			1				3				334	337	13 67		13 67	14 60
20200	12				31				12														55	55	1.46		1 46	1.46
20205	16		15		33				15														79	79	2.35		2 35	2 35
20206	10				18				11														39	39	0 99		0 99	0 99
20220	14				22				13														49	49	1.27		1 27	1 27
20225				45	60			30															135	135	1 87		1 87	1 87
20240	14		15		39				13						0 5			1					114	116	3 23		3 23	3 25
20245				80	90				30			1			1				2	1			339	344	7 77		7 77	8 77
20250	27	5	25		100				17			1			1			1					244	248	5 02		5 02	5 16
20251	27	5	25		89				18			1			1			1					234	238	5 55		5 55	5 69
20500	11				18				11									1					55	56	1 23		1 23	1 25
20501	9				16				9														34	34	0 76		0 76	0 76

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
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20520	12				25				12									1					64	65	1 85		1 85	1 87
20525	20		15		48				18						1			1					152	155	3 49		3 49	3 51
20526				6	5		5		5														21	21	0 94		0 94	0 94
20550				10	5		5																20	20	0 75		0 75	0 75
20551				10	5		5																20	20	0 75		0 75	0 75
20552				5	5		3 5																13 5	13 5	0 66		0.66	0 66
20553				7	10		5																22	22	0 75		0 75	0.75
20600	10	2	2		5				5														24	24	0 66	0 66	0 66	0 66
20605	7				14				7														28	28	0 68		0 68	0 68
20610	7				15				7														29	29	0 79	0 79	0.79	0 79
20612				10	5		5		5														25	25	0 7		0 7	0 70
20615	23				32				17									1					87	88	2 28		2 28	2 30
20650	12		15		38				14						0 5			1					112	114	2 23		2 23	2 25
20660	20		15		47				19														101	101	2 51		2 51	2 51
20661	22		25		69				18			1 5			1			4					258 5	266	4 88		4 88	5 14
20662	26		25		91				21			1			1			4					278	285	6 06		6 06	6 26
20663	24		25		73				20			1			1			4					257	264	5 42		5 42	5 62
20664				90	60	30						2		1	1				4				387	405	8.05		8 05	9 86
20665	11				19				11									1					56	57	1 31		1 31	1 33
20670	9				23				9									1					56	57	1 74		1 74	1.76
20680	35	15	15		50				15						0 5			2					178	181	3 34	5.86	5 86	5 90
20690				5	6	3						1			1			2					99	104	3 51		3 51	3 67
20692					159																		159	159	6 4		6 4	6 40
20693	20		25		49				18			0 5			1			3					202 5	208	5 85		5 85	5 97
20694	15		25		26				15						1			2 5					154 5	159	4 15		4 15	4 20
20802				90	600		200											3	3	1			1042	1047	41 09		41 09	42.30
20805				60	600		200											3	3	1			1012	1017	49 93		49.93	51 14
20808				60	720		240											3	3	1			1172	1177	61 56		61 56	62 77
20816				60	360		150											2	3				669	671	30 89		30 89	31 74
20822				45	300		125											3	3				584	587	25 55		25 55	26 42
20824				60	360		125											2	3				644	646	30.89		30 89	31 74
20827				60	300		133											3	3				607	610	26 37		26 37	27 24
20838				75	520		135											3	3	1			882	887	41 35		41 35	42 56
20900	20		25		45				18			1			1			4					223	230	5 57		5 57	5 77
20902	18		25		63				23			3			1			4					282	291	7 54		7 54	7 98
20910	25		15		81				23						0 5			4					222	227	5 33		5 33	5 41
20912		25			88				35						0 5			4					226	231	6.34		6 34	6.42
20920	21		25		31				22			0 5			1			3					189 5	195	5 3		5 3	5 42
20922	20		25		42				21			1 5			1			3					217 5	224	6 6		6.6	6 84
20924	19		25		34				20			0 5			1			3					188 5	194	6.47		6 47	6 59
20926	19		25		32				20			1			1			3					196	202	5.52		5 52	5 70
20931					20																		20	20	1 81		1 81	1 81
20937					40																		40	40	2 79		2 79	2 79
20938					45																		45	45	3 02		3 02	3 02
20950	14				35				12														61	61	1 26		1 26	1 26
20955				100	480		170											3	3				864	867	39 15		39.15	40 02
20956				90	400	60						9			1			5	2				878	894	39 21		39 21	40.93
20957				90	420	60						9			1			6	2				913	930	40 59		40 59	42 33
20962	40	25	25		260				30														380	380	39 21		39 21	39 21
20969				120	540		200											2	2	2			1012	1018	43 85		43 85	45 11
20970				100	500		200											2	2	2			952	958	43		43	44 26
20972				90	480		190											2	2	2			912	918	42 93		42 93	44 19
20973				120	540		200											2	2	2			1012	1018	45 69		45 69	46 95
20974					24																		24	24	0 62		0 62	0 62
20975					99																		99	99	2 6		2 6	2 60
20982	23	15	10		80				30														158	158	7 27		7 27	7 27
21010				40	98	30						1	1		1			3	1				321	337	10 12		10 12	10 90
21015				40	79	30									1			2	1				238	242	5 28		5 28	5 59

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
21025				75	120	43						1	1		1		2	2	2				413	428	10 04		10 04	11 07
21026				45	60				20			1			1			2	2				256	261	4 84		4 84	5 54
21029				40	60				15						0 5			1	2				194	196	7 7		7 7	8.26
21030	30				33				15									2	1				131	133	4 49		4 49	4 80
21031				25	30	15											1	1					92	93	3 24		3 24	3 26
21032				33	45				15									2					123	125	3 24		3 24	3 28
21034				60	120				25			1			1			1	2	1			359	365	16 15		16 15	17 17
21040	30				37				15									2	1				135	137	4 49		4 49	4 80
21044				60	90				22			1			1			2	1	1			318	325	11 84		11 84	12 61
21045				68	210				30			2	1	1	1			2	2	1			567	599	16 15		16 15	18 13
21046				75	120				30			1			1			3	3				394	400	12 98		12 98	13 97
21047				90	240				40			2			1			3	3				558	565	18 72		18 72	19 83
21048				75	120				30			1			1			3	3				394	400	13 48		13 48	14 47
21049				90	225				40			2			1			3	3				543	550	17.97		17 97	19 08
21050				58	120				30			1			1			3	1	1			369	377	10 75		10 75	11 54
21060				48	120				30			1			1			2	2				329	334	10.21		10 21	10 91
21070				45	90				30						0 5		1	2	1				243	246	8 19		8 19	8 50
21076																							0	420	13.4		13 4	13 40
21077																							0	1050	33 7		33 7	33 70
21079																							0	690	22 31		22 31	22 31
21080																							0	780	25 06		25 06	25 06
21081																							0	725	22 85		22 85	22 85
21082																							0	645	20 84		20 84	20 84
21083																							0	600	19 27		19 27	19 27
21084																							0	705	22 48		22 48	22 48
21085																							0	300	8 99		8.99	8 99
21086																							0	780	24 88		24 88	24 88
21087																							0	780	24 88		24 88	24 88
21100				35	76	15									0 5			4	1				227	232	4 21		4 21	4 56
21110				30	100	15												3	2				236	239	5 2		5 2	5 80
21116																							0	99	0 81		0 81	0 81
21120		27			55				46									3 5					180.5	184	4 92		4 92	4.99
21121		27			64				46									3 5					189 5	193	7 63		7 63	7 70
21122		27			88				49						0 5			4					242	247	8 51		8 51	8 59
21123		28			111				56						1			4					291	297	11 14		11 14	11 22
21125				60	90	45									1			4					291	297	10 6		10 6	10 68
21127		30			134				54			0 5			1				4				355 5	358	11 1		11 1	12 24
21137				30	120		60										1	2	1				270	272	9 81		9 81	10 12
21138				53	180		60										1	1	2				361	362	12 17		12 17	12 73
21139				60	210		68										1	2	1				398	400	14 59		14.59	14 90
21141				35	181	30						2			1			4	2	1			464	474	18 07		18 07	19 27
21142				35	192	30						2			1			4	2	1			475	485	18 78		18 78	19 98
21143				35	204	30						2			1			4	2	1			487	497	19 55		19 55	20 75
21145	43				202				64			1 5			1				6				511 5	515	19 91	21 84	21 84	23 64
21146	46				227				67			2			1				6 5				563 5	567 5	20 68	22.55	22 55	24 54
21147	46				252				67	1 5		2 5			1				6.5				692 5	707 5	21 74	23 32	23.32	26 14
21150				90	240		120										2	2	2				540	542	25 2		25.2	25 78
21151				90	280		105										2	2	2				565	567	28 26		28 26	28 84
21154				90	360		90										2	2	1		1		666	664	30 47		30.47	31 05
21155				90	420		120										2	2	1		1		756	754	34 4		34.4	34 98
21159				120	420		120										2	2	1		1		786	784	42 32		42 32	42 90
21160				120	480		120										2	2	1		1		846	844	46 37		46 37	46 95
21172				60	240		105										2	2	1				472	474	27 76		27 76	28 07
21175				75	300		105										2	2	1				547	549	33 12		33 12	33 43
21179				60	215		75										1	2	1				410	412	22 22		22 22	22 53
21180				60	280		90										1	2	1				490	492	25 15		25.15	25 46
21181				60	165		60										2	1	1				337	338	9 89		9 89	10 18
21182				90	360		100										2	2	1				617	619	32 14		32 14	32 45

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
21183				90	390		120										2	2	1				667	669	35.26		35 26	35.57
21184				90	480		135										2	2	1				772	774	38 18		38.18	38 49
21188				90	240		90										2		1		1		516	512	22 43		22 43	22 97
21193		48			95				60			1 5			1				5				382 5	386	17 12		17 12	18 65
21194		55			158				65			2			1				5 5				478 5	482 5	19.81		19 81	21 54
21195		50			79				61			1 5			1				5 5				381	384 5	17 21		17.21	18 88
21196		52			105				60			1 5			1				5 5				408	411 5	18 88		18 88	20 55
21198		47			96				55			1			1				4 5				356 5	359 5	14 14		14 14	15 48
21199				30	90	30							1		1			2	1				269	283	15 98		15 98	16 62
21206		45			108				57			0 5			1				4.5				359	361 5	14 08		14 08	15 36
21208				35	112	20									0 5			3	2	1			314	320	10 21		10 21	11 15
21209				35	79	20									0 5			3	3				266	270	6 71		6 71	7 58
21210				23	124	30												2	3	1			314	318	10 21		10 21	11 40
21215				23	140	30												2	3	1			330	334	10 75		10 75	11 94
21230				30	189	30									1			2	1				338	342	10 75		10 75	11.06
21235				35	97	20									0 5			3	2				261	265	6 71		6 71	7 31
21240	48		25		115				41			1			1				6				422	425	14 03		14 03	15 77
21242				35	115	20						1	1		1			3	2	1			384	402	12 93		12 93	14 32
21243				103	240	60						2	1		1				10				737	751	20.76		20 76	24 03
21244				35	80	20						2	1		1			3	2	1			368	387	11 84		11 84	13 35
21245				25	150	25						1			1			2	2	1			369	376	11.84		11 84	12 88
21246				30	200	30									1			3	1				364	369	12 45		12 45	12 78
21247				35	254	20						2			1			3	3	1			535	544	22 6		22 6	24 05
21248		23			76				32										4				223	223	11 46		11 46	12 54
21249		25			145				33										4				295	295	17.49		17 49	18.57
21255				30	167	25						2			1			3	3	1			448	457	16 69		16 69	18 14
21256				75	191				20				1					2	2	1			430	444	16 17		16.17	17 42
21260				30	170	30							2		1			2	2				402	426	16 5		16 5	17 74
21261				30	300	30							2	1	1			2	3	1			634	674	31 44		31 44	33 78
21263				30	265	30							2	1	1			2	3	1			599	639	28 38		28 38	30 72
21267				30	180	30							2		1			2	2	1			450	476	18 87		18 87	20 45
21268				30	240	30							2	1	1			2	3	1			574	614	24 44		24 44	26 78
21270				45	232	30												2	1				360	362	10 21		10 21	10 52
21275				60	157	30						1			1			2	1				355	360	11 22		11 22	11 65
21280				60	74				15									1	2	1			248	251	6 02		6 02	6 92
21282				60	55				15									1	1	1			206	209	3 48		3 48	4 11
21295				15	42	5												1	1				100	101	1 53		1 53	1.82
21296				30	71	5						1			1			2	1				214	219	4 24		4 24	4 67
21300																							0	56	0 72		0 72	0 72
21310				20	15				10														45	45	0 58		0 58	0 58
21315				25	30	21													1				99	99	1 51		1.51	1 78
21320	22				25				23									0 5					77 5	78	1 85		1 85	1 86
21325				30	64	30									1			2	1				213	217	3 76		3 76	4 07
21330				30	98	30									1			2	1				247	251	5 37		5 37	5 68
21335				30	140	30									1			2	1				289	293	8 6		8 6	8 91
21336				30	90	22												2	3				241	243	5 71		5 71	6 56
21337				25	45	22												1	2				153	154	2 7		2.7	3 26
21338				30	138	30									1			2	1				287	291	6 45		6 45	6 76
21339				30	162	30									1			2	1				311	315	8 08		8.08	8 39
21340				60	141	30									1			2	2				343	347	10 75		10 75	11 33
21343				30	150	30							1		1			2	3				375	389	12 93		12 93	14 11
21344				30	225	30							1	1	1			2	3				491	519	19 69		19 69	21 36
21345				35	105	20						1			1			3	2				306	312	8 15		8 15	8 87
21346				60	126	30						1			1			2	2				347	352	10 59		10 59	11 29
21347				60	167	30						1			1			2	2				388	393	12 67		12 67	13 37
21348				60	226	30						1			1			2	2				447	452	16 66		16 66	17 36
21355				30	60	24												1	2				175	176	3 76		3 76	4 32
21356				30	70	23												1	2				184	185	4 14		4 14	4 70

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
21360				30	135	30												2	2				271	273	6 45		6 45	7 03
21365	27	5	25		123				59			2			1				5				428	432	14 93		14 93	16 52
21366				45	241	45						1			1			2	2				462	467	17 74		17 74	18 44
21385				30	171	30									1			2	1				320	324	9.15		9 15	9 46
21386				30	167	30									1			2	1				316	320	9 15		9 15	9 46
21387				30	182	30									1			2	1				331	335	9 69		9.69	10.00
21390				60	147				20				1					1	1	1			333	346	10 11		10.11	11 07
21395	30	15	15		120				30			1	1		1			1	1				333	347	12 66	13 88	13 88	14 62
21400				30	25	15												2					100	102	1 4		1 4	1 44
21401				30	51	30									1			2	1				200	204	3 26		3 26	3 57
21406				30	131	30									1			2	1				280	284	7		7	7 31
21407				30	163	30									1			2	1				312	316	8 6		8 6	8 91
21408				30	232	30									1			2	1				381	385	12 36		12 36	12 67
21421				35	71	20									0 5			3	1	1			250	256	5 13		5 13	5 80
21422				30	166	30									1			2	1				315	319	8 31		8 31	8 62
21423				30	190	30									1			3	1				354	359	10 38		10 38	10 71
21431				35	109	15						1			1			2	2				290	295	7 04		7.04	7 74
21432				45	150	45						1			1			2					325	330	8 6		8 6	8 76
21433				60	316	60						2			1			2	2				586	592	25 31		25 31	26 13
21435				120	450	45						2	2	2	1			2	2	1			945	1001	17 22		17 22	20 02
21436				30	300	40							1	1	1			2	3	1			614	644	28		28	30 01
21440				18	56	10												2	2				160	162	2.7		2 7	3 28
21445				35	77	10									0 5			3	1	1			246	252	5 37		5 37	6 04
21450				18	51	15												2	2				160	162	2 97		2 97	3 55
21451				30	94	15									0 5			3	2				248	252	4 86		4 86	5 46
21452				15	39	5									0 5			2	1				130	133	1 98		1 98	2 29
21453				35	80	10									0 5			3	3				257	261	5 53		5 53	6 40
21454				30	91	15						1			1			3	2				282	288	6 45		6 45	7 17
21461				30	103	10						1			1			3	3				312	318	8.08		8 08	9.07
21462				30	127	10						1			1			3	3				336	342	9 78		9.78	10 77
21465				30	158	10						1			1			3	3				367	373	11 89		11 89	12 88
21470	30		25		129				59			2 5			1				6				464 5	469	15 32		15 32	17 24
21480				25	25				21														71	71	0 61		0 61	0 61
21485				24	75	10												3	2				200	203	3 98		3 98	4 58
21490				35	177	20									0 5			3	3				364	368	11 84		11.84	12 71
21495				35	79	15									0 5			3	3				261	265	5 68		5 68	6 55
21497				35	81	10									0 5			3	2				235	239	3 85		3 85	4 45
21501	18		25		40				18						0 5			3 5					171.5	176	3 8		3 8	3 87
21502	21		25		67				20			2			1			4					267	275	7 11		7 11	7 43
21510	24		25		73				23			2			1			4 5					286 5	295	5 73		5 73	6 06
21550	20				36				17									1					88	89	2 06		2 06	2 08
21555	17		15		41				17						0 5			3					153	157	4.34		4 34	4 40
21556	21		15		67				20						0 5			3 5					193 5	198	5 56		5 56	5 63
21557	24		25		128				18						1			2					261	265	8 87		8 87	8 91
21600	20		25		55				19			1 5			1			4					243 5	251	6 88		6 88	7 14
21610				75	180	18						3			1				3				435	440	14 59		14 59	15 76
21615	25		25		91				23			3			1			4 5					324 5	334	9 86		9 86	10 31
21616	29		25		126				25			3 5			1			5					382 5	393	12.02		12 02	12 54
21620	22		25		65				21			2 5			1			4					276 5	285	6 78		6 78	7 16
21627	20		25		48				19			2 5			1			4					255 5	264	6 8		6 8	7 18
21630	34		25		147				30	1 5		6 5			1			5 5					572 5	597	17 35		17 35	19 01
21632	33	5	25		184				29	1		6 5			1			5 5					581	602	18 11		18 11	19 51
21685	50	10	15		75				30				1		1			1	2	3			421	440	12 98		12 98	14 89
21700	21		25		45				19						1			2 5					183 5	188	6 18		6 18	6 23
21705	26		25		84				22			1 5			1			3					266 5	273	9 59		9 59	9 83
21720	22		15		41				20						0 5			2 5					153 5	157	5 67		5 67	5 72
21725	26		25		89				22			0 5			1			3					252 5	258	6.98		6 98	7 10
21740				60	150	37						1	1		1				2				378	391	16 48		16 48	17.47

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
21750				60	120	25							1		1				1				294	306	10 75		10 75	11 35
21800	6				17				2									1					40	41	0 96		0 96	0 98
21805	16				40				15									2 5					108 5	111	2 75		2 75	2 80
21810	22				68				20									3 5					162 5	166	6 85		6 85	6 92
21820	11				17				7									1 5					57 5	59	1 28		1 28	1 31
21825	20		25		66				18			1 5			1			3.5					246	253	7.4		7.4	7.65
21920	11				30				12									1					68	69	2 06		2 06	2 08
21925	17		15		29				17						0 5			3					141	145	4 48		4 48	4 54
21930	20		15		46				19									3 5					152 5	156	4 99		4 99	5 06
21935	27		25		104				23			3			1			4 5					339 5	349	17.93		17 93	18 38
22010	30	20	15		60				30			3	1		1			1	3				362	378	11 05		11 05	12 57
22015	30	15	15		60				30			3	1		1			1	3				357	373	10 94		10 94	12 46
22100				80	90		135												4				397	397	9 72		9 72	10 80
22101				75	90		135												4				392	392	9 8		9 8	10 88
22102				75	90		135												4				392	392	9 8		9 8	10 88
22103					30																		30	30	2 34		2 34	2 34
22110				80	120		145												4				437	437	12 72		12 72	13 80
22112				90	150		175												4				507	507	12 79		12 79	13 87
22114				90	150		185												4				517	517	12 79		12 79	13 87
22116					45																		45	45	2 32		2.32	2 32
22210				105	180		185												5				585	585	23 78		23 78	25 13
22212				105	210		180												5				610	610	19 39		19 39	20 74
22214				100	200		170												5				585	585	19 42		19 42	20 77
22216					60																		60	60	6 03		6 03	6 03
22220				105	165		180												5				565	565	21 34		21.34	22.69
22222				105	210		200												5				630	630	21 49		21 49	22 84
22224				105	225		175												5				620	620	21 49		21 49	22 84
22226					60																		60	60	6 03		6 03	6 03
22305	18		15		34				11						0 5			1 5					118 5	121	2 05		2 05	2 08
22310				25			50												4				167	167	2 61		2 61	3 69
22315				55	30		80												4				257	257	8 83		8 83	9 91
22318				120	140	28						2			1			1	3				446	451	21 47		21 47	22 54
22319				120	150	30						3			1			1	3				477	483	23 96		23 96	25 15
22325				89	150		150												5				504	504	18 27		18 27	19 62
22326				95	120		145												4				452	452	19 56		19 56	20 64
22327				95	150		145												5				505	505	19.17		19 17	20 52
22328					45																		45	45	4 6		4 6	4 60
22505	15				21				8														44	44	1 87		1 87	1 87
22520	30	15	15		45				30						0 5				1				176	177	8 9	8 9	8 9	9 17
22521				30	75	30									1				1				194	196	8 33		8.33	8 60
22522					50																		50	50	4 3		4 3	4 30
22523	30	15	15		58				20						1				1				197	199	8.94		8 94	9 21
22524	30	15	15		55				20						1				1				194	196	8 54		8 54	8 81
22525					40																		40	40	4 47		4.47	4 47
22526	30	15	15		45				15						1			1					153	155		6 05	6 05	6 07
22527					45																		45	45		3.03	3 03	3 03
22532	120				170				30			3	2		1			1	3				557	583	23 96		23 96	25 81
22533	116				180				30			3	1		1			1	3				533	549	23 09		23 09	24 61
22534					60																		60	60	5 99		5 99	5 99
22548				100	180		160												4				532	532	25 78		25 78	26 86
22554	60	20	15		90				30				1		1				3				350	362	18 59	16 4	16 4	17 54
22556				85	180		168												4				525	525	23.42		23 42	24 50
22558				80	180		150												4				502	502	22 25		22 25	23 33
22585					45																		45	45	5 52		5 52	5 52
22590				95	180		165												4				532	532	20 48		20 48	21 56
22595				90	150		160												4				492	492	19 36		19 36	20 44
22600				90	120		135												4				437	437	16 12		16 12	17 20
22610				88	150		138												4				468	468	16		16	17 08

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
22612	60	20	15		150				30			1	2		1				3				459	482	20 97	22	22	23 59
22614					40																		40	40	6 43		6 43	6.43
22630				85	180		144												4				501	501	20 81		20 81	21 89
22632					60																		60	60	5 22		5 22	5 22
22800				90	180		155												4				517	517	18 22		18.22	19 30
22802				90	200		170												4				552	552	30 83		30 83	31.91
22804				95	240		203												4				630	630	36 22		36 22	37 30
22808				90	180		191												4				553	553	26 23		26 23	27 31
22810				90	240		191												4				613	613	30 22		30 22	31 30
22812				90	270		191												5				666	666	32 65		32 65	34 00
22818				120	240	60						5	3		1				3				710	747	31 78		31 78	34 18
22819				120	245	60						6	3		1				4				757	795	36 39		36 39	39 18
22830	30	7	25		90				23			2			1			3					294	301	10 83		10.83	11 13
22840					60																		60	60	12 52	12 52	12 52	12 52
22841					5																		5	5	0		0	-
22842					105																		105	105	12 56		12 56	12 56
22843					120																		120	120	13 44		13 44	13 44
22844					150																		150	150	16 42		16 42	16.42
22845					90																		90	90	11.94		11 94	11 94
22846					120																		120	120	12 4		12 4	12 40
22847					120																		120	120	13.78		13 78	13 78
22848					68																		68	68	5 99		5 99	5 99
22849	36	10	25		121				29			4 5			1			3					387 5	397	18 48		18 48	19 08
22850	25	5	25		60				20			1 5			1			2 5					237	243	9 51		9 51	9 74
22851					90																		90	90	6 7		6.7	6 70
22852	27	6	25		68				22			2			1			2 5					259.5	266	9		9	9 29
22855	35	9	25		136				27			5			1			3					408	418	15 11		15.11	15 77
22857	60	20	15		180				45			1	2		1				4				527	550		25 07	25.07	26 93
22862	70	20	15		240				45			1	2		1				4				679	620		30 57	30 57	32 43
22865	75	20	15		210				30			2	2		1				4				617	600		29 57	29.57	31 55
22900	29		25		62				20			2 5			1			2 5					257	264	5 79		5 79	6 14
23000	17		15		46				16						0 5			2 5					149 5	153	4.35		4 35	4 40
23020	23		25		81				21			2			1			4					284	292	8 92		8.92	9 24
23030	21	7	15		36				19						1			1					149	152	3 42		3 42	3 44
23031	14		15		35				14									1					93	94	2.74		2 74	2 76
23035	22		25		71				20			3			1			4					291	300	8 6		8 6	9.04
23040	23		25		74				21			3			1			4					296	305	9 19		9 19	9 63
23044	19		25		46				19			2 5			1			3 5					245	253	7 11		7 11	7 48
23065	15				23				18									0 5					63 5	64	2 27		2 27	2 28
23066	18				48				19									3					130	133	4 15		4 15	4 21
23075	14		15		38				15									1					97	98	2 39		2 39	2.41
23076	25	11	15		75				20			0 5			1			4.5					259	266	7 62		7 62	7 77
23077	60	8	25		139				28			5 5			1				5				515 5	523	16 07		16 07	18 08
23100	21		25		57				19						1			3 5					210 5	216	6 02		6 02	6 09
23101	19		25		47				18						1			3					190	195	5 57		5 57	5 63
23105	25		25		92				22			0.5			1			4					269 5	276	8 22		8 22	8 36
23106	21		25		55				19						1			3 5					208 5	214	5 95		5.95	6 02
23107	25		25		75				23			0 5			1			4					253 5	260	8 61		8 61	8.75
23120	21		25		51				20			0 5			1			3 5					215	221	7 1		7 1	7 23
23125	27		25		92				23			0 5			1			4					272 5	279	9 38		9 38	9 52
23130	19	12	25		66				18						1			4 5					243 5	250	7 54		7 54	7 63
23140	22		25		71				20			0 5			1			3 5					236	242	6 88		6 88	7.01
23145	27		25		109				24			1			1			4					300	307	9 08		9 08	9 28
23146	24		25		86				22			0 5			1			4					262 5	269	7.82		7 82	7 96
23150	24		25		83				22			2			1			4					288	296	8 47		8 47	8.79
23155	27		25		120				23			2 5			1			4 5					346	355	10 33		10 33	10 72
23156	25		25		95				23			2			1			4					302	310	8 67		8 67	8 99
23170	20		25		59				19			1 5			1			3 5					240	247	6 85		6 85	7 10

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
23172	22		25		75				21			2			1			35					269 5	277	6.89		6 89	7 20
23174	24	8	25		101				26			25			1			5					342 5	352	9 5		9 5	9 90
23180	23	6	25		68				27			2			1			45					290.5	299	8 52		8 52	8 85
23182	24		25		88				27			2			1			45					305 5	314	8 14		8 14	8 47
23184	25		25		101				28			25			1			45					330	339	9 37		9 37	9 76
23190	23		25		76				21			0.5			1			35					243	249	7 23		7 23	7 36
23195	25		25		88				22			3			1			4					313	322	9 8		9.8	10 24
23200	27		25		111				25			4.5			1			45					377	388	12 06		12 06	12 69
23210	29		25		128				26			5			1			45					406.5	418	12 47		12 47	13 16
23220	30		25		146				27			6			1			5					453	466	14 54		14 54	15 36
23221	36	5	25		173				30			5			1			5					475	487	17 71		17 71	18 41
23222				80	240	30						4			1				4				554	560	23 88		23 88	25 44
23330	14				27				13									1					69	70	1 85		1 85	1 87
23331	25		25		88				23			0 5			1			4					266.5	273	7 37		7 37	7 51
23332	30		25		129				26			4 5			1			45					399	410	11 6		11 6	12 23
23350	11				29				12														52	52	1		1	1 00
23395				60	160	30						1			1				5				420	423	16 82		16 82	18 29
23397	31		25		136				27			35			1			45					389	399	16 11		16 11	16 62
23400	29		25		104				27			1			1			45					307 5	315	13 52		13.52	13 73
23405	23		25		47				22						1			35					205 5	211	8 36		8 36	8 43
23406	25		25		62				23			0 5			1			35					233	239	10 77		10 77	10 90
23410	27		25		80				24			1			1			4					271	278	12 43		12.43	12 63
23412	28		25		93				25			1 5			1			4					295 5	303	13.29		13 29	13 55
23415	24		25		62				23			0 5			1			35					232	238	9 96		9 96	10 09
23420				45	120	30						1			1				5				365	368	13 28		13 28	14 75
23430	26		25		60				23						1			4					230	236	9 97		9 97	10 05
23440	25		25		62				21						1			35					221 5	227	10 46		10 46	10 53
23450	28		25		87				25			1			1			4					280	287	13 38		13.38	13 58
23455	30		25		104				26			1			1			4					300	307	14 35		14 35	14 55
23460	30		25		112				27			2			1			45					335 5	344	15 35		15 35	15 68
23462	29		25		104				27			2			1			4					319	327	15 28		15 28	15 60
23465	31		25		122				28			2			1			45					347 5	356	15 83		15 83	16 16
23466				45	120	30									1				5				346	348	14 2		14 2	15 55
23470	23	10	25		113				19			4 5			1			45					379	390	17 12		17 12	17 75
23472				60	165				30			2	1		1			1	3				443	458	21 07		21 07	22 47
23480	25		25		69				24			1 5			1			4					267 5	275	11 16		11 16	11 42
23485	28		25		101				25			2 5			1			4					322 5	331	13 41		13 41	13 79
23490	28		25		91				25			1			1			4					284	291	11 84		11 84	12 04
23491	30		25		104				26			1			1			45					307 5	315	14 19		14 19	14 40
23500	13				21				5									25					76.5	79	2 08		2 08	2 13
23505	16		15		32				10									3					118	121	3 68		3 68	3 74
23515	22		25		83				20						1			35					238 5	244	7 4		7 47	
23520	13				20				9									25					79 5	82	2 16		2 16	2 21
23525	16				39				11									4					126	130	3 59		3 59	3 67
23530	23		15		77				20						0 5			35					205 5	210	7.3		7 3	7 37
23532	25		15		116				22						1			4					274	280	8		8	8 08
23540	13				20				9									25					79 5	82	2 23		2 23	2 28
23545	15				34				10									35					111 5	115	3 25		3 25	3 32
23550	24		25		75				19			1 5			1			35					260	267	7 23		7 23	7 48
23552	24		25		97				21			1.5			1			4					291 5	299	8 44		8 44	8 70
23570	13				20				9									25					79 5	82	2 23		2 23	2 28
23575	17		15		39				11									35					134 5	138	4.05		4 05	4 12
23585	24		25		102				21			1			1			4					287	294	8 95		8 95	9.15
23600	16				24				10									35					102 5	106	2 93		2 93	3 00
23605	19		15		44				11						0 5			4					167	172	4 86		4 86	4 94
23615				60	120	30						2			1				5				399	403	9 34		9 34	10 93
23616				80	120	20						3			1			4					373	382	21 24		21 24	21 68
23620	14				21				9									3					89	92	2 4		2 4	2 46

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
23625	16		15		35				10						0 5			3 5					146 5	151	3 92		3 92	3 99
23630	21		25		72				19			0 5			1			3 5					235	241	7 34		7 34	7 47
23650	24		15		32				14									3					130	133	3 38		3 38	3 44
23655	18		15		38				11						0 5			4					160	165	4 56		4.56	4 64
23660	22		25		84				20						1			3.5					239 5	245	7.48		7 48	7 55
23665	17		15		39				11						0 5			4					160	165	4 46		4 46	4 54
23670	23		25		84				20			0 5			1			3 5					250	256	7 89		7 89	8.02
23675	21		25		53				13						1			4 5					215 5	222	6 04		6 04	6 13
23680	25		25		100				22			1 5			1			4					296 5	304	10 04		10 04	10 30
23700	11				25				13									1					64	65	2 52		2 52	2 54
23800	31		25		125				27			3			1			4.5					368 5	378	14 14		14.14	14 59
23802				45	180	30						2			1				5				444	448	16 58		16 58	18 17
23900	37	6	25		187				34			6 5			1			5					523.5	537	19 69		19 69	20.57
23920				60	180	45						3			1				4				470	475	14 59		14.59	16 03
23921	24		25		67				21			0 5			1			3 5					235	241	5 48		5 48	5 61
23930	13				31				13						0.5			1					90	92	2 94		2.94	2 96
23931	10				19				11						0 5			1					73	75	1 79		1 79	1 81
23935	19		25		58				17			1			1			3 5					226 5	233	6 08		6 08	6 27
24000	18		25		51				17			1			1			3					211	217	5 81		5 81	5 99
24006				60	60	20						2			1			4					274	282	9 3		9 3	9 62
24065	17				31				16									1					79	80	2 08		2 08	2 10
24066	20		15		51				19						0 5			3					168	172	5 2		5 2	5 26
24075	17		15		40				17									2 5					126 5	129	3 91		3 91	3 96
24076	23		15		74				21						0 5			3 5					203 5	208	6 29		6 29	6 36
24077	30		25		135				27			1			1			4 5					339 5	347	11 74		11 74	11 95
24100	19		15		37				19						0 5			3					153	157	4 92		4 92	4 98
24101	21		25		49				19						0.5			3 5					184 5	189	6 12		6 12	6 19
24102	24		25		76				22			0.5			1			3 5					245	251	8 02		8 02	8.15
24105	18		15		35				19									3 5					139 5	143	3 6		3 6	3 67
24110	25		15		78				23						0 5			4					219	224	7 38		7 38	7 46
24115	28		25		110				24			2 5			1			4					330 5	339	9.62		9 62	10 00
24116	28		25		106				25			2			1			4					318	326	11 79		11 79	12 11
24120	23		15		61				21						0 5			3.5					190 5	195	6 64		6 64	6 71
24125	26		25		93				22			0 5			1			4					271 5	278	7 88		7 88	8 02
24126	25		25		79				21			1			1			4					265	272	8 3		8 3	8 50
24130	22		25		50				20						0 5			3 5					187 5	192	6 24		6 24	6 31
24134	24		25		79				23			2 5			1			4					294 5	303	9 72		9 72	10.10
24136	22		25		61				21			2			1			3 5					255 5	263	7.98		7 98	8 29
24138	22		25		50				24			1.5			1			5 5					268	277	8 04		8.04	8 33
24140	25		25		79				23			1 5			1			4					276 5	284	9.17		9 17	9 43
24145	23		25		66				22			0 5			1			3 5					234	240	7.57		7.57	7 70
24147	21		25		54				24			0 5			1			5					244 5	252	7 53		7 69	
24149				60	170	30						1			1				6				453	456	14 18		14.18	15 92
24150	30		25		132				26			3			1			4 5					373 5	383	13 25		13.25	13 70
24151	34		25		178				28			3 5			1			5					442 5	453	15.56		15 56	16.08
24152	28		25		108				23			1			1			4					299	306	10 04		10 04	10 24
24153	32		25		151				26			1			1			4 5					356 5	364	11 52		11.52	11 73
24155	29		25		112				24			1 5			1			4					314 5	322	11 71		11.71	11 97
24160	24		25		78				21						1			3 5					236 5	242	7 82		7 82	7 89
24164	19		25		45				18			0 5			1			3					197 5	203	6 22		6 22	6 34
24200	14				26				12									1					67	68	1.76		1 76	1 78
24201	19		15		45				18						0 5			3					160	164	4 55		4 55	4 61
24220	15				20				8														43	43	1 31		1 31	1 31
24300				45	20				25						0 5			6					198	205	3 74		3 74	3 86
24301	27		25		87				25						1			4					260	266	10 18		10.18	10 26
24305	24		25		63				22						0 5			3 5					204.5	209	7 44		7 44	7 51
24310	20		25		40				19						0 5			3					167	171	5 97		5 97	6 03
24320	27		25		106				24			1			1			4					297	304	10 54		10 54	10 74

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
24330	26		25		86				24						1			4					257	263	9 59		9 59	9 67
24331	28		25		105				23			1			1			4					296	303	10 63		10 63	10 83
24332				50	60				30						0 5			3	1				226	230	7.44		7.44	7 77
24340	25		25		70				22						0 5			4					220	225	7 88		7.88	7 96
24341				45	90	30									1				5				316	318	7.89		7 89	9 24
24342	28		25		101				24			0 5			1			4					283 5	290	10.6		10 6	10 74
24343				55	90				30						0 5			4	1				276	281	8 64		8 64	8 99
24344				60	120		30		30			1			36			3	3				1669	1745	13 98		13 98	14 97
24345				58	90				30						0 5			4	1				279	284	8 64		8 64	8 99
24346				60	120		30		30			1			1			3	3				409	415	13.98		13 98	14 97
24350	16		15		37				20									4					148	152	5 24		5.24	5 32
24351	22		15		49				21									3 5					159 5	163	5 9		5 9	5.97
24352	23		15		56				21						0 5			3 5					185 5	190	6 42		6 42	6 49
24354	22		15		50				21						0 5			3 5					178 5	183	6.47		6 47	6.54
24356	23		15		58				20						0 5			3 5					186 5	191	6 67		6 67	6 74
24360	29		25		110				26			1			1			4 5					312 5	320	12 32		12 32	12 53
24361	31		25		108				28			1			1			4 5					314.5	322	14 06		14 06	14 27
24362	33		25		134				28			1			1			4 5					342 5	350	14 97		14 97	15 18
24363	50	17 5	15		150				30			2	1		1			1	3				450 5	465 5	18 46	21 07	21 07	22.47
24365	23		25		56				21			0 5			1			3 5					223	229	8 38		8 38	8 51
24366	24		25		68				22			0 5			1			3 5					237	243	9.12		9 12	9 25
24400	28		25		90				25			0 5			1			4 5					281	288	11 04		11 04	11 19
24410	33		25		129				29			0 5			1			5					336 5	344	14.8		14 8	14 96
24420	31		25		117				28			0.5			1			5					321.5	329	13 42		13 42	13 58
24430	30	18	15		102				15			2			1			1	3				338	343	12 79	14	14	15 07
24435				60	150	30						2			1				5				429	433	13 15		13 15	14 74
24470	24		25		63				22						1			4					230	236	8 73		8 73	8 81
24495	23		25		73				20			1			1			3.5					248 5	255	8 11		8 11	8 30
24498	28		25		100				23			1.5			1			4					300 5	308	11 9		11 9	12 16
24500	14				34				9									4					117	121	3 21		3 21	3.29
24505	20		15		50				12						0 5			4 5					182 5	188	5.16		5 16	5 25
24515	24	8	25		106				19			2			1			5					331	340	11 63		11 63	11.97
24516				80	90	20						3			1			4					343	352	11 63		11 63	12 07
24530	20				39				13									4					132	136	3 49		3 49	3 57
24535	23		15		55				14						0 5			5					200	206	6 86		6 86	6 96
24538	27		25		87				15			1			1			4 5					276 5	284	9 42		9 42	9 63
24545	27	5	25		122				24			3			1			4					356	365	10 44		10 44	10 88
24546				80	150	20						2			1			4					384	392	15 67		15 67	15 99
24560	16				36				10									3 5					114 5	118	2 8		2 8	2.87
24565	21		15		51				12						0 5			4 5					184.5	190	5 55		5 55	5 64
24566				60	60		45												4				257	257	7 78		7.78	8 86
24575	23		25		89				22			2 5			1			4					302 5	311	10 64		10 64	11 02
24576	17				37				11									4					125	129	2 86		2 86	2 94
24577	20		15		54				12						0 5			4 5					186 5	192	5 78		5 78	5 87
24579	25		25		98				23			2 5			1			4					314 5	323	11 58		11.58	11 96
24582				60	60		60												5				295	295	8.54		8 54	9.89
24586	28	6	25		120				26			3			1			4 5					365 5	375	15 19		15 19	15 64
24587	29	6	25		149				26			3 5			1			4 5					405	415	15 14		15.14	15 65
24600	17		15		29				12									3					118	121	4 22		4 22	4 28
24605	20		15		41				12						0 5			4 5					173 5	179	5 41		5 41	5 50
24615	22		25		75				21			2			1			3 5					269 5	277	9 41		9 41	9 72
24620	24		15		59				14						0 5			5					205	211	6.97		6 97	7 07
24635	27	5	25		122				25			2 5			1			4 5					355	364	13 17		13 17	13.56
24640	9				8				6									1					38	39	1 2		1 2	1 22
24650	11				20				8									3					84	87	2 16		2 16	2 22
24655	19				39				12									4 5					137.5	142	4 39		4 39	4 48
24665	23		25		77				21						1			4 5					249 5	256	8.13		8 13	8 22
24666	23		25		85				21			1 5			1			4					278 5	286	9 48		9 48	9 74

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
24670	15				29				10									3					99	102	2 54		2.54	2 60
24675	18		15		45				11									4					149	153	4 71		4 71	4 79
24685	19	9	25		89				16			0 5			1			3 5					256	262	8 79		8 79	8.92
24800	31		15		106				28						1			4 5					283 5	290	11.18		11 18	11 27
24802	30		25		138				26			3 5			1			4 5					389	399	13 67		13 67	14 18
24900	28		25		64				25			3			1			4 5					302 5	312	9 59		9 59	10 04
24920	21		25		51				21			3 5			1			3 5					273	282	9 53		9 53	10 02
24925	21		25		51				20			0.5			1			3 5					215	221	7.06		7 06	7 19
24930	22		25		60				23			3 5			1			3 5					285	294	10 23		10 23	10 72
24931	26		25		91				24			4 5			1			4					347 5	358	12 7		12 7	13 32
24935	30		25		148				27			5 5			1			5					445 5	458	15 54		15 54	16 30
25000	14		15		33				17									3 5					131 5	135	3 37		3 37	3 44
25001				30	30				20						0 5			2	1				151	154	3 37		3 37	3 68
25020	20		25		54				19						1			3					199	204	5 91		5 91	5 97
25023	27		25		100				28			5 5			1			4 5					388	400	12 94		12 94	13 69
25024				60	70				30			1	2		1			4	1				358	385	9 49		9 49	10 62
25025				60	125				30			2	2		1			4	1				432	460	16 52		16 52	17 77
25028	18		25		35				17						1			3					176	181	5 24		5 24	5 30
25031	17		15		34				16						0 5			2 5					137 5	141	4 13		4 13	4 18
25035	21		25		61				20			1			1			3 5					234 5	241	7 35		7 35	7 54
25040	19		25		48				19			1 5			1			3					220 5	227	7 17		7 17	7 41
25065	15				21				12									1					63	64	1 99		1 99	2 01
25066	17		15		40				17						0 5			3					152	156	4 12		4 12	4 18
25075	16		15		39				16									2.5					123 5	126	3 73		3.73	3 78
25076	20		15		62				19									3					161	164	4.91		4 91	4 97
25077	29		15		128				25			0 5			1			4.5					310	317	9 75		9.75	9 90
25085	20		25		48				18						1			3					192	197	5 49		5 49	5 55
25100	17		15		35				16						0 5			2 5					138 5	142	3 89		3.89	3 94
25101	19		15		44				18						0 5			3					159	163	4 68		4 68	4 74
25105	22		15		69				20						0 5			3 5					196 5	201	5.84		5 84	5 91
25107				45	90	30													4				257	257	6 42		6.42	7.50
25109	25	10	15		40				20						1			1	2				189	191		6 25	6 25	6 81
25110	17		15		43				17									2.5					129 5	132	3 91		3 91	3 96
25111	17		15		41				19									3					137	140	3.38		3 38	3 44
25112	19		15		47				19									3					145	148	4 52		4 52	4 58
25115				45	90	30													4				257	257	8 81		8.81	9 89
25116	21		15		78				21			1 5			1			5					274 5	283	7.1		7 1	7 38
25118	18		15		40				18						0 5			3					154	158	4 36		4 36	4 42
25119	21		15		65				19						1			3 5					208 5	214	6 03		6 03	6 10
25120	22		15		66				20						1			3 5					211 5	217	6 09		6 09	6 16
25125	25		25		96				22						1			4					264	270	7 47		7.47	7 55
25126	24		25		88				21						1			4					254	260	7 54		7 54	7 62
25130	21		15		55				20									3 5					163 5	167	5 25		5 25	5 32
25135	25		15		89				22						0 5			4					229	234	6 88		6 88	6 96
25136	23		15		70				21						0 5			3 5					199 5	204	5 96		5 96	6 03
25145	22		15		73				21						1			3 5					219 5	225	6 36		6 36	6 43
25150	22		25		76				20			1			1			3 5					250 5	257	7 08		7 08	7 27
25151	23		25		83				21			1			1			3 5					259 5	266	7 38		7.38	7.57
25170	29		25		127				26			1 5			1			4 5					339	347	11 07		11 07	11 34
25210	21		25		53				20						1			3 5					207.5	213	5 94		5 94	6 01
25215	25		25		85				22			0 5			1			4					262 5	269	7 88		7 88	8 02
25230	19		25		42				18						1			3					185	190	5 22		5 22	5 28
25240	20		25		46				18						0 5			3					172	176	5 16		5 16	5 22
25246	9	6			19				12														46	46	1 45		1.45	1 45
25248	20		15		52				20									3 5					159 5	163	5.13		5 13	5 20
25250	22		15		72				21						0 5			3 5					200.5	205	6 59		6 59	6.66
25251	27		25		112				24			0 5			1			4					293 5	300	9 56		9 56	9 70
25259				46	20				20						0 5			6					194	201	3 74		3 74	3 86

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
25260	28		15		50				23						1			5					227	234	7.79		7 79	7 89
25263	28		15		53				23						1			4 5					222.5	229	7 81		7 81	7 90
25265	29		15		99				25						0 5			4 5					253 5	259	9 87		9.87	9 96
25270	21		15		46				19						0 5			3 5					171 5	176	5 99		5 99	6 06
25272	23		15		55				21						0 5			3.5					184 5	189	7 03		7 03	7 10
25274	27		15		93				24						0 5			4					237	242	8 74		8 74	8 82
25275				40	70				23						0.5			3	1				219	223	8 49		8.49	8 82
25280	22		25		53				20						1			3 5					208 5	214	7 21		7 21	7 28
25290	19		25		35				18						0.5			3					160	164	5.28		5 28	5.34
25295	22		25		48				21						0 5			3 5					186 5	191	6 54		6 54	6 61
25300	27		25		79				25						0 5			4 5					241 5	247	8 79		8 79	8 88
25301	26		25		78				23						0 5			4					230	235	8 39		8 39	8 47
25310	24		25		71				22			0 5			1			3 5					240	246	8 13		8 13	8 26
25312	27		25		96				24			0.5			1			4					277 5	284	9 56		9 56	9 70
25315	24		25		77				22			2 5			1			4					291 5	300	10 18		10 18	10 56
25316	28		25		109				24			3			1			4 5					346 5	356	12.31		12 31	12 76
25320				49	120		100												1	4			444	452	10 75		10 75	12 38
25332	28		25		106				25			1			1			4 5					306 5	314	11 39		11 39	11 60
25335	30		25		130				25			2.5			1			4.5					361	370	12 86		12.86	13 25
25337				45	90	75													1	3			347	353	10 15		10 15	11 44
25350	24		25		73				22			1			1			4					259	266	8 77		8.77	8 97
25355	25		25		84				23			1 5			1			4					281 5	289	10 15		10 15	10 41
25360	23		25		67				22			1			1			4					252	259	8 42		8 42	8.62
25365	29		25		116				24			2.5			1			4.5					345	354	12 38		12 38	12 77
25370	28		25		140				25			4			1			5 5					412 5	424	13.34		13 34	13.93
25375	34		25		134				29			2 5			1			4 5					373	382	13 02		13 02	13 41
25390	27		25		97				24			1			1			4					288	295	10 38		10 38	10 58
25391	29		25		124				25			3 5			1			4 5					373	383	13 63		13 63	14 14
25392	30		25		129				26			3 5			1			4 5					380	390	13 93		13 93	14 44
25393	32		25		158				27			4			1			4 5					421 5	432	15 85		15.85	16.42
25394				50	90				20						0 5			3	1				246	250	10 38		10 38	10 71
25400	27		25		99				25			1 5			1			4					300 5	308	10.9		10 9	11 16
25405	30		25		126				26			3.5			1			4.5					377	387	14 36		14 36	14 87
25415	30		25		135				27			2			1			4 5					358 5	367	13 33		13 33	13 66
25420	33		25		160				28			4			1			5					433	444	16 31		16 31	16 89
25425	28		25		104				26			2 5			1			4 5					334	343	13 19		13 19	13 58
25426	32		25		146				28			3 5			1			4 5					401	411	15 8		15 8	16.31
25430				50	100				30						0 5			3	1				266	270	9 24		9 24	9 57
25431				58	100				30						0 5			3	1				274	278	10 42		10 42	10 75
25440	27		25		90				24			0 5			1			4					271 5	278	10 42		10 42	10 56
25441	31		25		135				27			1 5			1			4 5					350	358	12 88		12 88	13 15
25442	30		25		131				25			0 5			1			4 5					324	331	10 83		10 83	10 98
25443	28		25		109				25			0 5			1			4 5					300	307	10 37		10 37	10 52
25444	29		25		105				25			0 5			1			4 5					297	304	11 13		11 13	11 28
25445	28		25		103				25						1			4					277	283	9 68		9 68	9 76
25446	31		25		141				28			4 5			1			4 5					414	425	16 53		16 53	17 16
25447	20	15	10		100				20						0 5			3	2				274	278	10 35	10 35	10 35	10 95
25449	31		25		135				28			2			1			4 5					360 5	369	14 47		14 47	14 80
25450	26		15		73				25									4					199	203	7 86		7 86	7 94
25455	29		15		99				26						0 5			4 5					254 5	260	9.48		9.48	9 57
25490	27		25		102				24						1			4					274	280	9 53		9 53	9 61
25491	27		25		93				24						1			4					265	271	9 95		9 95	10 03
25492	31		25		130				27			1			1			4 5					335 5	343	12 31		12 31	12 52
25500	8				23				5									3					81	84	2 45		2 45	2 51
25505	20		15		44				12									5					166	171	5 2		5 2	5 30
25515	23		25		102				21			1			1			4					286	293	9 17		9 17	9 37
25520				65	30	25									0 5			5					213	219	6 25		6 25	6 35
25525				65	90	25						1			1			4	1				318	325	12 22		12 22	12 69

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
25526				65	120	25						1			1			4	1				348	355	12 96		12.96	13 43
25530	7				25				8									3					85	88	2 09		2 09	2 15
25535	20		15		44				12									4 5					158 5	163	5 13		5 13	5 22
25545	24		25		95				20			1			1			4					279	286	8 89		8 89	9 09
25560	15				28				10									3					98	101	2 44		2 44	2.50
25565	9		15		52				15						0 5			4 5					176 5	182	5 62		5 62	5 71
25574				65	120	25						1			1			4	1				348	355	7		7	7 47
25575				45	120	30						2			1				5				384	388	10 43		10 43	12 02
25600	13				25				12									3					95	98	2 63		2 63	2 69
25605	22		15		35				23										4 5				198 5	198 5	5 8		5 8	7 02
25606	40	10	15		45				30						0 5			2	3				257	260		7 25	7 25	8 10
25607	40	10	15		60				30						0 5			2	3				272	275		8.50	8 50	9 35
25608	40	10	15		90				30						0 5			2	3				302	305		10.01	10 01	10 86
25609	40	10	15		120				30						0 5			2	4				355	358		13 00	13 00	14 12
25611	27		25		68				20						0 5				5 5				284.5	285 5	7 76		7 76	9 25
25620	20		25		90				17						1			3 5					240 5	246	8.54		8 54	8 61
25622	9				28				8									3 5					97 5	101	2 61		2 61	2 68
25624	19				44				12									5					150	155	4 52		4 52	4 62
25628				45	100	30									1				4				303	305	8 42		8 42	9 50
25630	11				25				7									3					88	91	2 88		2 88	2 94
25635	19				40				12									4 5					138.5	143	4 38		4 38	4 47
25645	22		15		71				20						1			3 5					216 5	222	7 24		7 24	7 31
25650	13		15		18				9									3 5					107 5	111	3 05		3 05	3 12
25651				50	30				20						0 5			3	1				186	190	5 35		5 35	5 68
25652				50	60				25						0 5			3	1				221	225	7 59		7 59	7 92
25660	20				41				12									4 5					140 5	145	4 75		4 75	4 84
25670	23		15		72				20						1			3 5					218 5	224	7 91		7 91	7.98
25671				50	45				25						0 5			3	1				206	210	5 99		5 99	6 32
25675	18		15		36				11									4 5					147 5	152	4 66		4 66	4 75
25676	25		25		66				14			0 5			1			4					235 5	242	8 03		8 03	8 17
25680	21		15		55				13						0 5			5					197	203	5 98		5 98	6 08
25685	24		25		86				22			1			1			4					272	279	9 77		9 77	9 97
25690	20		15		49				12						0 5			4 5					181 5	187	5 49		5 49	5 58
25695	23		25		81				21						1			3 5					238 5	244	8 33		8 33	8 40
25800	26		25		102				23			1			1			4					291	298	9 75		9 75	9 95
25805	29		25		123				24			2			1			4 5					342 5	351	11 26		11 26	11 59
25810				50	140	30						1			1				4				367	370	10 55		10 55	11 75
25820	24		15		77				23						0 5			4					217	222	7.44		7 44	7 52
25825	23		25		103				22			1 5			1			5					312 5	321	9.26		9 26	9.54
25830				45	100		70											2	1	1			306	310	10 04		10.04	10 69
25900	32		25		84				26			3			1			5					335	345	9		9	9 46
25905	21		25		53				21			2 5			1			3 5					256	264	9 11		9 11	9 48
25907	21		25		55				20			1			1			3 5					228 5	235	7 79		7 79	7.98
25909	23		25		64				21			1 5			1			3 5					250	257	8 95		8 95	9 20
25915				60	180		120											3	1				428	431	17 05		17 05	17 38
25920	22		25		57				21			1 5			1			3 5					242	249	8 67		8 67	8 92
25922	21		25		54				20			0 5			1			3 5					218	224	7 41		7.41	7 54
25924	21		25		52				20			1.5			1			3 5					235	242	8 45		8 45	8.70
25927	23		25		59				21			1			1			3 5					235 5	242	8 79		8 79	8.98
25929	22		25		55				20			0 5			1			3 5					220	226	7 58		7 58	7 71
25931	23		25		61				20			0 5			1			3 5					227	233	7 8		7.8	7 93
26010	9				17				9									1					50	51	1 54		1 54	1 56
26011	11				29				13									1					68	69	2 19		2.19	2 21
26020	15		25		40				18			2			1			3 5					224 5	232	4 66		4 66	4 97
26025	16		25		37				16			1			1			3					194	200	4 81		4 81	4 99
26030	18		25		49				18			1 5			1			3					219 5	226	5 92		5 92	6 16
26034	18		25		49				18			1 5			1			4 5					242	250	6 22		6 22	6 49
26035	23		25		65				27			3 5			1				4 5				346	351 5	9 5		9 5	11 14

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
26037	18		25		51				18			1 5			1			3					221 5	228	7 24		7 24	7.48
26040	14		15		33				14						0.5			2 5					131 5	135	3 33		3 33	3 38
26045	22		15		75				20						0 5			3 5					202 5	207	5 55		5 55	5 62
26055	20	15	5		20				20						0 5			2	1				151	154	2 69	2 69	2 69	3 00
26060	13		15		18				13									2					89	91	2 81		2 81	2 85
26070	16		15		43				16						1			2 5					163 5	168	3 68		3 68	3 73
26075	16		15		39				16						1			2 5					159 5	164	3 78		3 78	3 83
26080	15		15		34				18			0 5			1			3 5					180	186	4 23		4 23	4 36
26100	16		15		32				16									2 5					116 5	119	3 66		3 66	3.71
26105	16		15		32				16									2 5					116 5	119	3 7		3 7	3 75
26110	16		15		27				16									2 5					111 5	114	3.52		3.52	3 57
26115	16		15		30				17									3 5					130 5	134	3 85		3 85	3 92
26116	20		15		50				20						0 5			4 5					190 5	196	5.52		5.52	5 61
26117	26		15		88				24						0 5			4					231	236	8 54		8 54	8 62
26121	25		15		72				24									4					196	200	7 53		7 53	7.61
26123				45	120	28													5				308	308	9 28		9 28	10 63
26125	27		15		94				25														161	161	4 6		4 6	4 60
26130	21		15		50				19						0 5			3 5					175 5	180	5.41		5 41	5 48
26135	22		15		48				21						0 5			3 5					176 5	181	6 95		6 95	7 02
26140	20		15		44				20						0 5			3 5					169 5	174	6 16		6 16	6 23
26145	21		15		47				20						0 5			3 5					173 5	178	6 31		6.31	6 38
26160	20	15	5		20				20						0 5			2	1				151	154	3 15	3 15	3 15	3 46
26170	19		15		34				19									3					132	135	4 76		4 76	4 82
26180	20		15		42				20									3 5					149 5	153	5 17		5 17	5 24
26185				40	45	25													4				202	202	5.24		5 24	6 32
26200	19		15		44				19						0 5			3					160	164	5 5		5.5	5 56
26205	22		15		67				21			0 5			1			3 5					223	229	7 69		7 69	7 82
26210	20		15		44				20									3 5					151 5	155	5 14		5 14	5 21
26215	23		15		65				21						0 5			3 5					194.5	199	7 09		7.09	7 16
26230	19		15		47				19						1			3					181	186	6 32		6 32	6 38
26235	19		15		46				19						1			3					180	185	6.18		6 18	6 24
26236	17		15		36				17						1			3					166	171	5 31		5 31	5 37
26250	23		15		67				22						0 5			3 5					197.5	202	7 54		7 54	7 61
26255	31		15		104				26			2 5			1			4 5					327	336	12 41		12 41	12 80
26260	22		15		55				21						0 5			3 5					183 5	188	7 02		7 02	7 09
26261	25		15		80				23			1			1			4					258	265	9 08		9 08	9 28
26262	20		15		42				19						0 5			3					159	163	5 66		5 66	5 72
26320	17		15		43				16						0.5			2 5					146 5	150	3 97		3 97	4 02
26340				25	15				15						0 5			6					163	170	2 5		2 5	2 62
26350	20		15		53				20									4.5					175 5	180	5 98		5 98	6 07
26352	25		15		94				22						1			4					252	258	7 67		7 67	7 75
26356				45	90	30									1				8				385	387	8 06		8 06	10 22
26357	26		15		89				24						1			4					250	256	8 57		8 57	8 65
26358	28		15		108				25						1			4 5					279 5	286	9 13		9 13	9 22
26370	22		25		59				21						1			3 5					215 5	221	7 1		7 1	7 17
26372	26		25		92				23			0 5			1			4					271 5	278	8 75		8 75	8 89
26373	24		25		75				22			0 5			1			4					251 5	258	8 15		8 15	8 29
26390	24		25		70				22			0 5			1			3 5					239	245	9 18		9 18	9 31
26392	25		25		69				23			0 5			1			4					247.5	254	10 24		10 24	10 38
26410	19		15		43				18						0 5			3					158	162	4 62		4 62	4 68
26412	22		15		64				20						1			3 5					209 5	215	6 3		6 3	6 37
26415	22		15		58				21						0 5			3 5					186 5	191	8 33		8 33	8 40
26416	24		15		71				23						0 5			4					211	216	9 36		9 36	9 44
26418	12		15		39				15									4 5					148 5	153	4 24		4 24	4 33
26420	23		15		72				20						1			3.5					218 5	224	6 76		6 76	6 83
26426	23		15		56				21						0.5			3 5					185 5	190	6 14		6 14	6.21
26428	25		15		72				23						0 5			4					213	218	7 2		7 2	7 28
26432	18		15		35				18									3					131	134	4 01		4 01	4 07

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
26433	20		15		46				19									3					145	148	4 55		4 55	4 61
26434	21		15		59				20						0 5			3 5					185.5	190	6 08		6 08	6 15
26437	22		15		51				20						0 5			3 5					178 5	183	5 81		5 81	5 88
26440	19		15		43				18						0 5			3					158	162	5 01		5 01	5 07
26442				45	90	30													5				280	280	8 15		8 15	9 50
26445	19		15		37				18									3					134	137	4.3		4 3	4 36
26449				45	90	25													5				275	275	6 99		6 99	8 34
26450	16		15		24				16									2 5					108 5	111	3 66		3.66	3 71
26455	16		15		26				16									2 5					110 5	113	3 63		3 63	3 68
26460	15		15		22				15									2 5					104.5	107	3 45		3 45	3 50
26471	22		15		57				21									3 5					167 5	171	5 72		5 72	5 79
26474	21		15		50				20									3 5					158 5	162	5 31		5 31	5 38
26476	20		15		43				19									3 5					149 5	153	5 17		5 17	5.24
26477	20		15		43				19									3 5					149.5	153	5.14		5.14	5 21
26478	22		15		49				21									3 5					159 5	163	5.79		5 79	5.86
26479	22		15		45				21									3 5					155 5	159	5 73		5 73	5 80
26480	21		15		60				21									4					177	181	6 68		6 68	6 76
26483	25		15		77				23						1			4					236	242	8 28		8 28	8 36
26485	24		15		70				22						1			4					227	233	7 69		7 69	7 77
26489	26		25		86				23			1			1			4					275	282	9 54		9 54	9 74
26490	25		15		75				24						1			4					235	241	8 4		8 4	8 48
26492	28		15		95				25						1			4 5					266 5	273	9.61		9 61	9 70
26494	25		15		78				23						1			4					237	243	8 46		8 46	8 54
26496	27		15		85				24						1			4					247	253	9 58		9 58	9 66
26497	25		15		84				23						1			4					243	249	9 56		9 56	9.64
26498	29		15		114				26						1			4 5					287 5	294	13 98		13 98	14.07
26499	27		15		104				24						1			4					266	272	8 97		8 97	9.05
26500	21		15		48				20						0.5			3 5					174 5	179	5 95		5 95	6 02
26502	23		15		70				21						1			3 5					217 5	223	7 13		7 13	7 20
26504	24		15		56				23						1			4					214	220	7 46		7 46	7 54
26508	21		15		56				20						1			3 5					200 5	206	6		6	6 07
26510	28		15		91				26						1			3 5					248 5	254	5 42		5 42	5 49
26516	22		25		55				21						1			3 5					211 5	217	7 14		7 14	7 21
26517	25		25		75				23			0 5			1			4					253 5	260	8 82		8 82	8 96
26518	27		25		95				24			0.5			1			4					276 5	283	9 01		9 01	9.15
26520	21		15		45				20						0 5			3 5					171 5	176	5 29		5 29	5 36
26525	21		15		44				20						0 5			3 5					170 5	175	5 32		5 32	5 39
26530	25		15		59				23						0 5			4					200	205	6 68		6 68	6 76
26531	23		15		62				24						0 5			4 5					209 5	215	7 9		7 9	7 99
26535	23		15		62				21						0 5			3 5					191 5	196	5 23		5 23	5 30
26536	25		15		65				23						0 5			4					206	211	6 36		6 36	6 44
26540	21		15		54				20						1			3 5					198 5	204	6 42		6 42	6 49
26541	26		15		79				23						1			4					239	245	8 61		8 61	8 69
26542	23		15		67				21						1			3 5					214 5	220	6 77		6 77	6 84
26545	24		15		63				23						1			4					221	227	6 91		6 91	6 99
26546				45	90	30									1				6				339	341	8 91		8 91	10 53
26548	24		15		62				23						1			4					220	226	8 02		8 02	8 10
26550				60	240	120												3	1				488	491	21 21		21 21	21 54
26551				120	480	60						9			1			5	2				988	1004	46 51		46 51	48 23
26553				105	480	60						9			1			5	2				973	989	46 2		46 2	47 92
26554				120	595	60						10			1			6	2				1137	1155	54 87		54 87	56 73
26555				60	180		90											3	1				398	401	16 61		16 61	16 94
26556				90	480	60						9			1			4	4				989	1004	47 19		47 19	49 43
26560	20		15		78				22									3					180	183	5.37		5 37	5 43
26561	20		15		99				22						1			4					252	258	10 9		10 9	10 98
26562				75	150				30						1				4	1			421	425	14 98		14 98	16 40
26565	23		15		59				22						0 5			3 5					189 5	194	6 73		6 73	6 80
26567	23		15		60				22						0 5			3 5					190 5	195	6.81		6 81	6 88

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
26568	25		15		74				23						1			4					233	239	9 07		9 07	9 15
26580				60	150		100												5				425	425	18 15		18 15	19.50
26587				60	180				90									3	1				398	401	14.03		14 03	14 36
26590				60	180		90											2	2				406	408	17 93		17.93	18 51
26591	25		15		81				23						1			2.5					217.5	222	3 25		3 25	3 30
26593	25		15		68				23						1			4					227	233	5 3		5 3	5 38
26596	25		15		64				23						0 5			4					205	210	8 94		8 94	9 02
26600	7	2			15				5									4					89	93	1 96	2 4	2 4	2 48
26605	15				27				9									3 5					103 5	107	2 85		2 85	2 92
26607	18		15		46				11						0 5			2 5					145 5	149	5 35		5 35	5 40
26608				50	38	20									0 5			4					186	191	5 35		5.35	5 43
26615	19		15		56				16									3					151	154	5 32		5 32	5 38
26641	16		15		33				10									4					134	138	3 93		3 93	4 01
26645	15		15		35				10									3 5					127.5	131	4 4		4 4	4 47
26650	21		15		51				12									4 5					166 5	171	5 71		5 71	5 80
26665	20		15		70				19			0 5			1			3 5					222	228	7 59		7 59	7 72
26670	14				30				9									3					98	101	3 68		3 68	3 74
26675	17				37				11									4					125	129	4 63		4 63	4 71
26676	19		15		53				12									4 5					166 5	171	5 51		5 51	5 60
26685	19		15		62				17			0 5			1			3					203 5	209	6 97		6 97	7 09
26686	20		15		73				19			0 5			1			3 5					225	231	7 93		7.93	8 06
26700	13		15		25				9									3					107	110	3 68		3 68	3 74
26705	17		15		35				11									4					138	142	4 18		4.18	4 26
26706	20		15		44				12									4					151	155	5 11		5 11	5 19
26715	18		15		58				17						0 5			3					171	175	5 73		5 73	5 79
26720	9				18				4									2					61	63	1.66		1 66	1 70
26725	16				30				10									3					101	104	3 33		3 33	3 39
26727	18		15		47				11						0 5			4					169	174	5 22		5 22	5 30
26735	19		15		59				17						0 5			3					173	177	5 97		5 97	6 03
26740	11				19				8									2 5					75 5	78	1 94		1.94	1 99
26742	14				33				9									3					101	104	3 84		3 84	3 90
26746	18		15		53				17						0 5			3					166	170	5.8		5 8	5 86
26750	10				16				7									2					63	65	1 7		1 7	1 74
26755	12				25				8									2 5					82 5	85	3 1		3 1	3.15
26756	18		15		38				11									4					142	146	4.38		4 38	4 46
26765	15		15		41				14									2 5					122 5	125	4 16		4 16	4 21
26770	12				26				8									2 5					83 5	86	3 02		3 02	3.07
26775	16		15		37				10									4					138	142	3 7		3 7	3 78
26776	19		15		43				11									4					148	152	4 79		4.79	4.87
26785	17		15		45				16									2 5					130 5	133	4 2		4 2	4 25
26820	26		15		88				23						1			4					248	254	8 25		8 25	8.33
26841	21		15		74				21						0 5			4 5					216 5	222	7 12		7 12	7 21
26842	25		15		84				22			0 5			1			4					251.5	258	8 23		8 23	8.37
26843	24		25		67				22						1			3 5					226 5	232	7.6		7 6	7 67
26844	26		25		89				23			0 5			1			4					268 5	275	8 72		8 72	8 86
26850	24		25		72				22						1			3 5					231 5	237	6 96		6.96	7 03
26852	25		25		88				22			0 5			1			4					265 5	272	8 45		8 45	8.59
26860	14		25		45				15									4					159	163	4 68		4 68	4 76
26861					36																		36	36	1 74		1 74	1 74
26862	25		25		72				22						0 5			4					222	227	7.36		7 36	7 44
26863					67																		67	67	3 89		3 89	3 89
26910	22		15		88				24						1			4					245	251	7 59		7 59	7 67
26951	20	15	5		30				20						0 5			3	2				199	203	4 58	5.25	5.25	5 85
26952	20		15		43				20						0.5			3 5					168 5	173	6.3		6 3	6 37
26990	21		25		55				20			2.5			1			3 5					257	265	7 47		7 47	7 84
26991	19		25		40				19			2			1			3					222	229	6 67		6 67	6 97
26992	24		25		75				23			2 5			1			3 5					283	291	13		13	13 37
27000	14		25		14				16						1			2 5					142 5	147	5 61		5 61	5 66

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27001	18		25		32				18			0 5			1			3					183 5	189	6 93		6 93	7 05
27003	22		25		54				22			2 5			1			3.5					259	267	7 33		7 33	7 70
27005	21		25		47				21			2			1			3 5					240 5	248	9 65		9 65	9.96
27006	20		25		47				20			2			1			4					246	254	9 67		9 67	9 99
27025	27	5	25		113				31			2 5			1				4.5				388	392 5	11 14		11 14	12 66
27030	22		25		58				23			4			1			3 5					292 5	302	12 99		12 99	13 54
27033	24		25		77				24			4.5			1			4					331 5	342	13 37		13 37	13 99
27035	27		25		102				25			4			1			4 5					358 5	369	16 66		16 66	17.23
27036				60	120	30						2			1				4				376	380	12 86		12 86	14 18
27040	17	7			33				14						0 5			1					104	106	2 87		2 87	2 89
27041	22		25		68				21			1			1			3 5					243 5	250	9 88		9.88	10 07
27047	23		15		55				22						0 5			3 5					185 5	190	7 44		7 44	7 51
27048	27		25		104				24			1			1			4					295	302	6 24		6 24	6 44
27049				90	180	30						4			1				4				504	510	13 64		13 64	15 20
27050	22		25		65				22			2			1			3					253	260	4 35		4 35	4 65
27052				60	90	30						2			1				3				323	327	6 22		6 22	7 27
27054	26		25		100				25			4			1			4					348	358	8 53		8 53	9.09
27060	20		25		53				20			2 5			1			3					246 5	254	5 42		5 42	5 78
27062	20		25		49				19			2			1			3					232	239	5.36		5 36	5 66
27065	24		25		83				23			4			1			3 5					319 5	329	5 89		5 89	6 44
27066	27		25		108				26			5 5			1			4 5					394	406	10 31		10 31	11 06
27067	29		25		136				25			5 5			1			5					430 5	443	13 81		13 81	14 57
27070	24		25		79				23			5 5			1			4					351 5	363	10 7		10 7	11 44
27071	26		25		103				25			6			1			4 5					396 5	409	11 44		11 44	12 25
27075				120	300				60			3	2	1	1			2	1				727	768	34 95		34 95	36.77
27076				85	270	30						9			1				4				684	695	22 09		22.09	24 25
27077				120	360				60			2	3	1	1				2	1			829	879	39 94		39 94	42 54
27078	30		25		153				27			8 5			1			5					507 5	523	13 42		13.42	14 54
27079	33	5	25		206				29			9			1			5					580	596	13.73		13 73	14 91
27080	22		25		60				21			3			1			3					266	274	6 38		6 38	6 80
27086	16				36				14									1					81	82	1 87		1 87	1.89
27087	24		25		63				23			1			1			3 5					242 5	249	8 53		8 53	8 72
27090	26		25		78				26			3			1			4					308	317	11 13		11 13	11 57
27091	41	13	25		178				30			8			1				4				567	577	22.11		22 11	24 15
27093	11				29				8														48	48	1.3		1 3	1 30
27095	11				33				8														52	52	1 5		1 5	1 50
27096				10	25	5																	40	40	1 4		1 4	1.40
27097	22		25		60				20			2 5			1			3 5					263	271	8.79		8 79	9 16
27098	24		25		81				21			2 5			1			4					294 5	303	8 82		8.82	9 20
27100	28		25		114				24			0 5			1			4 5					304	311	11 06		11 06	11 21
27105	30		25		132				25			0 5			1			4 5					325	332	11 75		11 75	11 90
27110	29		25		125				26			2 5			1			4 5					356	365	13 24		13 24	13 63
27111	27		25		112				25			2			1			4 5					330 5	339	12 13		12 13	12 46
27120	30		25		143				29			8 5			1			5					499 5	515	17 98		17 98	19 10
27122	26		25		99				26			7 5			1			4 5					422	436	14.96		14 96	15 95
27125	27	9	25		84				27			7			1				3 5				421 5	430 5	14 67		14 67	16 46
27130	60	15	15		135				30			3	1		1			1	3				462	478	20.09	20 09	20.09	21.61
27132	32	10	25		194				30			9 5			1				4				599.5	611	23 27		23 27	25 49
27134				90	240	40						7			1				3				608	617	28 48		28 48	30 13
27137				75	180	30						5			1				3				485	492	21 14		21 14	22 55
27138				75	180	30						5			1				3				485	492	22 14		22 14	23 55
27140	26		25		98				24			3			1			4					326	335	12 22		12 22	12 66
27146				83	150	40						2			1				4				439	443	17 4		17 4	18 72
27147				83	180	40						2			1				4				469	473	20 55		20.55	21 87
27151				83	210	40						3			1				4				518	523	22 48		22 48	23 92
27156				83	225	40						3			1				4				533	538	24 59		24 59	26 03
27158	32	5	25		172				30			9			1			5					546	562	19 71		19 71	20 89
27161	29		25		129				28			8			1			5					474	489	16 68		16 68	17.74

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27165	30		25		147				28			8			1				4 5				521 5	531 5	17 88		17 88	20 06
27170	33	7	25		148				24			5			1				3				437	444	16 05		16 05	17.46
27175	12		25		43				12			6 5			1			3					296 5	308	8 45		8 45	9 29
27176	25		25		91				24			5 5			1			4 5					373	385	12 03		12 03	12 78
27177	29		25		149				26			6 5			1			5					463 5	477	15 06		15 06	15 94
27178	26		25		102				25			6			1			4 5					395 5	408	11 97		11 97	12 78
27179	28		25		123				26			6 5			1			4 5					429	442	12 96		12 96	13 83
27181				80	150	45						2			1				4				441	445	14 66		14 66	15.98
27185	23		25		79				21			3 5			1			4					310 5	320	9.17		9 17	9 67
27187	29		25		126				26			4			1			4.5					385 5	396	13 52		13.52	14 09
27193				25	40	10						1			1			2	1				183	188	5 55		5 55	5 98
27194				50	30	20						3			1			4					253	262	9 64		9 64	10 08
27200	15				16				8									1 5					61 5	63	1 84		1 84	1 87
27202	23		25		52				16			1 5			1			2					210 5	216	7 03		7 03	7.25
27215				80	120	20						3			1			3					358	366	10 03		10 03	10 45
27216				120	60	20						4			1			4					372	382	15 17		15 17	15 73
27217				90	90	20						4			1			4					372	382	14 09		14 09	14 65
27218				90	120	20						4			1			3	1				410	419	20 12		20 12	20 93
27220	18		25		34				13			4			1			3 5					254 5	264	6 17		6.17	6 72
27222	22		25		86				29			10			1			4.5					455 5	472	12 68		12 68	13 97
27226				90	120	20						4			1			4					402	412	14 89		14 89	15 45
27227				90	180	30						6			1				4				542	550	23 41		23 41	25 21
27228				80	300	30						5	1		1				4				663	680	27 12		27 12	29 13
27230	24		25		30				4			1			1			4					198	205	5 49		5 49	5 69
27232	20		25		60				18			8			1			2					341	353	10 66		10 66	11.66
27235	23		25		82				18			5 5			1			4					348 5	360	12 14		12 14	12 88
27236	60	15	15		90				30			3	2		1			1	3				447	473	15 58	15 58	15 58	17 43
27238	24		25		47				7			0 5			1			3 5					201	207	5 51		5.51	5.64
27240	26		25		87				18			9			1			5					438	454	12 48		12 48	13 66
27244	32	24	25		79				36			9			1			4					463	478	15 92		15 92	17 08
27245				80	85	20						4			1			3	1				365	374	20.28		20 28	21 09
27246	13		25		16				9						1			2 5					136 5	141	4 7		4 7	4 75
27248	21		25		62				22			2 5			1			3 5					266	274	10 43		10 43	10 80
27250	22		25		23				22			1 5			1			4 5					224	232	6 94		6 94	7 21
27252	24		25		44				17			4			1			3 5					274 5	284	10 37		10.37	10.92
27253	24		25		89				24			4			1			4					334	344	12 9		12 9	13 46
27254	28	6	25		137				27			4			1			4.5					402 5	413	18.23		18 23	18 80
27256	15		15		39				11			1			1			1					150	154	4 11		4 11	4 25
27257	17		15		55				12			1			1			1					169	173	5 21		5.21	5 35
27258	26	6	25		112				26			4 5			1			4 5					384	395	15 41		15 41	16 04
27259				90	210	30						3			1				3	1			530	537	21 52		21 52	23 03
27265	18		15		22				12						0 5			4					145	150	5 04		5 12	
27266	20		25		29				14			1			1			3.5					195 5	202	7 48		7 48	7 67
27275	13		15		16				12						1			1					107	110	2 27		2 27	2 29
27280	27		25		121				26			8 5			1			5					471 5	487	13 37		13 37	14 49
27282	27		25		106				24			2 5			1			4.5					333	342	11 32		11 32	11 71
27284				80	180				30			3	1		1				3				482	497	23.41		23 41	24 91
27286				90	210	30						4			1				4				534	540	23 41		23 41	24 97
27290	37	6	25		218				33			8 5			1			5 5					599	615	23 25		23 25	24 38
27295	33	10	25		163				26			7			1			4					486	499	18.62		18 62	19 54
27301	20		25		44				17			1			1			3 5					213 5	220	6.48		6.48	6 67
27303	22		25		57				21			1 5			1			3 5					242	249	8 27		8 27	8 52
27305	18		25		40				18			1			1			3					201	207	5 91		5.91	6.09
27306	16		25		27				16						1			2 5					157 5	162	4 61		4 61	4 66
27307	18		25		39				18			1			1			3					200	206	5 79		5 79	5 97
27310	19		25		54				21			4 5			1			4					300 5	311	9 26		9 26	9 88
27315	24		25		53				23			0 5			1			3 5					223	229	6 96		6 96	7 09
27320	21		25		56				19						1			3.5					209 5	215	6 29		6 29	6 36

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27323	15				28				15						1			1					73	74	2 28		2 28	2 30
27324	18		25		41				17						1			3					182	187	4 89		4.89	4 95
27327	18		15		43				18									3					139	142	4 46		4 46	4 52
27328	20		25		59				19						0 5			3					186	190	5 56		5.56	5 62
27329				60	150	30		8				4			1				4				452	458	14 12		14 12	15 68
27330	19		25		36				18						0 5			3					161	165	4 96		4.96	5 02
27331	20		25		50				19						1			3					195	200	5 87		5 87	5 93
27332	20		25		61				27						1			4					229	235	8 26		8 26	8 34
27333	21		25		77				28			0 5			1			4					256 5	263	7.29		7 29	7 43
27334	23		25		73				21			2 5			1			4					285 5	294	8 69		8 69	9 07
27335	26		25		94				22			3			1			4					320	329	9.99		9 99	10 43
27340	17		15		40				16						0.5			3					151	155	4 17		4.17	4 23
27345	22		25		62				20						0 5			3 5					199 5	204	5.91		5 91	5 98
27347				45	60	40													3				214	214	5 77		5.77	6.58
27350	22		25		70				20			2 5			1			4					280 5	289	8 16		8 16	8 54
27355	22		25		66				21			1.5			1			3 5					251	258	7 64		7 64	7.89
27356	24		25		88				22			3 5			1			4					321 5	331	9 47		9 47	9 97
27357	26		25		107				23			3 5			1			4 5					351	361	10 51		10 51	11.02
27358					118																		118	118	4 73		4 73	4 73
27360	19		25		89				21			6 5			1			4					373 5	386	10 48		10 48	11.34
27365				75	180	30						5			1				4				508	515	16 25		16 25	17 93
27370	6				24				13														43	43	0 96		0 96	0 96
27372	20		15		47				19						0.5			3					164	168	5 06		5 06	5 12
27380	21		25		57				18			1			1			3 5					228 5	235	7 15		7 15	7 34
27381	26		25		105				22			2			1			4					312	320	10 32		10 32	10 64
27385	22		25		66				19			1 5			1			3 5					249	256	7.75		7 75	8 00
27386	26		25		107				22			3			1			4 5					340 5	350	10 54		10 54	10 99
27390	17		25		30				16			0 5			1			3					178.5	184	5 32		5.32	5.44
27391	21		25		54				19			1			1			3 5					226 5	233	7 19		7 19	7 38
27392	24		25		80				21			2			1			4					284	292	9 19		9 19	9 51
27393	19		25		39				18			0 5			1			3					191 5	197	6 38		6 38	6 50
27394	23		25		66				20			1			1			3 5					241 5	248	8 49		8 49	8 68
27395	28		25		112				23			2 5			1			4 5					339	348	11 71		11 71	12 10
27396	23		25		73				19			1			1			3 5					247 5	254	7 85		7 85	8 04
27397				60	120	30						1			1				4				357	360	11 26		11 26	12 46
27400	25		25		81				21			1			1			4					267	274	9.01		9 01	9 21
27403	24		25		74				20			1			1			3 5					250.5	257	8 32		8 32	8 51
27405	19		25		75				21			2			1			4					274	282	8 64		8 64	8 96
27407	26		25		105				23			3			1			4 5					339 5	349	10.26		10 26	10 71
27409	28		25		122				25			5			1			4 5					398 5	410	12 88		12 88	13.57
27412	45	15	15		180				30			1	1		1			2	3				469	484	23 23		23 23	24 53
27415	45	15	15		120				30			1	1		1			2	3				409	424	18 49		18 49	19 79
27418	24		25		86				23			4 5			1			4 5					347	358	10 83		10 83	11 46
27420	25		25		81				22			2			1			4					287	295	9 82		9 82	10 14
27422	25		25		83				22			2			1			4					289	297	9 77		9 77	10 09
27424	25		25		85				21			2			1			4					290	298	9 8		9 8	10 12
27425	25		25		37				16									3 5					155.5	159	5 21		5 21	5 28
27427	26		25		91				18			2			1			4					294	302	9 35		9 35	9 67
27428				60	120	30									1				5				361	363	13 98		13 98	15 33
27429				60	180	30						1			1				6				463	466	15 5		15.5	17 24
27430	24		25		81				21			2 5			1			4					294 5	303	9 66		9 66	10 04
27435				60	90	40						1			1				4				337	340	9.48		9 48	10 68
27437	22		25		61				21			2 5			1			3 5					265	273	8 45		8 45	8 82
27438	24		25		78				23			4			1			4					322	332	11 21		11 21	11 77
27440	24		25		80				23			4			1			4					324	334	10 41		10 41	10 97
27441	25		25		94				24			4 5			1			4					349 5	360	10 8		10 8	11 42
27442	19		25		94				17			2 5			1			4					298 5	307	11.87		11 87	12 25
27443	18		25		111				17			2 5			1			4					314 5	323	10 91		10 91	11 29

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27445	23	8	25		131				20			6 5			1			4 5					434	447	17 65		17 65	18 52
27446	23	8	25		105				19			3			1			4					333	342	15 82		15 82	16 26
27447	45	15	15		124				30			3	1		1			1	2	1			451	469	21 45	21.45	21 45	23 04
27448	25		25		89				23			3			1			4					315	324	11 04		11 04	11 48
27450	30		25		132				25			3 5			1			4 5					382	392	13 96		13 96	14 47
27454				60	150	30						3			1				4				425	430	17.53		17 53	18 97
27455	27		25		105				25			3			1			4					335	344	12 8		12 8	13 24
27457	38		25		121				22			3 5			1			3 5					361	370	13 43		13 43	13 92
27465	33	20	13		120				23			3			1			2	2				378	385	13 85	17 5	17 5	18 44
27466	30		25		147				27			6			1			5					454	467	16 31		16 31	17 13
27468	33	5	25		175				29			6 5			1			5					501 5	515	18 94		18 94	19.82
27470	30	10	15		120				20			2	1		1			4	1				382	400	16 05	16 05	16 05	16 97
27472	32	5	25		164				28			6 5			1			5					488 5	502	17 69		17 69	18 57
27475	24		25		68				21			1			1			3 5					245 5	252	8 63		8 63	8.82
27477	25		25		76				22			1			1			3 5					255 5	262	9.84		9 84	10 03
27479	29		25		116				24			1 5			1			4					318 5	326	12 78		12 78	13.04
27485	23		25		59				20			1			1			3 5					234.5	241	8 83		8 83	9.02
27486				60	150	30						5			1				4				463	470	19 24		19 24	20 92
27487				60	200	30						5			1				4				513	520	25 23		25 23	26 91
27488				90	120	30						5			1				4				463	470	15 72		15 72	17 40
27495	29		25		131				27			6 5			1			4 5					439	452	15 53		15 53	16.40
27496				55	30	20						4			1			4					277	287	6 1		6 1	6 66
27497				55	60	20						4			1			3					292	301	7.16		7 16	7 70
27498				65	60	20						4			1			4					317	327	7 98		7 98	8 54
27499				70	90	30						2			1			4					324	332	8 99		8.99	9.31
27500	10		25		46				9			2			1			3					209	216	5 91		5 91	6 21
27501				25	21	10						1			1			2	1				164	169	5 91		5 91	6.34
27502	23		25		59				19			5			1			4					317	328	10 56		10 56	11 24
27503				50	30	20						2			1			3	1				242	249	10.56		10 56	11 13
27506	30	26	25		119				30			6 5			1				4 5				493	501 5	17 42		17 42	19 42
27507				90	120	20						3			1			3					368	376	13 97		13 97	14.39
27508	18		25		38				8			1 5			1			4					213 5	221	5 82		5 82	6 08
27509				75	60	20						2			1			4					289	297	7 7		7 7	8 02
27510	23		25		52				16			4			1			4					288	298	9 12		9 12	9 68
27511				65	120	20						2			1			4					339	347	13 62		13 62	13 94
27513				60	180	30						4			1				4				474	480	17 89		17.89	19 45
27514	17	7	25		135				22			5			1				4 5				440 5	447 5	17 27		17 27	19.09
27516	21		25		46				13						1			4 5					208 5	215	5 36		5 36	5.45
27517	23		25		56				15			1			1			4 5					241 5	249	8 77		8 77	8 98
27519	24	5	25		89				26			6			1			4					379	391	15		15	15 80
27520	15		15		29				9									3 5					120 5	124	2 86		2 86	2 93
27524	19		25		78				20			1 5			1			4					266 5	274	9 99		9 99	10 25
27530	17		15		33				8			1			1			4					188	195	3 77		3 77	3 97
27532	21		25		47				13			0 5			1			4					211 5	218	7 29		7 29	7 43
27535				80	90	20						2			1			4					324	332	11 48		11 48	11 80
27536				60	175	30						4			1				4				469	475	15 63		15 63	17 19
27538	19				37				12									4 5					135 5	140	4 86		4 86	4 95
27540	23		25		75				24			2 5			1			3 5					283	291	13 08		13 08	13 45
27550	20				38				13									4 5					138.5	143	5 75		5 75	5 84
27552	22		25		47				14			0 5			1			4 5					221	228	7 89		7 89	8 04
27556	32		25		88				24			4			1			4					341	351	14 39		14 39	14 95
27557	28	6	25		136				27			4			1			4 5					401 5	412	16.74		16 74	17 31
27558				65	120	30						2			1			4					349	357	17 69		17 69	18 01
27560	16				26				7									3 5					101 5	105	3 81		3 81	3 88
27562	20		15		38				12						0 5			4					163	168	5 78		5 78	5 86
27566	23		25		80				23			2 5			1			4					294 5	303	12 21		12.21	12 59
27570	10		15		21				9									1					70	71	1 74		1 74	1 76
27580				60	150	30						4			1				4				444	450	19 34		19 34	20 90

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27590	23		25		69				20			11			1			4					432 5	449	12 01		12 01	13 35
27591	26		25		104				25			9			1			4					447	462	12 66		12 66	13 82
27592	21		25		57				23			6 5			1			4					345 5	358	10		10	10 86
27594	23		25		67				21			1 5			1			4					260 5	268	6 91		6 91	7 17
27596	24		25		83				23			4			1			4 5					334 5	345	10 58		10 58	11 15
27598	24		25		78				23			4			1			4 5					329 5	340	10.51		10 51	11 08
27600	16		25		27				17			2			1			3					204	211	5.64		5 64	5 94
27601	16		25		28				17			2			1			3 5					212 5	220	5 63		5 63	5 94
27602	19		25		45				20			2 5			1			3 5					245	253	7 34		7 34	7.71
27603	19		25		25				16			1			1			3 5					192 5	199	4.93		4 93	5 12
27604	14		25		18				14						0 5			2 5					126 5	130	4.46		4 46	4.51
27605	15		15		30				12									1					87	88	2 87		2 87	2 89
27606	15		25		22				15						1			1					128	131	4 13		4 13	4.15
27607	19		25		42				21			4			1			3.5					271 5	281	7.96		7 96	8 51
27610	18		25		49				17			5			1			4					300	311	8 33		8 33	9 01
27612	23		25		73				22			5			1			4.5					341 5	353	7.32		7.32	8 01
27613	15				32				14									1					76	77	2 17		2 17	2 19
27614	20		15		53				18						1			3					187	192	5 65		5 65	5.71
27615	30		25		150				26			2 5			1			4.5					382	391	12 54		12 54	12 93
27618	20		15		51				19									3					150	153	5 08		5 08	5 14
27619	25		15		89				23						1			4					248	254	8 39		8 39	8 47
27620	20		15		50				20						0 5			3 5					175 5	180	5 97		5 97	6 04
27625	25		15		85				22						1			4					243	249	8 29		8 29	8 37
27626	27		15		101				23						1			4					262	268	8 9		8.9	8 98
27630	13		15		51				19									3					143	146	4.79		4 79	4 85
27635	24		25		85				21			0 5			1			4					260 5	267	7 77		7 77	7 91
27637	27		25		112				22			2			1			4.5					327 5	336	9 84		9 84	10.17
27638	27		25		96				25			2			1			4					307	315	10 55		10 55	10 87
27640	19		25		98				20			5 5			1			4 5					370	382	11 35		11 35	12.10
27641	23		25		78				21			3 5			1			4					309 5	319	9 23		9 23	9 73
27645	30		25		141				26			4 5			1			4.5					411	422	14 15		14 15	14 78
27646	28		25		114				25			4			1			4 5					371 5	382	12 64		12 64	13 21
27647	29		25		136				25			4 5			1			4 5					404	415	12 22		12 22	12 85
27648	9				23				9														41	41	0 96		0 96	0 96
27650	20	5	25		68				16			1 5			1			4					258 5	266	9 68		9 68	9 94
27652	25		25		92				20			2			1			4 5					303 5	312	10 31		10 31	10 64
27654	27		25		108				22			2			1			4					316	324	10		10	10 32
27656	19		15		52				18						0 5			3					167	171	4 56		4 56	4 62
27658	20		25		49				16						1			3					191	196	4 97		4 97	5 03
27659	22		25		67				18			1			1			3 5					239 5	246	6 8		6 8	6 99
27664	19		25		45				17						0 5			3					169	173	4 58		4 58	4 64
27665	21		25		61				19						0 5			3 5					196 5	201	5 39		5 39	5 46
27675	24		15		73				22						1			3 5					222 5	228	7.17		7 17	7 24
27676	22		15		91				24			1			1			4					267	274	8.41		8 41	8 61
27680	20		25		47				19						1			3					192	197	5 73		5.73	5.79
27681	22		25		62				19			0 5			1			3 5					226	232	6.81		6.81	6 94
27685	17		25		55				20						1			4					213	219	6 49		6 49	6 57
27686	23		25		71				19			1			1			3 5					245 5	252	7 45		7 45	7 64
27687	21		25		59				19						1			3 5					212.5	218	6 23		6 23	6 30
27690	25		25		91				21			1 5			1			4					286 5	294	8 7		8 7	8 96
27691	27		25		109				22			2			1			4 5					324 5	333	9 95		9 95	10 28
27692					44																		44	44	1 87		1 87	1 87
27695	21		25		57				20						1			4					219	225	6 5		6.5	6 58
27696	25		25		88				20			1			1			4					273	280	8 26		8 26	8 46
27698	27		25		91				20			0 5			1			4					268 5	275	9 35		9 35	9 49
27700	26		25		104				23			1 5			1			4					302 5	310	9 28		9 28	9 54
27702	30		25		135				26			4 5			1			4 5					405	416	13 65		13 65	14 28
27703	30		25		148				27			7			1			5					474	488	15 85		15 85	16 79

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27704	24		25		78				22						1			4					245	251	7 61		7 61	7.69
27705	25		25		78				23			2 5			1			4					294 5	303	10 36		10 36	10 74
27707	19		25		47				18			2			1			3.5					235 5	243	4 36		4 36	4 67
27709	40	18	10		108				15			2			1			2	2				341	347	9 94	16.5	16.5	17.32
27712				60	120	30						3			1				4				395	400	14 23		14 23	15 67
27715	27		25		119				26			7 5			1			4.5					443	457	14 37		14 37	15 36
27720	28		25		109				24			3			1			4 5					346 5	356	11 77		11.77	12 22
27722	29		25		129				26			3 5			1			4 5					379	389	11 8		11 8	12 31
27724				90	180				30			1	1		1			1	2				446	460	18 17		18 17	19 18
27725				60	150	30						3			1				2	2			455	464	15 57		15 57	17 15
27727	30		25		146				26			5			1			5					433	445	13 99		13 99	14 69
27730	22		25		60				20			1			1			3 5					234 5	241	7 4		7 4	7 59
27732	20		25		52				19						0 5			3					179	183	5 31		5 31	5 37
27734	24		25		79				21			1 5			1			3 5					266	273	8 47		8 47	8 72
27740	27		25		117				24			1			1			4					308	315	9 29		9 29	9 49
27742	29		25		131				25			1			1			4.5					332.5	340	10 28		10 28	10 49
27745	26		25		96				23			2			1			4					304	312	10 05		10 05	10 37
27750	19				35				14						0 5			3 5					138 5	143	3 19		3 19	3 26
27752	13		25		51				19			2			1			4					242	250	5 83		5 83	6 15
27756	23		25		91				23			4			1			4					334	344	6 77		6 77	7 33
27758	37		25		126				27			5 5			1			4 5					423	435	11 65		11 65	12 40
27759				65	90	20						2			1			3	1				317	324	13 74		13 74	14 31
27760	22				32				6									4					120	124	3 01		3 01	3 09
27762	23		15		46				18						1			4 5					205 5	212	5 24		5 24	5 33
27766	18		25		77				21			2 5			1			4					284 5	293	8 35		8 35	8.73
27780	15				29				10									3 5					106 5	110	2 65		2 65	2 72
27781	17		15		39				11									4					142	146	4 39		4 39	4 47
27784	20		25		68				19			2			1			3 5					258 5	266	7.1		7 1	7 41
27786	14				33				11									3 5					110 5	114	2 84		2 84	2 91
27788	18		15		40				11									4					144	148	4.44		4.44	4 52
27792	21		25		83				18			1 5			1			4					271 5	279	7 65		7.65	7 91
27808	16				37				10									4					123	127	2 83		2 83	2 91
27810	19		15		52				11						0.5			4					175	180	5 12		5.12	5 20
27814	19		25		87				37			3			1			4					321	330	10 66		10 66	11 10
27816	17				36				10									3 5					115 5	119	2 89		2 89	2 96
27818	19		25		54				12						1			4					206	212	5 49		5 49	5 57
27822				80	90				30			2			1			1	2	1			373	380	10 98		10 98	12 12
27823				80	120				30			1	1		1			1	3				399	413	12.98		12 98	14 26
27824				25	47	10												2	1				135	137	2 89		2.89	3 20
27825				119	60	20						3			1			3					337	345	6 18		6 18	6 60
27826				80	60	30						3			1			4					323	332	8 53		8 53	8 97
27827				60	150	30						3			1				5				448	453	14 04		14 04	15 75
27828				70	180	30						3			1				6				511	516	16 21		16 21	18 19
27829				65	60	20						1			1			4					260	267	5.48		5 48	5 68
27830	16		25		26				10						0 5			3 5					147 5	152	3 78		3 78	3 85
27831	17		25		39				10						0 5			3 5					161 5	166	4 55		4 55	4 62
27832	21		25		72				18			1			1			3 5					243 5	250	6 48		6 48	6 67
27840	22		15		29				11						0 5			4					155	160	4 57		4 57	4 65
27842	26		25		40				22			0 5			1			4					218 5	225	6 2		6 2	6 34
27846	23		25		90				22			2 5			1			4					303 5	312	9.78		9 78	10 16
27848	25		25		109				23			2 5			1			4					325 5	334	11 18		11 18	11 56
27860	18		15		36				20									1					104	105	2 34		2 34	2 36
27870				60	140	30						2			1				4				396	400	13 89		13 89	15 21
27871	26		25		97				21			1 5			1			4					293.5	301	9 16		9.16	9.42
27880	30	15	15		80				20			5	1		1			1	2				382	400	11 83	13 75	13 75	15 24
27881	26		25		109				40			7.5			1			5					453 5	468	12 32		12.32	13.32
27882	20		25		53				21			5 5			1			4					319 5	331	8 93		8 93	9 67
27884	22		25		62				21			3			1			4					283	292	8 2		8 2	8 64

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
27886	23		25		80				22			4			1			4 5					329.5	340	9 31		9 31	9 88
27888	23		25		75				22			4			1			4.5					324 5	335	9 66		9 66	10 23
27889	23		25		70				23			5 5			1			4 5					349	361	9 97		9.97	10.72
27892				65	60	20						3			1			4					298	307	7 38		7 38	7 82
27893				65	60	20						3			1			4					298	307	7 34		7 34	7 78
27894				60	90	30						5			1				5				426	433	10 47		10 47	12 42
28001	10				31				10									1					66	67	2 73		2.73	2 75
28002				50	60	30						3			1				3				302	307	4.61		4 61	5 78
28003	20		25		52				21			4			1			3 5					282 5	292	8 4		8.4	8 95
28005	18		25		62				15			4 5			1			4 5					309	320	8 67		8 67	9.30
28008	18		15		42				17						0 5			3					155	159	4 44		4 44	4 50
28010	15				20				15									2 5					87 5	90	2 84		2 84	2 89
28011	18				39				18									3					120	123	4 13		4 13	4 19
28020	18		15		44				17						0 5			3					157	161	5		5	5 06
28022	18		15		40				17						0 5			3					153	157	4 66		4 66	4.72
28024	17		15		36				16						0 5			3					147	151	4 37		4 37	4 43
28030	18		15		54				24						1			3					192	197	6.14		6 14	6 20
28035	20		15		48				19						0 5			3					165	169	5 08		5 08	5 14
28043	18		15		34				15									2 5					119 5	122	3 53		3 53	3 58
28045	19		15		60				18						0 5			3					175	179	4 71		4 71	4 77
28046	27		25		107				24			2 5			1			4 5					334	343	10 16		10 16	10 55
28050	17		25		38				16						0 5			3					159	163	4 24		4 24	4 30
28052	17		25		32				16						0 5			2 5					145 5	149	3 93		3 93	3 98
28054	15		15		29				15						0 5			2 5					129 5	133	3 44		3 44	3 49
28060	21		15		43				21									3 5					152 5	156	5.22		5 22	5 29
28062	24		15		85				22						0 5			3 5					216 5	221	6 51		6 51	6 58
28070	19		15		52				18						1			3					185	190	5 09		5.09	5 15
28072	19		15		47				18						0 5			3					162	166	4.57		4 57	4 63
28080				20	30	20											1		4				169	169	3 57		3 57	4 65
28086	18		25		44				18						0 5			3					168	172	4.77		4.77	4 83
28088	17		15		35				16						0 5			2 5					138 5	142	3 85		3 85	3 90
28090	19				44				19									3					127	130	4 4		4 4	4 46
28092	17				33				17									3					112	115	3 63		3 63	3 69
28100	21		15		64				20						0 5			3 5					190 5	195	5 65		5 65	5 72
28102	26		25		97				23						1			4					267	273	7 72		7 72	7 80
28103	24		15		79				21						1			3 5					227 5	233	6 49		6 49	6 56
28104	20		15		52				19						0.5			3					169	173	5.11		5 11	5 17
28106	25		15		78				23						1			4					237	243	7 15		7.15	7 23
28107	22		15		81				20						1			3 5					226 5	232	5 55		5 55	5 62
28108	18		15		35				18									3					131	134	4.15		4 15	4 21
28110	17		15		35				17						0 5			3					147	151	4 07		4 07	4 13
28111	18		25		44				17						1			3					185	190	5		5	5 06
28112	18		25		36				17						0.5			3					159	163	4.48		4 48	4 54
28113				20	30	20												1	4				177	178	4 78		4 78	5 88
28114				30	90	30													3	3			333	339	9 78		9 78	11.61
28116				60	80	30						1			1				4				317	320	7 74		7 74	8 94
28118	21		25		56				19						1			3 5					209 5	215	5 95		5 95	6.02
28119	21		15		52				20						0 5			3 5					178 5	183	5 38		5 38	5 45
28120	22		25		67				21			1.5			1			3 5					252	259	5 39		5 39	5 64
28122	18		25		51				26			1 5			1			5					259 5	268	7 28		7 28	7 56
28124	17		15		34				21						1			4					183	189	4 8		4 8	4 88
28126	16		15		29				16									2 5					113 5	116	3 51		3 51	3 56
28130				60	90	30						1			1				4				327	330	8 1		8 1	9 30
28140	21		25		58				20			0 5			1			3 5					222	228	6 9		6 9	7 03
28150	17		15		35				17						0 5			3					147	151	4 08		4 08	4.14
28153	16		15		29				15						0 5			3					138	142	3 65		3 65	3 71
28160	17		15		33				16									3					126	129	3 73		3 73	3.79
28171	27		25		101				23			1 5			1			4					300 5	308	9 59		9 59	9 85

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
28173	26		25		94				23			1 5			1			4					292 5	300	8.79		8 79	9 05
28175	20		25		50				19			0 5			1			3 5					212	218	6 04		6 04	6 17
28190	9				30				9									1					63	64	1 96		1 96	1 98
28192	19		15		41				18									3					138	141	4 63		4 63	4 69
28193	21		15		58				20						0 5			3 5					184 5	189	5 72		5 72	5.79
28200	19		15		49				18									3					146	149	4 59		4.59	4 65
28202	22		25		70				19			0.5			1			3 5					234	240	6.83		6 83	6 96
28208	18		15		37				17						0.5			3					150	154	4 36		4 36	4 42
28210	20		25		51				19						1			3 5					203 5	209	6 34		6 34	6 41
28220	17		15		34				16						0 5			3					145	149	4 52		4 52	4 58
28222	20		15		55				18						0 5			3					171	175	5 61		5 61	5.67
28225	16		15		28				15						0.5			2 5					129.5	133	3 65		3 65	3 70
28226	18		15		45				17						0 5			3					158	162	4 52		4 52	4 58
28230	17		15		35				17						0 5			2.5					139 5	143	4 23		4 23	4 28
28232	15		15		22				15									2 5					104 5	107	3 38		3 38	3 43
28234	15		15		18				18									3 5					118 5	122	3 36		3 36	3 43
28238	23		25		75				21			0 5			1			3 5					242	248	7 72		7 72	7 85
28240	16		15		33				16						0 5			2.5					135 5	139	4 35		4.35	4 40
28250	20		15		43				19						0 5			3					160	164	5.91		5 91	5 97
28260	22		25		53				21			0 5			1			3 5					219	225	7 95		7 95	8 08
28261				60	103	30						1			1				4				340	343	11.71		11 71	12 91
28262				60	140	30						1			1				4				377	380	15 81		15 81	17 01
28264	25		25		74				23			1			1			4					262	269	10 33		10.33	10 53
28270	19		15		37				18									3 5					141 5	145	4 75		4.75	4 82
28272	16		15		26				16									2 5					110 5	113	3 79		3 79	3 84
28280	19		15		48				18						0 5			3					163	167	5 18		5.18	5 24
28285	18		15		31				21									3 5					137.5	141	4 58		4 58	4 65
28286	19		15		46				17									3					142	145	4 55		4 55	4 61
28288				20	30	20											1		4				169	169	4.73		4 73	5 81
28289				30	45	30													4				197	197	7 03		7 03	8 11
28290	21		15		44				20						0 5			3 5					170 5	175	5 65		5 65	5 72
28292				30	60	25													5	1			268	270	7 03		7 03	8 72
28293				30	80	30													6	1			316	318	9 14		9 14	11.10
28294	25		15		87				23						1			4					246	252	8 55		8 55	8 63
28296	26		25		90				23			0 5			1			4					269 5	276	9 17		9.17	9.31
28297	25		25		80				23			0 5			1			4					258.5	265	9 17		9 17	9 31
28298	24		25		77				22						1			4					244	250	7 93		7 93	8 01
28299				75	90				30						0 5			1	3				297	299	10 56		10 56	11.39
28300	25		25		62				23						1			4					231	237	9 53		9 53	9 61
28302	25		25		59				23						1			4					228	234	9 54		9 54	9 62
28304	23		25		57				22			0 5			1			4					232 5	239	9 15		9 15	9 29
28305	26		25		88				24			0 5			1			4 5					276	283	10 48		10 48	10 63
28306	20		25		51				19									3					160	163	5 85		5 85	5 91
28307	23		25		70				20						0 5			3 5					208 5	213	6 32		6 32	6 39
28308	17		25		39				20									4					161	165	5 28		5 28	5.36
28309				60	110	30						1			1				4				347	350	12 76		12 76	13 96
28310	19		15		46				18						1			3					179	184	5 42		5 42	5 48
28312	18		15		43				17						0 5			3					156	160	4 54		4 54	4 60
28313	18		15		34				17						0.5			3					147	151	5		5	5 06
28315	18		15		39				17						0 5			3					152	156	4 85		4 85	4 91
28320	26		15		87				24						1			4					248	254	9 17		9 17	9 25
28322	25		15		75				23						0 5			4					216	221	8 33		8 33	8 41
28340	23		15		78				20						1			3 5					224 5	230	6 97		6 97	7 04
28341	25		25		104				22			1			1			4					291	298	8 4		8 4	8 60
28344	16		25		43				15						1			3					180	185	4 25		4 25	4 31
28345	21		25		63				19						1			3 5					216 5	222	5 91		5 91	5 98
28360				60	120		100												5				395	395	13 32		13 32	14.67
28400	13				28				8									3					94	97	2.16		2 16	2 22

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
28405	17		15		47				10						0 5			3 5					159 5	164	4 56		4 56	4 63
28406	22		25		57				13			0 5			1			4					222 5	229	6 3		6 3	6 44
28415				30	150	30						2			1				5				399	403	15 95		15 95	17 54
28420	26		25		133				22			3			1			4 5					366 5	376	16 62		16 62	17 07
28430	11				30				8									2 5					86 5	89	2 09		2 09	2 14
28435	15				44				9									3					113	116	3 39		3 39	3 45
28436	20		15		60				12						0 5			4					185	190	4 7		4.7	4 78
28445				105	125				35			2	1		1			1	2	1			468	485	15 6		15 6	17 07
28450	11				28				8									2 5					84 5	87	1 9		1 9	1 95
28455	14				42				9									3					110	113	3 09		3 09	3 15
28456	21		15		59				12						0 5			3.5					177 5	182	2 68		2.68	2.75
28465	21		25		88				18			0 5			1			3 5					250	256	7		7	7 13
28470	6				23				5								3 5						58 5	58 5	1.99		1 99	1.99
28475	13				35				8								3 5						80 5	80.5	2 97		2 97	2 97
28476	19		15		50				12									4.5					163 5	168	3 37		3 37	3 46
28485	19		25		59				17						1			3 5					208 5	214	5 7		5.7	5 77
28490	10				23				7									1 5					62 5	64	1 09		1 09	1 12
28495	13				36				8									2					87	89	1 58		1 58	1 62
28496	18		15		50				11									3					139	142	2 33		2 33	2.39
28505	19		15		62				17						0 5			3					176	180	3 8		3 8	3 86
28510	8				15				6									1 5					51 5	53	1.09		1 09	1 12
28515	10				22				7									2					69	71	1 46		1 46	1 50
28525	17		15		48				15						0 5			2 5					150 5	154	3 32		3.32	3 37
28530	10				23				7									1					55	56	1 06		1 06	1 08
28531				55	60	20						1			1			2					220	225	2.35		2 35	2 51
28540	13				36				9									3					103	106	2 04		2 04	2 10
28545	17		15		33				10						0 5			3					138	142	2 45		2 45	2 51
28546	21		15		53				12						0 5			4					179	184	3 2		3 2	3.28
28555	21		25		75				18			0 5			1			3 5					237	243	6 29		6 29	6 42
28570	14				37				9									2					90	92	1 66		1.66	1 70
28575	18		15		40				11						1			3 5					172 5	178	3 31		3 31	3 38
28576				70	45	20						2			1			4					269	277	4 16		4 16	4 48
28585	21		25		82				19			1			1			3 5					254 5	261	7.98		7 98	8 17
28600	15				40				10									2.5					102 5	105	1 89		1 89	1 94
28605	18		15		37				11						0 5			3.5					151 5	156	2 71		2 71	2 78
28606	22		25		62				13						1			4					218	224	4 89		4 89	4 97
28615				60	100	30						1			1				4				337	340	7.76		7 76	8 96
28630	11				20				8									1					54	55	1 7		1 7	1 72
28635	13				24				8									1					60	61	1 91		1 91	1.93
28636																							0	99	2 77		2 77	2 77
28645	17		15		41				15						0 5			3					151	155	4 21		4 21	4.27
28660	10				16				7									1					48	49	1 23		1 23	1 25
28665	10				20				7									1					52	53	1 92		1 92	1 94
28666																							0	111	2 66		2 66	2 66
28675	15		15		34				14						0 5			2 5					133.5	137	2 92		2 92	2 97
28705				75	180				35			1	1		1			1	2	1			474	490	18 77		18 77	20 12
28715				60	130	30						2			1				4				386	390	13 08		13 08	14 40
28725	25		25		89				22			2 5			1			4					304 5	313	11 59		11 59	11 97
28730				60	120	30						1			1				5				380	383	10 74		10 74	12 21
28735				60	120	30						1			1				4				357	360	10 83		10 83	12.03
28737				60	100	30						1			1				4				337	340	9 63		9 63	10 83
28740				45	80	30									1				4				283	285	8 01		8 01	9 09
28750				40	75	30													4				237	237	7 29		7 29	8 37
28755	19		25		44				17						0 5			3					168	172	4 73		4 73	4 79
28760				60	90	30						1			1				4				327	330	7 74		7 74	8 94
28800	22		25		69				20			3			1			4 5					296 5	306	8 2		8 2	8 65
28805	30	15	15		60				20			6			1			2	2				366	376	8 38	11 25	11 25	12 55
28810	19		25		47				18			2			1			4					243	251	6 2		6 2	6 52

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
28820	22		25		42				16			3 5			1			3 5					260	269	4 4		4 4	4.89
28825	17		25		36				16			0 5			1			3 5					192	198	3.58		3.58	3 71
28890	15	5	10		25				18						0 5			3					136	140	3 3		3 3	3 36
29000	15				58				15														88	88	2 25		2 25	2 25
29010	14				53				15														82	82	2 06		2 06	2 06
29015	15				70				16														101	101	2 41		2 41	2 41
29020	14				55				15														84	84	2.11		2 11	2 11
29025	15				68				16														99	99	2.4		2 4	2 40
29035	13				50				14														77	77	1 77		1 77	1 77
29040	15				66				15														96	96	2 22		2.22	2 22
29044	14				65				15														94	94	2 12		2 12	2 12
29046	16				81				16														113	113	2.41		2 41	2 41
29049	9				26				10														45	45	0 89		0 89	0 89
29055	13				47				14														74	74	1 78		1 78	1 78
29058	11				38				12														61	61	1.31		1.31	1 31
29065	8				25				9														42	42	0 87		0 87	0 87
29075	10	2	3		10																		25	25	0 77	0 77	0 77	0 77
29085	8				25				9														42	42	0 87		0 87	0 87
29086				20	13		10																43	43	0 62		0 62	0 62
29105	8				26				9														43	43	0 87		0 87	0 87
29125	6				21				7														34	34	0 59		0 59	0 59
29126	8				25				8														41	41	0 77		0 77	0 77
29130	6				15				6														27	27	0 5		0 5	0 50
29131	7				18				5														30	30	0 55		0 55	0 55
29200	7				19				8														34	34	0.65		0 65	0 65
29220	7				21				8														36	36	0 64		0.64	0 64
29240	7				24				8														39	39	0 71		0.71	0 71
29260	6				18				7														31	31	0 55		0 55	0.55
29280	6				17				7														30	30	0 51		0.51	0 51
29305	13				52				14														79	79	2 03		2 03	2 03
29325	14				64				15														93	93	2 32		2 32	2 32
29345	11				38				12														61	61	1 4		1 4	1 40
29355	11				41				12														64	64	1 53		1 53	1 53
29358	11				49				12														72	72	1 43		1 43	1 43
29365	10				29				10														49	49	1.18		1 18	1 18
29405	9				27				10														46	46	0.86		0 86	0 86
29425	9				28				10														47	47	1 01		1 01	1 01
29435	10				36				11														57	57	1 18		1 18	1 18
29440	6				14				7														27	27	0 57		0 57	0 57
29445				15	30			5															50	50	1 78		1 78	1 78
29450				10	20				5														35	35	2 08		2 08	2 08
29505	9				22				10														41	41	0 69		0 69	0 69
29515	9				22				10														41	41	0 73		0 73	0 73
29520	8				24				9														41	41	0 54		0 54	0 54
29530	8				21				9														38	38	0.57		0 57	0 57
29540	7				16				8														31	31	0 51		0 51	0 51
29550	5				11				6														22	22	0.47		0.47	0 47
29580	7				16				8														31	31	0 57		0 57	0.57
29590	9				20				10														39	39	0.76		0.76	0 76
29700	9				23				10														42	42	0 57		0 57	0 57
29705	11				33				11														55	55	0 76		0 76	0 76
29710	11				39				11														61	61	1 34		1 34	1 34
29715	10				37				10														57	57	0 94		0 94	0.94
29720	10				21				10														41	41	0 68		0 68	0 68
29730	7				16				8														31	31	0.75		0 75	0 75
29740	11				29				11														51	51	1 12		1 12	1 12
29750	11				23				11														45	45	1.26		1 26	1 26
29800				30	47	10									0 5			2	1				158	161	6 42		6 42	6 73

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
29804				35	64	10									0 5			2	2				203	206	8.13		8 13	8.71
29805	18	7	15		48				18									3					151	154	5 88		5 88	5 94
29806				55	100				30						0 5			3	2				294	298	14.35		14 35	14 95
29807				55	90				30						0 5			3	2				284	288	13 88		13 88	14.48
29819	24		15		61				21						0 5			3 5					191 5	196	7 61		7 61	7 68
29820	24		15		63				20						0 5			3					185	189	7 06		7 06	7 12
29821	25	5	15		82				21						0 5			3 5					218 5	223	7 71		7 71	7 78
29822	24		15		69				21						0 5			3 5					199 5	204	7 42		7 42	7 49
29823	23	9	15		84				16						0 5			4					225	230	8 16		8 16	8 24
29824				48	60				20						0 5			2	2				222	225	8.24		8.24	8 82
29825	25		15		76				21						0 5			3.5					207 5	212	7 61		7 61	7 68
29826	28	6	15		95				23						0 5			3 5					237 5	242	8 98		8 98	9 05
29827				75	120				40						0 5			5					328	334	15 34		15 34	15 44
29830	16		15		44				17									2 5					129 5	132	5 75		5 75	5 80
29834	17		15		55				18									3					150	153	6 27		6 27	6 33
29835	23		15		55				19									3					157	160	6 47		6.47	6 53
29836	25	5	15		74				21									3 5					192 5	196	7 54		7.54	7 61
29837	23		15		59				20									3					162	165	6 86		6.86	6 92
29838	25	5	15		79				21						0 5			3 5					215 5	220	7 7		7 7	7 77
29840	20		15		45				18									3					143	146	5 53		5.53	5 59
29843	22		15		53				19									3					154	157	6		6	6 06
29844	22		15		56				19									3					157	160	6 36		6.36	6 42
29845	25	5	15		77				21									3 5					195 5	199	7 51		7 51	7 58
29846	24		15		72				20									3					176	179	6.74		6.74	6 80
29847	24	5	15		77				21									3					187	190	7 07		7.07	7 13
29848				45	45	20													3				179	179	5 43		5 43	6.24
29850																							0	247	8.18		8 18	8 18
29851																							0	369	13 08		13 08	13 08
29855																							0	328	10 6		10 6	10 60
29856																							0	404	14 12		14 12	14 12
29860				75	70	30													3				244	244	8 04		8 04	8 85
29861				75	80	30													3				254	254	9.14		9 14	9 95
29862				75	100	30													4				297	297	9 89		9.89	10 97
29863				75	100	30													4				297	297	9.89		9 89	10 97
29866	45	15	15		100				20						0 5			3	2				304	308	13 88		13 88	14 48
29867	45	15	15		120				30				1		1			2	3				390	404	17		17	18 18
29868	45	15	15		180				30			1	1		1			2	3				469	484	23 59		23 59	24 89
29870	17		15		42				15									2 5					126 5	129	5.06		5 06	5 11
29871	22		25		51				19						0.5			3					180	184	6 54		6.54	6 60
29873				75	45				30						0 5			5					243	249	5 99		5 99	6 09
29874	23		15		56				20						0 5			3					177	181	7 04		7 04	7.10
29875	15	8	15		65				17									3					165	168	6 3		6 3	6.36
29876	25	5	15		79				21						0 5				3				232	233	7 91		7 91	8 72
29877	21	5	15		69				18										3				197	197	7 34		7.34	8 15
29879	25		15		68				21						0 5				3				216	217	8 03		8.03	8.84
29880	26	5	15		80				22						0 5				3				235	236	8 49		8 49	9 30
29881	26	5	15		66				21										3				202	202	7 75		7 75	8 56
29882	27	5	15		87				22						0.5				3				243	244	8 64		8.64	9 45
29883				75	90				30						1			2	2				307	311	11 03		11 03	11 61
29884	22		15		64				19						0 5				3				207	208	7 32		7 32	8 13
29885	25		15		90				21						0 5				3 5				249 5	250 5	9 08		9 08	10 03
29886	24		15		73				21						0 5				3				220	221	7 53		7 53	8 34
29887	27	6	15		91				23						0 5				3 5				260 5	261 5	9 03		9 03	9.98
29888	26		15		127				22			1.5			1			4					314 5	322	13.88		13.88	14 14
29889				90	150				30						1			1	3	1			428	433	15 98		15.98	17 15
29891				50	60	25													4				227	227	8.39		8.39	9 47
29892				60	90	30													4				272	272	8 99		8.99	10 07
29893				60	30	40												3	3				244	247	5 21		5 21	6 08

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
29894	24		15		53				20						0 5			3					175	179	7 2		7 2	7 26
29895	23		15		53				20						0 5			3					174	178	6 98		6 98	7 04
29897	24		15		60				20						0 5			3					182	186	7 17		7 17	7 23
29898	28		15		79				25						0 5			3.5					217 5	222	8 31		8.31	8.38
29899				75	120				30			2			1				4				391	395	13 89		13 89	15 21
29900				50	60				20						0 5			3	1				216	220	5 41		5.41	5.74
29901				50	75				20						0 5			3	1				231	235	6 12		6 12	6 45
29902				50	90				20						0 5			3	1				246	250	6 69		6 69	7 02
30000	9				23				8									1					55	56	1 43		1 43	1 45
30020	9				24				8									1					56	57	1 43		1.43	1.45
30100	9				12				9														30	30	0 94		0 94	0 94
30110	12				22				12									1					61	62	1 63		1 63	1 65
30115	17		15		44				12									2					118	120	4 34		4 34	4 38
30117	15		15		34				14									2					108	110	3 16		3.16	3 20
30118	29		25		105				25			0 5			1			3 5					282	288	9 68		9 68	9 81
30120	22		15		63				20									2.5					157 5	160	5 26		5.26	5 31
30124	17				33				19									2					99	101	3 1		3 1	3 14
30125	25		15		102				24						1			3					247	252	7 15		7 15	7 21
30130	15		15		27				14						0 5			2					119	122	3 37		3 37	3 41
30140	15		15		28				14									3					117	120	3 42		3.42	3 48
30150	25		25		67				16			2			1			3 5					259 5	267	9.13		9 13	9 44
30160	29		25		89				25			2			1			3 5					294 5	302	9 57		9 57	9 88
30200	7				11				7														25	25	0.78		0 78	0 78
30210	6				11				6									1					38	39	1 08		1 08	1 10
30220	9				18				8									1					50	51	1 54		1 54	1 56
30300	8				13				9									1					45	46	1 04		1.04	1.06
30310	11		15		16				10									1					67	68	1 96		1 96	1 98
30320	21		15		55				20									2 5					148 5	151	4 51		4 51	4 56
30400				33	90	45												4		2			304	312	9 82		9 82	10 58
30410				45	120	53												4		2			354	362	12 96		12 96	13 72
30420				45	150	60												4		2			391	399	15 86		15.86	16 62
30430				40	60	30												4		2			266	274	7.2		7 2	7 96
30435				45	120	45												4		2			346	354	11 69		11 69	12 45
30450				60	150	60												4		2			406	414	18 62		18 62	19.38
30460				30	133	30												1	1				231	232	9 95		9 95	10 24
30462				60	220	30												2	2				386	388	19 54		19 54	20 12
30465				30	120	30									1			2	2				292	296	11 62		11 62	12 20
30520	13 5	10	15		60				15						0 5			2	2				207 5	210 5	5 69	6 27	6 27	6 85
30540	23		15		64				19						0 5			3 5					191 5	196	7 74		7 74	7 81
30545	27		15		130				21			0 5			1			4					298 5	305	11 36		11 36	11 50
30560	9				12				9									1					45	46	1 26		1 26	1 28
30580	42				66				32									4					200	204	6 68		6 68	6 76
30600	26				70				23									3					164	167	6 01		6 01	6 07
30620	21		15		79				17						1			4					228	234	5 96		5 96	6 04
30630	26		15		124				20						0 5			3.5					255 5	260	7.11		7 11	7 18
30801				10	10	10												1					45	46	1 09		1 09	1 11
30802				10	20	10												1					55	56	2 03		2 03	2.05
30901	8				21				8														37	37	1 21		1.21	1 21
30903				20	30			20															70	70	1 54		1 54	1 54
30905				30	48			30															108	108	1 97		1 97	1 97
30906				30	60			40															130	130	2 45		2 45	2 45
30915	28		25		67				24			1			1			2 5					236 5	242	7.19		7 19	7 36
30920				60	120	35						2	2		1			2	1				402	428	9 82		9 82	11 03
30930	8		15		10				7									1					55	56	1 26		1.26	1 28
31000	7				22				7									1					51	52	1 15		1 15	1 17
31002	11				26				9									1					61	62	1.91		1 91	1 93
31020	14		15		25				11									2 5					102 5	105	2 94		2 94	2.99
31030	17		15		54				11						1			2					163	167	5 91		5 91	5 95

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
31032	21		25		49				38						1			2 5					206 5	211	6 56		6 56	6 61
31040	25		25		112				14			1 5			1			3 5					293	300	9 41		9 41	9 66
31050	19		25		39				13						0 5			2					144	147	5 27		5 27	5 31
31051	21		25		48				18						0 5			3					175	179	7.1		7 1	7 16
31070	16		25		29				15						0 5			2 5					140 5	144	4.27		4 27	4 32
31075	23		25		76				15			1 5			1			3 5					256	263	9 15		9 15	9 40
31080	27		25		129				22			0 5			1				4				340 5	343	11 4		11 4	12.54
31081	28		25		129				23			1 5			1				4				361.5	365	12.73		12 73	13 99
31084	29		25		150				23			1 5			1				4				383 5	387	13.49		13 49	14 75
31085	30		25		161				24			1 5			1				4				396 5	400	14.18		14 18	15 44
31086	27		25		125				23			2			1				4				366	370	12 84		12.84	14 16
31087	30		25		160				30			3			1				3 5				418 5	423 5	13 08		13 08	14 39
31090				75	120	30						1			1			1	2	2			417	425	9 52		9 52	10 88
31200	24		15		48				24						0 5			3 5					181 5	186	4 96		4 96	5 03
31201	21		25		62				25			0 5			1			3 5					231	237	8.36		8 36	8 49
31205	20		25		73				16			1 5			1			3 5					251	258	10.22		10 22	10 47
31225	45	15	20		180				30			1	2	1	1			1	3	1			568	608	19 2	24	24	26 44
31230	60	15	20		225				30			2	2	1	1			1	3	1			647	688	21 91	28	28	30 56
31231				10	10			10															30	30	1 1		1 1	1 10
31233				15	20			15															50	50	2 18		2 18	2 18
31235				20	35			20															75	75	2 64		2 64	2 64
31237				18	40			15															73	73	2 98		2 98	2 98
31238				30	45			30															105	105	3 26		3 26	3 26
31239				30	90	30													2				196	196	8 69		8 69	9 23
31240				30	30			30															90	90	2 61		2 61	2 61
31254				30	48	30																	108	108	4 64		4 64	4 64
31255				30	68			30															128	128	6 95		6 95	6 95
31256	18		15		45				18														96	96	3 29		3 29	3 29
31267				30	50			30															110	110	5 45		5 45	5.45
31276				30	75			30															135	135	8 84		8 84	8 84
31287				30	45			30															105	105	3 91		3.91	3 91
31288				30	60			30															120	120	4 57		4 57	4 57
31290				120	180	45						3	2		1						1		557	578	17 21		17 21	18 50
31291				120	180	48						3	2		1						1		560	581	18 16		18 16	19.45
31292				90	140	30						1	2		1						1		434	453	14 74		14 74	15 79
31293				90	180	45						2	2		1						1		508	528	16 19		16 19	17 36
31294				100	210	40						2	2		1						1		543	563	19 03		19 03	20 20
31300	32		25		141				26			3			1				4				409	414	14 27		14 27	15 71
31320	27		25		89				24			2 5			1			3 5					301	309	5 25		5 25	5 62
31360	60	15	20		200				35			3	3	1	1			1	3	2			714	768	17 05	28	28	31 35
31365	60	15	20		300				40			4	3	1	1			1	3	2			838	893	24 12	37	37	40 47
31367	60	15	20		180				35			2	3	1	1			1	3	2			675	728	21 83	27 36	27 36	30 59
31368	60	15	20		285				40			3	3	1	1			1	3	2			804	858	27.05	36	36	39 35
31370	60	15	20		180				35			2	3	1	1			1	3	2			675	728	21 35	25	25	28 23
31375	60	15	20		150				35			2	3	1	1			1	3	2			645	698	20 18	25	25	28 23
31380	60	15	20		160				35			2	3	1	1			1	3	2			655	708	20 18	25	25	28 23
31382	60	15	20		180				35			2	3	1	1			1	3	2			675	728	20 49	28	28	31 23
31390	60	15	20		360				40			3	3	2	1			1	3	2			920	988	27 49	40	40	43 84
31395	60	15	20		400				40			4	3	2	1			1	3	2			979	1048	31 04	44	44	47 96
31400	31		25		126				27	1		5			1			4					463	481	10 29		10 29	11 48
31420	28		25		104				25	1		4 5			1			3.5					419	436	10 2		10 2	11 32
31500	7		25		10				7														49	49	2 33		2 33	2 33
31502				5	10	10																	25	25	0 65		0 65	0 65
31505	5				7				5														17	17	0.61		0 61	0 61
31510	12				20				13														45	45	1 92		1.92	1 92
31511	12				25				13														50	50	2 16		2 16	2 16
31512	17		15		20				14														66	66	2 07		2 07	2 07
31513	13				30				14														57	57	2 1		2 1	2 10

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
31515	14				26				14														54	54	1 8		1 8	1 80
31520	14		15		15				14														58	58	2 56		2 56	2.56
31525	14				19				14														47	47	2 63		2.63	2 63
31526	15		15		32				16														78	78	2 57		2 57	2 57
31527	18		15		47				18														98	98	3.27		3 27	3 27
31528	16				39				16														71	71	2 37		2.37	2 37
31529	16		25		35				16														92	92	2.68		2 68	2 68
31530	18		15		35				18														86	86	3 38		3 38	3 38
31531	19		15		39				19														92	92	3 58		3 58	3 58
31535	20		15		24				13														72	72	3 16		3 16	3.16
31536	17		15		39				12														83	83	3 55		3 55	3 55
31540	23		15		38				21														97	97	4 12		4 12	4 12
31541				45	60			20															125	125	4 52		4 52	4.52
31545	40	10	10		60				15						0 5								153	154	6 3		6 3	6 30
31546	40	10	10		90				20						0 5								188	189	9 73		9 73	9 73
31560	23		25		62				22														132	132	5 45		5 45	5 45
31561				60	90	30									1								216	218	5 99		5 99	5 99
31570	19		15		39				19														92	92	3 86		3 86	3 86
31571				45	40	25									1								146	148	4 26		4 26	4 26
31575	5	5	5		8				5														28	28	1 1	1 1	1.1	1 10
31576	14				32				15														61	61	1 97		1 97	1 97
31577	16				37				16														69	69	2 47		2 47	2 47
31578	16		15		39				17														87	87	2 84		2 84	2 84
31579	10	5			15				15														45	45	2 26	2 26	2 26	2 26
31580				60	120	30						3	2		1				4				455	480	12.36		12 36	14 46
31582				45	210		60											3	2	2			482	489	21 59		21 59	22 87
31584	30		25		118				27			5 5			1			4					400 5	412	19 61		19 61	20 35
31587				60	90	30						3	6		1				3				522	587	11 97		11 97	15 12
31588				45	150		40											2	3	2			410	416	13 09		13 09	14 62
31590				60	90		30											3	1	1			286	291	6 96		6 96	7 63
31595	23		25		56				22			3			1			3					264	272	8 33		8 33	8 75
31600				50	40				66														156	156	7 17		7 17	7 17
31601				60	45		30																135	135	4 44		4 44	4 44
31603				20	30		43																93	93	4 14		4 14	4.14
31605	13		25		10				19														67	67	3 57		3.57	3 57
31610	22		25		61				21			4			1			3					286	295	8 75		8 75	9 29
31611	19		25		43				18			2			1			2 5					216 5	223	5 63		5 63	5 92
31612	11		25		9				12														57	57	0 91		0 91	0 91
31613	17		15		33				12						1			2 5					150 5	155	4 58		4 58	4 63
31614				40	60	30						1	2		1			2	2				321	346	7 11		7 11	8 47
31615	13		25		20				14														72	72	2 09		2 09	2 09
31620					20																		20	20	1 4		1 4	1 40
31622	10	5	5		30				15														65	65	2 78	2 78	2.78	2 78
31623				20	30			20															70	70	2 88		2 88	2 88
31624				20	30			20															70	70	2 88		2.88	2 88
31625	10	5	10		30				15														70	70	3 36		3 36	3 36
31628	10	10	10		40				20														90	90	3 8		3 8	3 80
31629	10	10	10		30				20														80	80	4 09		4 09	4 09
31630	20	15	15		45				30														125	125	3 81		3.81	3 81
31631	20	10	15		45				30														120	120	4 36		4 36	4 36
31632					18																		18	18	1 03		1 03	1 03
31633					20																		20	20	1 32		1.32	1 32
31635	18		25		39				19														101	101	3.67		3 67	3 67
31636	15	15	15		45				25														115	115	4 3		4 3	4 30
31637					30																		30	30	1 58		1 58	1 58
31638	20	15	15		60				30														140	140	4 88		4 88	4 88
31640	23		25		59				23														130	130	4 93		4 93	4 93
31641	23		25		70				23														141	141	5 02		5 02	5 02

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
31643				30	35	30																	95	95	3 49		3 49	3 49
31645	22		25		43				16														106	106	3 16		3 16	3 16
31646	17		25		31				18														91	91	2 72		2.72	2 72
31656	15		25		32				16														88	88	2 17		2 17	2 17
31700	10		15		14				9														48	48	1 34		1 34	1 34
31708	10		15		15				9														49	49	1 41		1 41	1.41
31710	9		15		15				9														48	48	1 3		1 3	1 30
31715	8		15		10				9														42	42	1.11		1 11	1 11
31717	12		15		23				11														61	61	2 12		2 12	2 12
31720	8		15		10				8														41	41	1 06		1 06	1 06
31725	12		15		21				11														59	59	1 96		1 96	1 96
31730																							0	112	2 85		2 85	2 85
31750				60	180	30						1	3		1				4				507	540	13		13	15 19
31755				60	180													3	2	2			407	414	15 91		15 91	17 19
31760	47	31	25		220				38			8			1			4					609	623	22 32		22 32	23 36
31766	48	35	25		360				44			9 5			1			3					773 5	788	30 38		30.38	31.58
31770	39	28	25		179				43			8			1			2					532	544	22 48		22 48	23 48
31775	39	27	25		187				41			8			1			2.5					544 5	557	23 5		23 5	24 51
31780				60	180	50						3	4		1			3	1				571	619	17 69		17 69	19 70
31781	40	27	25		201				41	1		6			1			2 5					584 5	602	23 49		23 49	24 77
31785	37	24	25		171				37	1		4 5			1			2					508 5	524	17 2		17 2	18 29
31786	45	32	25		290				42	1		7			1			2 5					703 5	722	23 94		23 94	25 34
31800	22		25		66				20	1		1			1			2 5					288 5	301	7 42		7 42	8 10
31805	36	13	25		170				30			1 5			1			2 5					376	382	13 11		13 11	13 34
31820	17		15		40				16			0 5			1			2					163 5	168	4 48		4 48	4.58
31825	22		15		67				20			1			1			3					224	230	6 8		6 8	6.98
31830	19		15		43				17						0 5			2 5					149 5	153	4 49		4 49	4 54
32000	10				28				10														48	48	1 54		1 54	1 54
32002	15		15		31				14														75	75	2 19		2 19	2 19
32005	15		15		39				16														85	85	2.19		2 19	2 19
32019	15	10	15		30				20														90	90	4 17		4 17	4 17
32020	14	7	25		24				25														95	95	3 97		3 97	3 97
32035	32	24	25		102				23	2 5		10			1			3					634 5	667	8 66		8 66	11 20
32036	35	24	25		106				23	2 5		10			1			3					641 5	674	9 67		9 67	12 21
32095	22	14	25		61				31	1 5		4 5			1				1 5				403 5	420 5	8 35		8 35	10 06
32100				90	100				86			2	1		1			1	1				418	433	15 22		15 22	16 08
32110				60	150				45	1		2	1	1	1				1	1			524	561	22 97		22 97	25 15
32120	35	23	25		96				35	2.5		8			1					1.5			616 5	647	11 52		11 52	14 27
32124	33	23	25		172				30	2 5		7			1					1 5			666 5	696	12 7		12 7	15 33
32140	35	24	25		137				30	2 5		7			1					1 5			634.5	664	13 91		13 91	16 54
32141	60	15	20		116				40			1	4	3	1			1	1				587	673	13 98	23 9	23 9	27 10
32150	34	23	25		115				26	2 5		6 5			1					1 5			597	626	14 13		14 13	16 70
32151	36	24	25		128				30	2.5		7			1					1 5			626 5	656	14 19		14 19	16 82
32160	10	11	25		126				48	5		7			1					1			742	788	9 29		9 29	13 02
32200	36	23	25		90				24	2 5		9			1					2 5			657 5	691	15 27		15 27	18 48
32201				38	60			24															122	122	3 99		3 99	3 99
32215	28	26	25		92				32	1		5			1					1 5			454	471	11 31		11 31	12 93
32220				90	180				86	1		3	2		1			2	2	1			686	722	23.96		23 96	26.41
32225	36	27	25		170				35	2 5		7 5			1					1 5			686	716	13 94		13 94	16 63
32310	34	25	25		136				33	1		6			1					1.5			523	541	13 42		13 42	15.16
32320				90	180				45	1		3	1	2	1			1	2	1			682	735	23 96		23 96	27 04
32400	18	8	25		29				19														99	99	1 76		1.76	1 76
32402	21	21	25		41				29	1		3 5			1				1 5				337	349 5	7 55		7 55	8 89
32405	22		15		35				18														90	90	1 93		1 93	1 93
32420	14		15		29				14														72	72	2 18		2 18	2 18
32440				90	160		40			1		2	2	1	1			2	1				581	628	24.96		24 96	27 17
32442	60	15	20		286				60			1	4	6	1				2				908	1035	26 2	51 45	51 45	56 37
32445	60	15	20		310				40	1		1	4	6	1			1	1	2			1043	1182	25 05	57 74	57 74	63 60

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
32480				90	155				30	1		3	1	1	1			2	1				555	593	23.71		23 71	25 71
32482				95	198				45	1		3	1	1	1			1	1	1			641	680	24 96		24 96	27 28
32484	60	15	20		139				40			1	2	2	1			1	1				509	561	20 66	23 25	23 25	25 30
32486	60	15	20		240				40			1	3	4	1			1	1				722	812	23 88	39 44	39 44	42 80
32488	60	15	20		194				40	1		1	2	4	1			1	1	1			747	836	25 67	38 95	38 95	42 83
32491				90	150			60				20	2		1				3				845	887	21 22		21 22	25 09
32500				90	150				45			2	2	2	1			1	1	1			577	632	21 97		21 97	24 48
32501					25																		25	25	4 68		4 68	4 68
32503	60	15	25		240				45			6	1		1			1	2				626	645	30		30	31 61
32504	60	15	25		300				45			6	1		1			1	2				686	705	34.8		34 8	36.41
32540	60	15	20		120				40			1	5	3	1			1	2				644	740	14 62	26 42	26 42	30 22
32601				90	60			120															270	270	5.45		5 45	5 45
32602				90	75			120															285	285	5 95		5 95	5 95
32603				83	90			120															293	293	7.8		7 8	7.80
32604				83	108			120															311	311	8 77		8 77	8 77
32605				60	60			120															240	240	6.92		6 92	6.92
32606				90	90			120															300	300	8 39		8 39	8 39
32650				60	90		140											2					320	322	10 73		10 73	10 77
32651	60	15	20		70				40			1	5		1			1	1				448	502	12 89	16 64	16 64	18 70
32652	60	15	20		160				40			1	3	2	1			1	2				583	645	18 63	26 35	26 35	29 00
32653	60	15	20		77				40			2	4		1			1	1				444	489	12 85	16 24	16.24	18 09
32654	10	12	15		71				40			1	4	2	1			1	1				443	515	12 42	17 73	17 73	20 44
32655	60	15	20		73				40			1	3		1			1	1				391	425	13 08	14 69	14 69	16 09
32656				60	150		170											1	1				418	419	12 89		12 89	13 18
32657	60	15	20		60				40				2		1			1	1				329	352	13 63	11 9	11 9	12.85
32658				90	120		120											2					360	362	11 61		11 61	11 65
32659				90	120		165											1	1				413	414	11 57		11 57	11 86
32660				103	190		180											1	1				511	512	17 4		17 4	17 69
32661				60	120		130											2					340	342	13 23		13 23	13 27
32662	60	15	20		98				40				1		1			1	1				337	350	16 42	14 29	14.29	14 91
32663	60	15	20		145				40			1	2	1	1			1	1				474	512	18 44	23	23	24 56
32664				90	120		120											2					360	362	14 18		14 18	14.22
32665	60	15	20		105				40			1	3	1	1			1	1				464	512	15 52	19 56	19 56	21 45
32800	38	29	25		130				38	1		7.5			1					1 5			558 5	578	13 67		13 67	15 59
32810	35	26	25		102				37	1		6 5			1					1 5			504 5	523	13 03		13 03	14 83
32815	60	15	20		155				40	1		1	7	6	1			1	1	2			978	1147	23 12	42 94	42.94	49 79
32820				90	215		240												2	1			629	631	21 45		21 45	22 33
32850				150	180			120															450	450	0		0	-
32851				240	360		840												2	3	3		1777	1771	38 57		38 57	40 94
32852				240	390		840												3	3	4		1889	1879	41.74		41 74	44 65
32853				240	480		840												2	3	3		1897	1891	47 74		47 74	50 11
32854				240	480		840												2	4	4		1994	1986	50.9		50 9	53.88
32900	25	18	25		180				45	4		7 5			1					1 5			780 5	821	20 24		20 24	23 69
32905	39	29	25		211				34	2 5		5 5			1					1 5			693	721	20 72		20 72	23 17
32906	34	29	25		246				34	2 5		5 5			1					1 5			723	751	26 73		26 73	29 18
32940	30	25	25		173				25	1 5		4 5			1					1 5			551	571	19.4		19 4	21 22
32960	13		15		35				12														75	75	1 84		1 84	1 84
32997				40	90	110						1	2		1				2				401	424	5 99		5 99	7 31
32998	15	15	15		60				30														135	135		5 68	5 68	5 68
33010	14		15		24				27														80	80	2 24		2 24	2 24
33011	14		25		26				18														83	83	2 24		2 24	2 24
33015	24	18	25		38				22	1 5		4			1				1 5				368	384 5	6 79		6 79	8 44
33020	30	24	25		85				38	2 5		5 5			1					1			538	565	12.59		12 59	14 87
33025	19	14	25		66				30	1 5		4 5			1				1				393	410	12 07		12 07	13 65
33030	37	26	25		179				50	4 5		6 5			1					1 5			817	860	18 68		18 68	22.27
33031	39	33	25		186				38	4 5		7 5			1					1			821	864	21 76		21 76	25 30
33050	34	25	25		130				41	2 5		6			1					1 5			619 5	648	14 34		14 34	16 85
33120	42	17	25		191				56	2 5		8 5			1					1 5			743	774	24 52		24 52	27 33

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
33130	45	31	25		150				45	2 5		7 5			1					1 5			689	719	21.36		21 36	24 05
33140	60	15	20		113				40	1		1	1	3	1					1			557	621	19 97	25.49	25 49	28 26
33141					19					0 1				0 1									30 03	32.2	4 83	2 43	2.43	2 54
33200	24	25	25		116				31	2.5		4			1					1 5			547 5	574	12 46		12 46	14 73
33201	24	23	25		92				32	2		3.5			1					1 5			481 5	504	10 16		10 16	12 11
33202	55	15	15		65				30			1	1		1				1				329	301		12 43	12.43	13 15
33203	55	15	15		90				30			1	1		1				1				313	326		13 20	13 20	13 92
33206	19	15	25		59				23			2			1				1 5				249 5	253 5	6 66		6 66	7 31
33207	28	10	25		62				33	1		2			1				1				318	329	8 03		8 03	9 05
33208	15	15	15		60				30														135	135	8 12	8 12	8 12	8 12
33210				30	30			30															90	90	3 3		3 3	3 30
33211				60	45			45															150	150	3 39		3 39	3 39
33212				60	60		60										1						187	187	5 51		5 51	5 51
33213				60	75		60										1						202	202	6 36		6.36	6 36
33214				60	120		60											2					270	272	7 74		7 74	7 78
33215				20	60				25			1			1			1					175	179	4.75		4 75	4 89
33216				60	90		90											2					270	272	5 77		5 77	5 81
33217				60	120		60											2					270	272	5 74		5 74	5 78
33218				60	90		60												2				256	256	5 43		5.43	5 97
33220				60	120		60												2				286	286	5 51		5 51	6 05
33222				60	112		60											3					277	280	4 95		4 95	5 01
33223				53	90		60											2					233	235	6 45		6 45	6 49
33224				20	135				30						0 5								203	204	9 04		9.04	9 04
33225					120																		120	120	8 33		8 33	8.33
33226				25	120				25						0 5								188	189	8 68		8.68	8 68
33233				45	53		30											2					158	160	3.29		3 29	3.33
33234				60	150		60											2					300	302	7 81		7 81	7 85
33235				60	170		60														2		408	400	9.39		9 39	9.93
33236				30	120		60											3					255	258	12 58		12 58	12 64
33237				60	180		90											3					375	378	13 69		13 69	13 75
33238				60	180		75											4					375	379	15 2		15 2	15 28
33240				38	68		53											1					174	175	7 59		7 59	7 61
33241				45	60		60											1					180	181	3 24		3 24	3 26
33243				90	210		135												3				504	504	22 61		22 61	23 42
33244				60	180													5					315	320	13.74		13 74	13.84
33245	34	32	25		151				46	2 5		6 5			1					1 5			662	691	14 28		14 28	16 85
33246	37	34	25		134				32	3		3 5			1					1 5			610 5	640	20 68		20 68	23 14
33249				60	120														3				249	249	14 21		14 21	15 02
33250	61	38	25		230				31	5		7 5			1					1 5			935 5	983	21 82		21 82	25 78
33251	53	37	25		250				38	5		7 5			1					1 5			953 5	1001	24 84		24 84	28 80
33253				90	300	150												1		1			593	596	31 01		31.01	31 37
33254	60	15	20		120				40			1	1		1				1	1			442	416		22 52	22 52	23 58
33255	60	15	20		180				40			1	2		1				1	1			532	516		27 52	27 52	28 91
33256	60	15	20		200				40	1		1	3		1				1	1			604	646		32 54	32 54	34 77
33261	53	37	25		250				41	5		7 5			1					1 5			956 5	1004	24 84		24 84	28 80
33265	60	15	20		150				40			1	1		1				1	1			472	446		22 52	22 52	23 58
33266	60	15	20		200				40			1	2		1				1	1			552	536		31 52	31 52	32 91
33282				60	40														2				146	146	4 16		4 16	4 70
33284				30	30														2				106	106	2 5		2 5	3 04
33300	10	12	15		144				40	3	1	1	2	4	1					1			759	859	17 89	40 03	40 03	44 89
33305	10	12	15		296				40	6	2	1	2	4	1					1			1132	1251	21 41	70 21	70 21	76 85
33310	28	31	25		126				34	1		6			1					1.5			514	532	18 48		18 48	20 22
33315	45	32	25		163				45	4 5		7 5			1					1 5			829	873	22.34		22 34	26 05
33320	25	12	25		129				53	1		6 5			1				1.5				501	516 5	16 76		16 76	18 46
33321				240	240		225												2				751	751	20 17		20.17	20 71
33322	41	30	25		175				50	4 5		7 5			1					1.5			840	884	20 59		20 59	24 30
33330	47	34	25		187				50	4 5		8			1					1 5			871 5	916	21 4		21 4	25 17
33332				90	240		225												2				601	601	23 92		23 92	24 46

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33335	48	36	25		219				52	4 5		8 5			1					1 5			918	963	29 96		29 96	33 79
33400	60	15	20		211				40	1		1	1	3	1				1	1			678	742	28.46	38 33	38 33	41 37
33401				120	180		420														2		838	830	23 87		23 87	24 41
33403				120	180		480														2		898	890	24 85		24.85	25.39
33404	46	42	25		238				62	2 5		8			1					1 5			815 5	846	28 5		28 5	31 25
33405	60	15	20		198				40	1		1	2	3	1				1	1			695	769	34 95	37 82	37 82	41 19
33406	60	15	20		282				40	1		1	2	3	1				1	1			779	853	37.44	49 18	49 18	52 55
33410	60	15	20		229				40	1		1	2	3	1				1	1			726	800	32 41	42 91	42 91	46 28
33411	60	15	20		283				40	2		1	4	4	1				1	1			944	1059	36 2	56.91	56 91	61 94
33412				40	300				60			6	1			1	1	1	1	1			672	701	41 94		41 94	43 77
33413	60	15	20		297				40	2		1	1	3	1				1	1			827	898	43 43	56 19	56 19	59 74
33414	60	15	15		240				60	1		1	1	3	1					1			699	763	30 3	36 52	36 52	39 29
33415	60	15	20		186				40	1		1	2	2	1					1			619	679	27 11	34 58	34 58	37.19
33416	60	18	15		205				60	1		2	1	1	1				1	1			627	664	30 3	34 25	34 25	36 43
33417				120	240		300													2			736	740	28 49		28 49	29 17
33420	46	31	25		140				51	3		8			1					1 5			727	761	22 67		22 67	25 67
33422	46	31	25		175				52	4 5		7 5			1					1 5			848	892	25 9		25 9	29 61
33425	60	15	20		254				40	1		1	2	4	1				1	1			792	880	26 96	45 97	45 97	49 83
33426	60	15	20		205				40	1		1	2	3	1				1	1			702	776	32 95	39 78	39 78	43 15
33427	60	15	20		221				40	1		1	2	2	1				1	1			677	737	39 94	41 82	41 82	44 70
33430	60	15	20		223				40	2		1	2	3		1			2	1			815	904	33.45	46 45	46 45	50 75
33460	60	15	20		164				40	2		1	3	4	1					1			772	877	23 56	40 19	40 19	44 62
33463	60	15	20		231				40	2		1	7	4	1				1	1			982	1127	25 58	50 93	50 93	56 95
33464	60	15	20		205				40	1		1	3	4	1				1	1			773	871	27 29	40 3	40 3	44 49
33465	60	15	20		211				40	2		1	5	3	1				1	1			861	972	28 75	45 72	45 72	50 59
33468	47	37	25		228				49	2 5		8			1					1 5			788 5	819	30 07		30 07	32 82
33470				120	180		480														2		898	890	20 78		20 78	21 32
33471				120	180		240												1	1			601	603	22.22		22 22	22.83
33472				120	165		300													2			661	665	22 22		22 22	22 90
33474	60	15	20		222				40	1		1	2	2	1				1	1			678	738	23 01	36 39	36 39	39 27
33475	60	15	20		234				40	1		1	2	2	1				1	1			690	750	32 95	39.39	39 39	42 27
33476				120	225		300													2			721	725	25 73		25 73	26 41
33478				120	240		300													2			736	740	26 7		26 7	27 38
33496				60	300	180						2	5		1				1	1			825	881	27 21		27 21	29 71
33500	48	32	25		170				47	2		6.5			1					1 5			664 5	690	25 51		25 51	27 82
33501				19	125	15						2	2	1	1			1	1				372	411	17 75		17 75	19 43
33502				120	180		330													2			706	710	21 01		21 01	21 69
33503				120	240		420														2		898	890	21 75		21 75	22 29
33504				120	240		300													2			736	740	24 62		24 62	25 30
33505	40	12	20		200				40	1		9		1	1				1				646	678	26 8	36	36	38 35
33506	40	12	20		200				40	1		9		1	1				1				646	678	35 45		35 45	37 80
33507	82 5	15	15		180				60	1		2	1		1				1				542.5	563 5	30		30	31 35
33508					10																		10	10	0 31		0 31	0 31
33510	60	15	20		154				40	1		1	2	3	1			1		1			643	718	28 96	31 75	31.75	34 87
33511	60	15	20		186				40	1		1	2	3	1			1		1			675	750	29 96	35 22	35.22	38 34
33512	60	15	20		213				40	1		1	2	4	1			1		1			743	832	31 75	40.26	40 26	43 87
33513	60	15	20		231				40	1		1	2	4	1			1		1			761	850	31 95	41 65	41 65	45 26
33514	60	15	20		248				40	1		1	2	4	1			1		1			778	867	32 7	44 36	44.36	47.97
33516	60	15	20		264				40	1		1	2	4	1			1		1			794	883	34 95	46 04	46 04	49 65
33517					23					0 2				0.3									47 9	53.5	2 57	3 36	3.36	3 61
33518					50					0 4				0 7									100 56	112 6	4 84	7 41	7 41	7 93
33519					70					0 4				0 8									126.36	139 8	7 11	9 91	9 91	10 49
33521					88					0 4				0 8									144 33	158 05	9 39	12 01	12.01	12 59
33522					102					0 3				0 9									159 47	174 45	11 65	13 53	13 53	14 14
33523					110					0 4				1									176.2	193	13 93	15 39	15.39	16 08
33530					70					0 3				0 4									104 42	112.4	5 85	9 78	9 78	10 13
33533	60	15	20		151				40	1		1	1	3	1			1		1			610	675	29 96	30 85	30 85	33 64
33534	60	15	20		193				40	1		1	1	3	1			1		1			652	717	32 15	36.98	36 98	39 77

RUC Physician Time Recommendations - May 25, 2006																							5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
33535	60	15	20		231				40	1		1	1	3	1			1		1			690	755	34 45	41 85	41 85	44.64
33536	60	15	20		259				40	1		1	1	3	1			1		1			718	783	37 44	45 53	45 53	48 32
33542	60	15	20		207				40	2		1	2	3	1				1	1			767	848	28 81	44.2	44.2	48.08
33545	60	15	20		236				40	2	1	1	1	4		1			1	1			848	939	36.72	52 49	52 49	56 93
33548	60	15	20		217				40	2	1	1	2	3		1			2	1			841	928	37 97		37.97	42.52
33548	60	15	20		217				40	2	1	1	2	3		1			2	1			841	928		49 41	49 41	53 96
33572					30																		30	30	4 44		4 44	4 44
33600				120	240		360													2			796	800	29 47		29 47	30 15
33602				120	240		330													2			766	770	28 5		28 5	29 18
33606				135	285		360													2			856	860	30 69		30.69	31 37
33608				120	300		300													2			796	800	31 04		31 04	31 72
33610				120	240		330													2			766	770	30 56		30 56	31 24
33611				45	240				110			10			1					1			659	673	33 95		33 95	35 49
33612				45	240				110			10			1					1			659	673	34 95		34 95	36 49
33615				45	250				100			10			1				1	1			682	696	33 95		33 95	35 76
33617				60	330				100			9	1		1				1	1			788	811	36 94		36 94	38 96
33619				45	330				100			7	6	1	1		5	1		1			953	1039	44 93		44.93	48 60
33641	60	15	20		164				40	1		1	1	1	1					1			526	562	21 36	27 71	27 71	29 50
33645	41	30	25		185				58	3.5		7 5			1					1 5			795	832	24 78		24 78	27 98
33647				120	240		300													2			736	740	28 69		28 69	29 37
33660	60	15	15		200				60	1		1	1	1	1					1			577	613	29 96		29 96	31 75
33665	60	15	15		200				60	1		1	1	1	1					1			577	613	28 56	32 98	32 98	34 77
33670	60	15	15		230				60	1		3		1	1				1				600	626	34 95		34 95	36 58
33675	70	15	15		180				60	1		3	2		1					1			594	628		34 00	34 00	35 87
33676	70	15	15		210				60	1		3	2		1					1			624	658		35 00	35 00	36 87
33677	70	15	15		240				60	1		3	2		1					1			654	688		36 50	36 50	38 37
33681				52 5	150				60			6			1				2	1			496 5	506 5	30 56		30 56	32.16
33684	63	15	15		200				60	1		1	1	1	1					1			580	616	29 61	32 5	32 5	34 29
33688	60	15	15		235				40	1		1	1	1	1					1			592	628	30 57	32 88	32 88	34 67
33690				120	120		300													2			616	620	19.52		19 52	20 20
33692				120	390		300													2			886	890	30 7		30 7	31 38
33694				45	285				110			10			1					1			704	718	33 95		33 95	35 49
33697				45	260				110			10			1					1			679	693	35 95		35.95	37 49
33702				120	210		270												1	1			661	663	26.5		26 5	27 11
33710				120	240		270												1	1			691	693	29 67		29.67	30 28
33720				120	210		240												1	1			631	633	26 52		26 52	27 13
33722				120	240		330													2			766	770	28 37		28 37	29.05
33724	60	15	20		183				53	1		2	1		1					1			536	559		26 13	26 13	27 55
33726	60	15	20		240				60	1		3	1		1					1			660	643		35 50	35 50	37 04
33730				45	225				100			10			1				1	1			657	671	34 2		34.2	36 01
33732				120	210		300													2			706	710	28 12		28 12	28 80
33735				120	180		360													2			736	740	21 36		21 36	22 04
33736				120	180		330													2			706	710	23 48		23 48	24 16
33737				120	180		240												1	1			601	603	21 73		21 73	22 34
33750				120	180		300													2			676	680	21 38		21.38	22 06
33755				120	180		300													2			676	680	21 76		21 76	22 44
33762				120	180		360													2			736	740	21.76		21 76	22 44
33764				120	180		330													2			706	710	21 76		21 76	22 44
33766				120	180		360													2			736	740	22 73		22 73	23 41
33767				120	240		360													2			796	800	24.46		24 46	25 14
33768					30																		30	30	8		8	8 00
33770	60	15	15		240				60	1		4	1	1	1				1				659	696	36 94		36 94	39 02
33771	60	15	15		260				60	1		4	1	1	1				1				679	716	34 6	38.5	38 5	40 58
33774				120	240		390													1	1		847	845	30 93		30.93	31 54
33775				120	300		360													2			856	860	32 15		32 15	32 83
33776				120	300		420														2		958	950	33 99		33 99	34 53
33777				120	300		420														2		958	950	33.41		33 41	33 95
33778				37 5	300				100			9	3		1				1	1			795 5	838 5	39 94		39 94	42 62

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
33779	60	15	15		280				40	1		4	1	1	1					1			694	733	36 16	41	41	43.15
33780	60	15	15		260				50	1		6	2		1				1				696	731	41 69		41 69	43 85
33781	60	12	15		280				40	1		6	2		1				1				703	738	36 4	41	41	43.16
33786				45	285		87.5					10	3		1				1	1			794 5	838 5	38 94		38 94	41 74
33788				120	240		330													2			766	770	26 58		26.58	27 26
33800				30	130	54						2	1 5		1				1				356	375	16 22		16 22	17 23
33802				105	150		240												1	1			556	558	17.63		17 63	18 24
33803				105	180		270												1	1			616	618	19 57		19 57	20 18
33813				120	180		240												1	1			601	603	20 62		20 62	21 23
33814				120	210		300													2			706	710	25 73		25 73	26 41
33820				90	120		180													1			428	430	16 27		16 27	16 61
33822				90	120		180													1			428	430	17 29		17 29	17.63
33824				105	180		240												1	1			586	588	19.49		19 49	20 10
33840				105	180		240												1	1			586	588	20 6		20 6	21 21
33845				120	210		300													2			706	710	22 09		22 09	22 77
33851				120	180		240												1	1			601	603	21 24		21 24	21 85
33852				120	210		270												1	1			661	663	23 67		23 67	24 28
33853				120	240		360													2			796	800	31 67		31 67	32 35
33860	45	15	20		305				40	2		1	2	3	1				1	1			850	931	37 94	55 45	55.45	59 33
33861				60	330				70	1		5	1		1			1	2				745	770	41 94		41 94	43 94
33863	60	15	20		287				40	2		1	2	3	1					1			824	905	44 93	55.1	55 1	58 71
33870				60	330				70	1		5	1		1			1	2				745	770	43 93		43 93	45 93
33875				60	300	60						4	5		1				2				728	784	33 01		33 01	35 68
33877	50	45	15		324				60	3		1	2	3		1			2	1			1014	1110	42 54	64 04	64 04	68 85
33880	90	20	20		225				45			1	1	1	1				2				572	599	33		33	34 48
33881	75	20	20		200				40			1	1	1	1				2				527	554	28		28	29 48
33883	70	20	20		120				30			1	1		1				2				391	404	20		20	20 99
33884					60																		60	60	8 2		8 2	8 20
33886	65	20	20		100				30			1	1		1				2				366	379	17		17	17 99
33889	68	20	20		150				40														298	298	15 92		15 92	15 92
33891	70	20	20		173				40														323	323	20		20	20 00
33910	28	24	25		186				52	7		8			1					1 5			1001	1063	24 55		24 55	29 59
33915	38	27	25		144				46	5		6 5			1					1 5			811 5	858	20 99		20 99	24 83
33916	38	37	25		230				37	2 5		6			1					1 5			731 5	760	25 79		25 79	28 30
33917				120	240		300													2			736	740	24 46		24 46	25 14
33920				120	270		330													2			796	800	31 9		31.9	32 58
33922				120	195		240												1	1			616	618	23 48		23 48	24 09
33924					30																		30	30	5 49		5 49	5 49
33925	90	15	30		180				60	1		4		1	1				1				614	641	29 5		29 5	31.25
33926	90	20	30		240				60	1		9	1	1	1				1				804	846	42		42	44 68
33930				202	180			120															502	502	0		0	-
33935				180	360		650														3		1367	1355	60 87		60 87	61 68
33940				180	180			90															450	450	0		0	-
33945	167	15	90		325				85	3	1	1	6	5		1			3	2	1		1556	1716	42 04	80 84	80 84	89 08
33960				150	133			240															523	523	19 33		19 33	19 33
33961					240																		240	240	10.91		10 91	10 91
33967	29		15		41				33														118	118	4 84		4 84	4 84
33968				20	50	20																	90	90	0 64		0 64	0 64
33970	26	23	25		39				23														136	136	6.74		6 74	6 74
33971	18	10	25		65				28	3		3			1					1			466	494	9 68		9 68	11 91
33973				60	75			210															345	345	9 75		9 75	9 75
33974				60	120		180												2				406	406	14 39		14 39	14 93
33975				120	330	180																	630	630	20 97		20 97	20 97
33976				120	360	200																	680	680	22 97		22 97	22 97
33977				180	150		540												2		1		975	971	19 26		19 26	20 07
33978				180	180		600												2		1		1065	1061	21 7		21 7	22 51
33979				52 5	410		150																612.5	612 5	45 93		45 93	45 93
33980				178	360		108		80	4	3	2	9	2		1			2	3			1669	1827	56 17		56.17	64 86

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
34001	30	15	15		90				30				3		1				2				352	384	12 89	16.25	16 25	17 78
34051	35	23	25		139				39	1 5		7 5			1			2 5					571 5	594	15 19		15 19	16 91
34101				75	60				30			2	1		1			1	1				307	322	9 99		9 99	10.85
34111				60	60				30			2	1		1			1	1				292	307	9 99		9 99	10 85
34151				75	150				30			4	2		1			2	1				480	508	24 96		24 96	26.41
34201	30	15	15		128				30			2	2		1				2				398	422	10 01	18 31	18 31	19.75
34203				75	108				30			3	1		1			1	2				397	413	16 48		16.48	17 73
34401				70	150				30			4	2		1			2	1				475	503	24 96		24 96	26 41
34421				70	95				30			3	2		1			1	1				386	412	11 98		11.98	13 29
34451				70	180				30			4	2		1			2	1				505	533	26 96		26 96	28.41
34471	30	15	15		180				20			3	1		1			2	1				436	453	10 16	20	20	21 00
34490				80	80				30			3	1		1			1	1				351	367	9.85		9 85	10 83
34501				90	120				30			1	1		1			2	1				378	393	15 98		15 98	16 74
34502				150	300		240												1	2			789	793	26.91		26 91	27.86
34510				95	150				30			2	1		1			2	1				432	448	18 92		18 92	19 80
34520				90	143				30			2	1		1			1	2				428	443	17 92		17 92	19 05
34530				90	120				30			2	1		1			2	2				420	436	16 62		16 62	17 77
34800				130	120	40						1	1		1			1	1				413	427	20 72		20 72	21 46
34802				135	150	40						1	1		1			1	1				448	462	22 97		22 97	23 71
34803	75	15	20		165				30			1	1		1			1	1				428	442	24		24	24 74
34804				120	150	35						1	1		1			1	1				428	442	22 97		22 97	23 71
34805	65	15	25		150				30			1	1		1			1	1				408	422	21 85		21 85	22 59
34808					60																		60	60	4 12		4.12	4 12
34812				75	45		30																150	150	6 74		6 74	6.74
34813					60																		60	60	4 79		4 79	4.79
34820				80	75		30																185	185	9 74		9 74	9.74
34825				80	60	30						1	1		1			1	1				293	307	11 98		11 98	12 72
34826					30																		30	30	4 12		4 12	4 12
34830				60	210	45						3	2	2	1			1	2				611	665	32.54		32 54	35 10
34831				60	240	40						3	2	2	1			1	2				636	690	35 29		35 29	37 85
34832				60	240	60						3	2	2	1			1	2				656	710	35 29		35 29	37 85
34833				75	100				27						0.5								220	221	11 98		11 98	11.98
34834				70	30				35						0 5								153	154	5 34		5 34	5 34
34900				105	120				30			1			1			1	1				348	352	16 36		16 36	16 77
35001	39	15	25		186				39			8 5			1			3 5					554	568	19 61		19 61	20.70
35002	41	15	25		198				39			9			1			3 5					577 5	592	20 97		20 97	22 12
35005	38	14	25		173				37			8 5			1			3 5					537	551	18 09		18 09	19 18
35011				90	120				30			2			1			1	1				352	357	17 97		17 97	18 50
35013				90	133				30			2	1		1			1	2				418	433	21 97		21 97	23 10
35021	38	27	25		170				42	2 5		9 5			1			2.5					713 5	745	19.62		19.62	22 09
35022	40	29	25		183				44	2 5		9 5			1			2 5					732 5	764	23 15		23 15	25 62
35045				90	120				30			1			1			0 5	1				325 5	329	17 54		17.54	17 94
35081	60	15	15		210				30	1		2	3		1			1	1	1			633	677	27 97	31	31	33.37
35082				60	180				60	2		3	3	1	1			1	1	1			726	792	38 44		38 44	41 93
35091				93	249		255																597	597	35 35		35 35	35 35
35092				60	260				60	5		2	3	3	1			1	1	1			1058	1172	44 93		44 93	50 81
35102	60	15	15		265				30	1		2	3		1			1	1	1			688	732	30 71	36 28	36.28	38 65
35103				60	180				60	2		4	3		1			1	2				689	740	40 44		40.44	43 49
35111				90	150				30			2	2		1			2	1				457	483	24 96		24 96	26.17
35112				90	180				60	2		2	2		1			1	2				651	690	29 96		29 96	32 44
35121				90	190				30			4	2		1			2	1				535	563	29.96		29 96	31 41
35122				90	220				60	2		2	3		1			1	2				721	770	34 95		34 95	37 76
35131				105	150				40			3	2		1			2	1				501	528	24.96		24.96	26 29
35132				55	180				60	2		2	2		1			1	2				616	655	29 96		29 96	32 44
35141				90	150				30			2	1		1			1	1				412	427	19 97		19 97	20 83
35142				90	150				45	1		3	1		1			1	2				532	555	23 27		23 27	25.03
35151				100	150				30			3	1		1			2	1				456	473	22 61		22 61	23 61
35152				90	180				45			2	2	1	1			1	2				551	590	25 58		25 58	27.53

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
35180	32	12	25		99				36	1		7			1			3					481	500	13 6		13.6	15 01
35182				88	200				30			2	1	1	1			1	2				524	553	29 96		29 96	31.58
35184				88	150				30			1	1		1			1 5	1				398 5	413	17 97		17 97	18 72
35188	35	12	25		140				35			6			1			3.5					449 5	461	14 26		14 26	15 05
35189				88	165				30			1 5	2	1	1			1	2				509 5	548	27 96		27 96	29 85
35190	45	11	25		124				35			4 5			1			3					406 5	416	12 73		12.73	13 33
35201	29	9	25		93				30			5 5			1			3					371.5	382	16.12		16 12	16 84
35206				50	90				25			2			1			1	1				277	282	13 23		13 23	13 76
35207	28	9	25		88				30			5 5			1			3					365 5	376	10.13		10 13	10 85
35211	41	30	25		235				42	2 5		9			1			2 5					775	806	22 09		22 09	24 50
35216	30	15	15		180				60	1		3	3		1		1		1	1			614	658	18.72	34	34	36 47
35221				53	125				45	1		2	2	1	1			1	1				499	545	24.35		24 35	26 54
35226				60	100				30			1	1		1			1	1				313	327	14 48		14.48	15 22
35231				60	120				30				1	1	1			1	1				355	382	19 97		19 97	21 08
35236				60	120				30			2	1		1			1	1				352	367	17 08		17 08	17 94
35241	41	29	25		227				42	2.5		9			1			2 5					766	797	23.09		23 09	25 50
35246				90	180				45	1		1	1	1	1			1	1				542	577	26 41		26 41	28 15
35251				70	180				30			2	2	1	1			1	1				493	532	30 15		30 15	31 83
35256				60	120				30			3			1			1	1				341	347	18 33		18 33	18 98
35261				60	120				30				1	1	1			1	1				355	382	17 77		17 77	18 88
35266				60	90				30			2	1		1			1	1				322	337	14 89		14 89	15 75
35271	40	28	25		210				42	2 5		9			1			2 5					747	778	22 09		22 09	24 50
35276				90	180				45	1		2	1		1			1	1 5				531 5	553 5	24 21		24 21	25 72
35281				85	180				40	1		2	2		1			1	2				563	595	27 96		27 96	29 93
35286				60	100				30			3			1			1	2				344	350	16 14		16 14	17 06
35301				90	144	40						2	1		1			1	1				416	431	18 67		18 67	19 53
35302	40	15	20		150				30			1	1		1			1	1				419	392		20 53	20 53	21 27
35303	40	15	20		150				30			1	1		1			1	1				419	392		22 78	22 78	23 52
35304	40	15	20		180				30			1	1		1			1	1				449	422		23 78	23 78	24 52
35305	40	15	20		160				30			1	1		1			1	1				429	402		22 78	22 78	23 52
35306					90																		90	90		9 25	9 25	9 25
35311				90	180				30			1	2	1	1			1	1				494	532	26 96		26 96	28 52
35321				90	100				30			2			1			1	1				332	337	15 98		15 98	16 51
35331				95	180				30			4	2		1			2	1				530	558	26 16		26 16	27 61
35341	39	14	25		179				38			8			1			3 5					535 5	549	25 07		25 07	26.10
35351				90	150				30			1	2	1	1			1	1				464	502	22.97		22 97	24 53
35355				90	120				30			3	2		1			1	1				431	457	18 47		18 47	19 78
35361				90	210				30			2	2	1	1			1	2				566	605	28 16		28.16	30 11
35363				90	240				30			3	2	1	1			1	2				615	655	30 15		30 15	32 22
35371				75	103				30			2			1			1	1				320	325	14 7		14 7	15 23
35372				80	120				30			2			1			1	1				342	347	17 97		17 97	18 50
35381	34	12	25		154				33			7			1			3 5					479 5	492	15.79		15 79	16 70
35390					180																		180	180	3 19		3 19	3 19
35400					45																		45	45	3		3	3 00
35450	27	9	25		72				30														163	163	10 05		10 05	10.05
35452	28	9	25		72				32														166	166	6 9		6 9	6 90
35454	35	12	25		157				33														262	262	6 03		6 03	6 03
35456	34	12	25		163				32														266	266	7 34		7 34	7 34
35458	27	9	25		63				32														156	156	9 48		9 48	9 48
35459																							0	255	8 62		8 62	8 62
35460																							0	188	6 03		6.03	6 03
35470					82			128															210	210	8 62		8 62	8 62
35471					90			140															230	230	10 05		10 05	10.05
35472					85			93															178	178	6 9		6 9	6 90
35473					78			83															161	161	6 03		6 03	6 03
35474					80			106															186	186	7 35		7 35	7 35
35475					90			121															211	211	9 48		9 48	9 48
35476					75			70															145	145	6 03		6 03	6 03

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
35480																							0	293	11 06		11.06	11 06
35481																							0	238	7 6		7 6	7 60
35482																							0	211	6 64		6 64	6 64
35483																							0	243	8 09		8 09	8 09
35484																							0	292	10 42		10 42	10.42
35485																							0	270	9 48		9.48	9 48
35490																							0	291	11 06		11 06	11 06
35491																							0	229	7 6		7 6	7 60
35492																							0	209	6 64		6 64	6 64
35493																							0	234	8 09		8 09	8.09
35494																							0	262	10 42		10.42	10 42
35495																							0	262	9 48		9 48	9.48
35500					60																		60	60	6 44		6 44	6 44
35501	41	12	25		118				30			4 5			1			3					392 5	402	19 16		19 16	19 76
35501	40	15	20		200				30			1	1		1				2				477	449		28 00	28 00	28 99
35506	30	15	15		165				28			1	1	1	1				2				425	452	19 64	23 75	23 75	25 23
35507	40	15	25		181				39			8			1			3 5					540 5	554	19 64		19 64	20 67
35508	30	15	15		170				30			1	1		1				2				391	404	18 62	25	25	25 99
35509	39	14	25		168				39			7 5			1			3 5					516	529	18 04		18 04	19 01
35509	40	15	20		190				30			1	1		1				2				467	439		27 00	27 00	27 99
35510	65	10	28		180				30			1	2		1				2				474	497	22 97		22 97	24 29
35511				75	150				25				2		1			1	1				384	407	21.17		21 17	22 12
35512	30	10	28		180				30			1	2		1				2				439	462	22 47		22 47	23 79
35515	30	15	15		180				30			1	1		1				2				401	414	18.62	25	25	25.99
35516	30	15	15		180				20			2	1		1				2				410	424	16 3	23	23	24.11
35518				75	140				25			1	3		1			1	1				423	457	21 17		21 17	22 57
35521				90	155				30			1	2	1	1			1	2				492	530	22 17		22 17	24 00
35522	65	10	28		180				30			1	2		1				2				474	497	21 73		21 73	23 05
35525	53	10	28		150				30			1	1		1				2				402	415	20 6		20 6	21 59
35526				90	210				30			1	2	1	1			1	1				524	562	29 91		29.91	31 47
35531				90	240				30	1		1	2	2	1			1	2				681	740	36 15		36.15	38 98
35533				90	240				30			1	2	1	1			1	2				577	615	27 96		27 96	29 79
35536				70	180				25			2	2	1	1			1	2				511	550	31 65		31.65	33 60
35537	50	15	20		288				40	1		1	2		1			1	2				734	683		39 90	39.90	41 75
35538	50	15	20		360				43	1		1	2		1			1	2	1			847	798		44 63	44 63	46.82
35539	60	20	20		300				30	1		2	2		1			1	2				770	720		42.01	42 01	43 98
35540	60	20	20		360				30	1		2	2		1			1	2				830	780		47 23	47 23	49 20
35541	38	14	25		188				37			9 5			1			3.5					571	586	25.76		25 76	26.97
35546	34	15	25		201				30			7 5			1			3 5					536	549	25 5		25 5	26.47
35548	39	15	25		188				38			8			1			3 5					545 5	559	21 54		21 54	22.57
35549	41	15	25		204				39			8			1			3 5					564.5	578	23 31		23.31	24 34
35551	42	16	25		224				39			8 5			1			3 5					596	610	26 63		26.63	27 72
35556	30	25	15		251				30			2	1	1	1			1	2				557	586	21.73	27.25	27 25	28 87
35558				70	180				25			1	2	1	1			1	2				492	530	21.17		21 17	23 00
35560				90	200				25			2	2	1	1			1	2				551	590	31 95		31 95	33 90
35563				75	180				25			1	2	1	1			1	2				497	535	24 16		24 16	25.99
35565				75	180				25			1	2	1	1			1	2				497	535	23 17		23 17	25 00
35566	30	25	15		306				30			3	2	1		1		1	2				670	718	26 88	32	32	34 22
35571				80	180				30			4	1		1			1	2				493	510	24 02		24 02	25 39
35572					60																		60	60	6 81		6 81	6 81
35583	30	25	15		253				30			2	1	1	1			1	2				559	588	22 34	26	26	27 62
35585	30	25	15		305				30			3	2	1		1		1	2				669	717	28 35	32	32	34 22
35587				93	180				30			4	1		1			1	2				506	523	24 71		24 71	26 08
35600					40																		40	40	4.94		4 94	4 94
35601	35	13	25		141				36			7			1			3 5					471 5	484	17 47		17 47	18 38
35601	40	15	20		180				30			1	1		1				2				457	429		26 00	26 00	26 99
35606	30	15	15		145				30				1	1	1				2				388	414	18.68	21	21	22 36
35612	37	13	25		167				36			7 5			1			3 5					509	522	15 74		15 74	16 71

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
35616	30	15	15		140				30			1	1		1			1	1				353	367	15 68	21	21	21 74
35621				85	120				30			3	1		1			1	1				396	412	19 97		19 97	20 95
35623				75	120				25			1	2	1	1			1	2				437	475	23 96		23 96	25 79
35626				98	180				30			2	1	1	1			1	1				491	520	27 71		27 71	29 06
35631				110	225				38			2	2	1	1			1	2				609	648	33 95		33 95	35 90
35636				78	200				30			1	3	1	1			1	2				555	603	29 46		29 46	31 62
35637	40	15	20		210				30	1		2	2		1			1	2				614	605		30 95	30 95	32 92
35638	40	15	20		240				30	1		2	2		1			1	2				644	635		31.50	31 50	33 47
35641	39	16	25		190				28	1		10			1			4					647	670	24 53		24 53	26 32
35642	35	13	25		127				37			7			1			3					451	463	17 95		17 95	18 85
35645	35	13	25		127				37			7			1			3					451	463	17.44		17 44	18 34
35646				100	210				30			3	2	1	1			2		1			602	645	30 95		30 95	32 84
35647				100	170				30			3	3		1			2	1				536	573	27 96		27 96	29 62
35650				75	110				25				1	1	1			1	1				355	382	18.97		18 97	20 08
35651	38	14	25		179				37			7 5			1			3 5					524	537	25		25	25 97
35654				90	180				30			2	2		1			2	1				487	513	24 96		24 96	26.17
35656				90	150	30						5			1			1	1				439	447	19 5		19 5	20 39
35661				90	120				30			3	1		1			1	2				424	440	18 97		18 97	20.22
35663				75	148				25			1	2	1	1			1	2				465	503	21 97		21.97	23 80
35665				100	150				30			3	1		1			1	2				464	480	20 97		20 97	22 22
35666				90	150				30			4	1		1			1	2				473	490	22 16		22 16	23 53
35671				70	135				30			1	2		1			1	2				411	435	19 3		19 3	20 64
35681					184																		184	184	1 6		1 6	1 60
35682					78																		78	78	7 19		7.19	7 19
35683					90																		90	90	8 49		8 49	8 49
35685					45																		45	45	4 04		4 04	4 04
35686					35																		35	35	3 34		3 34	3 34
35691				90	160				41			2			1			3					410	417	18 02		18 02	18.32
35693				70	140				36			2			1			3					365	372	15.34		15 34	15 64
35694				120	180		120											3					465	468	19 13		19.13	19.19
35695				120	180				46			1	2		1			3					506	532	19 13		19 13	19 97
35697					30																		30	30	3		3	3 00
35700					300																		300	300	3 08		3 08	3 08
35701				55	60				30				1		1			1	1				249	262	8 49		8.49	9 11
35721				53	60				30			1	1		1			2					258	273	7 17		7 17	7 66
35741				50	75				30				1		1			1	1				259	272	7 99		7 99	8 61
35761	26	8	25		75				27			3 5			1			3					308 5	317	5 36		5 36	5.84
35800	25	8	25		66				27	1		3 5			1			2 5					354	369	7.01		7 01	7 99
35820	30	10	5		136				40	1		1	2	6	1					1			683	799	12 86	32 24	32 24	36 81
35840	31	10	25		103				32	1		4 5			1			3					430 5	447	9 76		9 76	10 87
35860	25	8	25		71				27	1.5		3			1			2 5					381	399	5 54		5 54	6 72
35870	38	14	25		182				37	2 5		7 5			1			3 5					684 5	715	22 14		22 14	24 39
35875				60	90	30						2			1			1	1				292	297	10 11		10 11	10 64
35876				60	155	30						4			1			1	1				395	402	16 97		16 97	17 74
35879				75	120	25						3	1		1				1	1			404	421	15 98		15.98	17.28
35881				75	150	25						3	1		1			1	2				434	450	17 97		17 97	19 22
35883	50	15	20		170				30			1	2		1			1	1				438	462		22 00	22 00	23 07
35884	50	15	20		190				30			1	2		1			1	1				458	482		23 50	23 50	24 57
35901				120	150		150											4					480	484	8 18		8 18	8 26
35903				90	150		120											3					405	408	9 38		9 38	9 44
35905				120	240				45			4	2	1	1			1	2				679	720	31 2		31 2	33 39
35907				120	240				45			4	2	1	1			1	2				679	720	34 95		34 95	37 14
36000					10																		10	10	0 18		0 18	0 18
36002				35	30		15																80	80	1 96		1 96	1 96
36005																							0	29	0 95		0 95	0 95
36010					26																		26	26	2 43		2 43	2 43
36011					35																		35	35	3 14		3.14	3 14
36012					39																		39	39	3 51		3 51	3 51

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CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
36013					28																		28	28	2 52		2 52	2 52
36014					34																		34	34	3 02		3.02	3 02
36015					39																		39	39	3 51		3 51	3 51
36100					20																		20	20	3 02		3 02	3 02
36120					22																		22	22	2.01		2 01	2.01
36140					25																		25	25	2 01		2 01	2 01
36145					23																		23	23	2 01		2.01	2 01
36160					29																		29	29	2 52		2 52	2 52
36200					39																		39	39	3 02		3 02	3 02
36215					61																		61	61	4 67		4 67	4 67
36216					72																		72	72	5 27		5 27	5 27
36217					86																		86	86	6 29		6 29	6 29
36218					14																		14	14	1 01		1 01	1 01
36245					73																		73	73	4 67		4.67	4 67
36246					72																		72	72	5 27		5 27	5 27
36247					86																		86	86	6 29		6 29	6.29
36248					14																		14	14	1 01		1 01	1.01
36260	34	6	25		96				30			0 5			1			3					281 5	287	9 7		9 7	9 82
36261	25		25		75				20			0 5			1			2 5					228	233	5 44		5 44	5 55
36262	20		25		49				17						1			2					177	181	4 01		4.01	4 05
36400				5	10				5														20	20	0 38		0 38	0 38
36405				4	10				4														18	18	0.31		0 31	0 31
36406					10																		10	10	0 18		0 18	0 18
36410					16																		16	16	0 18		0 18	0 18
36420					29																		29	29	1 01		1 01	1 01
36425					22																		22	22	0 76		0 76	0 76
36440	11				31				9														51	51	1 03		1 03	1 03
36450	13		15		25				11														64	64	2 23		2.23	2 23
36455	13		15		25				11														64	64	2 43		2.43	2 43
36460				60	60			60															180	180	6 58		6 58	6 58
36470	4				13				4								0 5						24 5	24 5	1 09		1 09	1.09
36471	4				24				4									1 5					54 5	56	1 57		1 57	1 60
36475	40	10	15		60				15						0 5								158	159	6 72		6 72	6 72
36476					45																		45	45	3 38		3.38	3 38
36478	40	10	15		55				15						0 5								153	154	6 72		6 72	6.72
36479					45																		45	45	3 38		3 38	3 38
36481					75			77															152	152	6 98		6 98	6 98
36500	13				32				11														56	56	3.51		3 51	3 51
36510	12				20				10														42	42	1 09		1 09	1 09
36511	40				20				15														75	75	1 74		1 74	1 74
36512	40				20				15														75	75	1 74		1 74	1 74
36513	40				20				15														75	75	1 74		1.74	1 74
36514	40				20				15														75	75	1.74		1 74	1 74
36515	40				20				15														75	75	1.74		1 74	1 74
36516	25				15				10														50	50	1 22		1 22	1 22
36522	16				60				11														87	87	1.67		1 67	1 67
36555	20	5	5		20				10														60	60	2 68		2 68	2 68
36556	15	5	5		15				10														50	50	2 5		2 5	2 50
36557	30	7	10		30				15						0 5			1					125	127	5 09		5 09	5 11
36558	20	6	10		30				15						0 5			1					114	116	4 79		4.79	4 81
36560	30	9	10		45				15						0 5			1					142	144	6 24		6 24	6 26
36561	20	5	10		45				15						0 5			1					128	130	5 99		5.99	6 01
36563	20	10	10		60				15						0 5			1					148	150	6 19		6 19	6 21
36565	20	5	10		45				15						0 5			1					128	130	5 99		5.99	6 01
36566	20	5	10		60				15						0 5			1					143	145	6 49		6 49	6 51
36568	20	5	5		20				10														60	60	1 92		1 92	1 92
36569	15	5	5		20				10														55	55	1 82		1.82	1 82
36570	30	10	10		45				15						0.5			1					143	145	5.31		5 31	5 33

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
36571	20	10	10		50				15						0 5			1					138	140	5.29		5 29	5 31
36575	10		5		15				9														39	39	0 67		0 67	0 67
36576	25	6	10		33				15						0 5			1					122	124	3 19		3 19	3 21
36578	20	6	10		30				15						0 5			1					114	116	3 49		3 49	3 51
36580	15	5	5		15				10														50	50	1 31		1.31	1 31
36581	20	5	10		30				15						0 5			1					113	115	3 43		3.43	3.45
36582	30	6	10		60				15						0 5			1					154	156	5 19		5 19	5 21
36583	30	7	10		60				15						0 5			1					155	157	5 24		5 24	5 26
36584	15		5		15				10														45	45	1 2		1 2	1.20
36585	6	10	10		60				15						0 5			1					134	136	4 79		4 79	4 81
36589	12	5	8		13				15						0 5		1						78	79	2 27		2 27	2 27
36590	15	5	10		30				15						0 5			1					108	110	3 3		3 3	3 32
36597	15				20				10														45	45	1 21		1 21	1 21
36598	5	5	5		10				10														35	35	0 74		0 74	0 74
36600					8																		8	8	0 32		0 32	0 32
36620				8	20			10															38	38	1.15		1.15	1 15
36625	11				29				7														47	47	2 11		2 11	2 11
36640	11				30				7														48	48	2.1		2 1	2 10
36660	11				28				7														46	46	1.4		1 4	1 40
36680	10		15		13				10														48	48	1.2		1 2	1 20
36800	8		25		35				8														76	76	2 43		2 43	2 43
36810	16		25		78				12														131	131	3 96		3 96	3 96
36815	16		25		72				12														125	125	2 62		2 62	2 62
36818	35	10	15		90				30						0 5			1	1				236	238	11 52		11 52	11 81
36819				25	120	15						1			1			1	1				253	257	13 98		13 98	14 39
36820				81	90				23			1			1			1	1				287	291	13 98		13 98	14 39
36821	29		25		75				28			1 5			1			2 5					259	265	8 92		8 92	9 15
36822	24		25		48				23			0 5			1			2					195 5	200	5.41		5 41	5 51
36823				75	230	30						1	2	1	1			2	2				567	606	20 97		20 97	22 82
36825	23	8	25		81				22			1			1			2 5					251 5	257	9 83		9 83	10 00
36830				55	120	25												1					215	216	11 98		11 98	12 00
36831				53	60	35												1					163	164	7.99		7 99	8 01
36832				45	90	40												1					190	191	10 48		10.48	10 50
36833				45	120	45												1					225	226	11 93		11 93	11 95
36834				30	73	15						2	2		1			1	1				290	315	9 92		9 92	11 11
36835	23	6	25		45				25			2			1			2 5					235 5	242	7 14		7 14	7 43
36838	65	15	20		150				30			1	1		1				2				411	424	20 6		20 6	21 59
36860	12				48				12														72	72	2 01		2 01	2 01
36861	12				30				12														54	54	2 52		2 52	2 52
36870				20	60	15									1			1					146	149	5 15		5 15	5 17
37140	40	15	25		200				38	1 5		6			1			3.5					615	637	23 56		23 56	25 12
37145	39	14	25		181				37	1 5		6			1			3 5					593	615	24.57		24 57	26 13
37160	41	15	25		205				37	1 5		6			1			3 5					620	642	21 57		21 57	23.13
37180	41	15	25		212				37	1 5		6			1			3.5					627	649	24 57		24 57	26 13
37181	42	15	25		226				38	1.5		6 5			1			3 5					652 5	675	26 64		26 64	28 26
37182				30	150				30														210	210	16 97		16 97	16 97
37183				27 5	77 5				30														135	135	7 99		7.99	7.99
37184	20	10	10		90				30														160	160	8.66		8 66	8 66
37185					40																		40	40	3 28		3 28	3.28
37186					60																		60	60	4.92		4 92	4 92
37187	26	5	9		85				20														145	145	8 03		8 03	8 03
37188	18	7	10		58				20														113	113	5 71		5.71	5 71
37200																							0	167	4 55		4 55	4 55
37201																							0	212	4 99		4 99	4 99
37202																							0	193	5 67		5 67	5 67
37203					80			61															141	141	5 02		5 02	5 02
37204																							0	433	18.11		18 11	18 11
37205																							0	232	8 27		8 27	8 27

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
37206																							0	105	4 12		4 12	4 12
37207																							0	243	8 27		8 27	8 27
37208																							0	117	4.12		4 12	4 12
37209				10	30			10															50	50	2 27		2.27	2 27
37210	25	10	10		90				25														160	160		9.00	9 00	9 00
37215	60	15	15		103				30				1		1				2				335	347	18 71		18.71	19 58
37216	60	15	15		97				30				1		1				2				329	341	17 98		17 98	18 85
37250					23																		23	23	2 1		2 1	2 10
37251					20																		20	20	1 6		1 6	1.60
37500				60	90				30						0 5			1	2				259	261	10 98		10 98	11 54
37565				55	60				25				1	1	1			1	1				285	312	10 86		10 86	11 97
37600				55	70				25				1	1	1			1	1				295	322	11 23		11 23	12 34
37605				55	90				25				1	1	1			1	1				315	342	13 09		13 09	14 20
37606	28	9	25		84				29	3 5		5			1			3					571 5	606	6 27		6.27	8 72
37607				60	90		60											2					240	242	6 15		6 15	6 19
37609				45	30				20						1			1					146	149	3		3	3 02
37615	22	6	25		54				24	3		3 5			1			2 5					460	489	5 72		5 72	7 72
37616	33	23	25		107				40	3		7			1			2 5					623 5	656	16 47		16 47	18 89
37617				58	120				45			2	2	1	1			1	1				436	475	22 03		22 03	23 71
37618	22	6	25		49				24	1 5		2 5			1			2 5					341 5	359	4 83		4.83	5 95
37620	27	9	25		69				22			7 5			1			2 5					368	380	10 54		10 54	11 49
37650				60	60				25				1		1			1	1				249	262	7 79		7 79	8 41
37660				60	120				25			1	1	1	1			1	1				369	397	20.97		20 97	22 20
37700	19		25		41				16						0 5			2					149	152	3 72		3 72	3 76
37718	35	10	10		45				20						0.5			1	1				176	178	6 76		6 76	7 05
37722	40	10	10		60				20						0.5			1	1				196	198	7 79		7 79	8 08
37735	35	10	25		139				30			2			1			3					358	365	10 51		10 51	10 81
37760	30	8	25		133				23			1 5			1			3					328.5	335	10 45		10.45	10.69
37765	33	10	15		60				25						0 5			1	1				199	201	7.34		7 34	7 63
37766	33	10	15		90				25						0 5			1	1				229	231	9 29		9 29	9 58
37780	20		25		47				17						1			2					175	179	3 83		3 83	3 87
37785	21		25		63				17						1			2					192	196	3 83		3 83	3 87
37788				60	240		90						2	1	1			4					587	627	21 98		21 98	23 21
37790				45	120		60											2					255	257	8 33		8 33	8 37
38100	30	15	15		120				30			3	1	1	1			1	1				412	442	14.48	18	18	19 47
38101	30	15	15		120				30			3	1	1	1			1	1				412	442	15 29	18	18	19 47
38102					60																		60	60	4 79		4 79	4 79
38115	30	15	15		120				40			3	2	1	1			1	1				452	492	15 8	20	20	21 80
38120				60	180	30																	270	270	16 97		16 97	16 97
38200	18				27				16														61	61	2 64		2 64	2 64
38205				38	45				30														113	113	1.5		1 5	1 50
38206				40	35				20														95	95	1 5		1 5	1 50
38207	2 5				20				12 5														35	35	0		0	-
38208	5				45				10														60	60	0		0	-
38209	5				37 5				10														52 5	52 5	0		0	-
38210	5				60				10														75	75	0		0	-
38211	5				60				10														75	75	0		0	-
38212	5				30				10														45	45	0		0	-
38213	5				30				10														45	45	0		0	-
38214	5				30				10														45	45	0		0	-
38215	5				40				10														55	55	0		0	-
38220																							0	43	1 08		1 08	1 08
38221																							0	54	1 37		1 37	1 37
38230				60	90	30									1				1				239	241	4 53		4 53	4 80
38240																							0	67	2 24		2 24	2 24
38241																							0	67	2 24		2 24	2 24
38242				30	30				20														80	80	1 71		1.71	1 71
38300				45	20				30									1	1				133	134	1 99		1 99	2 28

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
38305				45	30				30						0 5			1	2				184	186	5 99		5 99	6 55
38308				45	45				30						0 5			1	1				176	178	6 44		6 44	6 73
38380	21		25		63				19	1		2 5			1			4					334 5	350	7 45		7 45	8 34
38381	30	17	25		105				31			3 5			1			2					340 5	348	12 86		12.86	13.32
38382	25		25		93				22			3			1			4 5					325 5	335	10 06		10 06	10 51
38500				35	30				15						0 5			1					113	115	3 74		3.74	3.76
38505	11				28				11														50	50	1 14		1 14	1 14
38510				45	45				20						0 5				1				151	152	6 42		6 42	6 69
38520				45	60				30						0 5			1	1				191	193	6 66		6 66	6 95
38525				45	45				30						0 5			1	1				176	178	6.06		6 06	6 35
38530				45	72 5				30						0 5			1	1				203 5	205 5	7 97		7 97	8 26
38542	21		25		73				19			1			1			3					238	244	5 9		5.9	6 08
38550	23		15		69				21						0 5			4					206	211	6 91		6 91	6 99
38555	30		25		156				24	1 5		3 5			1			5.5					514 5	536	14 12		14 12	15 42
38562	25		25		82				24			3			1			4 5					316 5	326	10 47		10 47	10 92
38564	34		25		110				24			3 5			1			3					340 5	349	10 81		10 81	11 29
38570				60	120				30									2					240	242	9 24		9 24	9 28
38571				60	180													2					270	272	14 66		14 66	14 70
38572				87 5	180				30						1			1	1				371 5	374 5	16 57		16 57	16 86
38700	30	15	15		90				30			1			1			1	2				296	300	8 23	12	12	12 68
38720	45	15	15		150				30			2	1		1				3	1			466	482	13 59	20	20	21 72
38724	45	15	15		180				30			2	1		1				3	1			496	512	14 52	22	22	23 72
38740				60	60				30						0.5			1	2				229	231	10 01		10 01	10 57
38745				57 5	90				25						0 5			1	1	1			266 5	270 5	13 08		13 08	13 71
38746					40																		40	40	4 88		4.88	4 88
38747					60																		60	60	4 88		4 88	4 88
38760				60	70				30						0 5			1	2				239	241	12 93		12 93	13 49
38765				60	120				30			1	2	1	1			1	2				427	465	19 95		19 95	21.78
38770	35		25		123				22			6			1			2 5					392 5	403	13 21		13 21	13 98
38780	48		25		190				28			7 5			1			4 5					537	551	16 57		16 57	17 56
38790	11				22				11														44	44	1 29		1 29	1 29
38792				15	10			10															35	35	0 52		0 52	0 52
38794	19		25		55				14						1			3 5					201 5	207	4 44		4 44	4 51
39000	26	19	25		61				28	1		4			1				1 5				368 5	381 5	6 09		6 09	7 49
39010	20	17	25		115				34	1		3 5			1				1 5				411	423 5	11.77		11.77	13 11
39200	44	28	25		91				30	1		5 5			1				1				444 5	459	13 6		13 6	15 04
39220	60	15	20		124				40			1	2		1			1	1				412	436	17 39	18 4	18 4	19 47
39400	35	15	20		45				25			1			1				1				218	221	5 6	7 61	7 61	8 00
39501	33		25		98				26			5 5			1			3					367 5	378	13 17		13.17	13 89
39502	42		25		144				28			6			1			3					434	445	16 31		16.31	17 09
39503				150	120				60	14	6		5	5		1		2	2	1			1918	2138	94 86		94 86	108 67
39520	26	22	25		126				19			4			1			3 5					382 5	392	16 08		16 08	16 63
39530	37	25	25		159				40			6 5			1			2 5					483	494	15 39		15 39	16 22
39531	39	26	25		179				41			6 5			1			2 5					507	518	16 4		16 4	17 23
39540	34	22	25		121				38	1		5 5			1			2					473 5	490	13 3		13 3	14 51
39541	35	23	25		133				38	1		6			1			2 5					504 5	522	14.39		14 39	15 67
39545	35		25		113				27	1		5 5			1			3					448 5	466	13 35		13 35	14 58
39560				15	90	30						5	1					3					305	323	11 98		11 98	12 97
39561				25	150	30						5	2							3			474	505	17 47		17 47	19 75
40490	15				18				8														41	41	1.22		1 22	1 22
40500	27		15		78				22									4					202	206	4 27		4 27	4 35
40510	21		15		57				20									2 5					150 5	153	4 69		4 69	4 74
40520	21		15		56				19									2 5					148 5	151	4 66		4 66	4.71
40525	28		15		128				24						0 5			3 5					265.5	270	7 54		7 54	7 61
40527	31		15		143				25						1			4					310	316	9 12		9 12	9 20
40530	23		15		66				20						0 5			3					187	191	5 39		5 39	5 45
40650	18		15		26				19									3					123	126	3 63		3 63	3 69
40652	19		15		44				20									3 5					150 5	154	4 25		4 25	4 32

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
40654	23		15		66				23									3.5					179 5	183	5 3		5.3	5.37
40700	36				121				30			1			1				4				334	337	12 77		12 77	13 97
40701	36				164				30			1			1				4				377	380	15 83		15 83	17 03
40702	36				135				39			1			1				3 5				345 5	348 5	13 02		13 02	14 09
40720	55				135				39			0 5			1				3 5				355	357 5	13 53		13 53	14 54
40761	34		25		163				28			1 5			1				3				383 5	387	14 7		14 7	15 69
40800				15	15				10								1	1					62	63	1 17		1 17	1.19
40801				15	25				15									2					85	87	2 53		2 53	2 57
40804				20	20				15								1	1					77	78	1 24		1 24	1.26
40805				20	30				15									2					95	97	2 69		2 69	2 73
40806				15	15				10														40	40	0 31		0 31	0 31
40808				15	15				10									1					55	56	0 96		0 96	0 98
40810				15	15				10									1					55	56	1.31		1 31	1 33
40812				15	20				10								1	1					67	68	2 31		2 31	2 33
40814				15	30				12								1	2					94	96	3 41		3 41	3 45
40816				20	40				15								1	2					112	114	3.66		3 66	3 70
40818				18	40				10									2	1				121	123	2 41		2 41	2 72
40819				15	20				10									2					75	77	2 41		2 41	2 45
40820				15	20				10								1	1					67	68	1 28		1 28	1 30
40830				15	20				10								1	1					67	68	1 76		1 76	1 78
40831				15	35				10								1	2					97	99	2 46		2.46	2 50
40840				45	120		45										1	2	1				270	272	8 72		8 72	9 03
40842				38	120		30										1	2	1				248	250	8 72		8 72	9.03
40843				45	180		60										1		1		1		374	370	12 08		12 08	12 62
40844				60	180		60										1	2	1		1		419	417	15 99		15 99	16 57
40845				60	160		60										1	2	1		1		399	397	18 55		18 55	19 13
41000	9				16				10									1					50	51	1 3		1.3	1 32
41005	10				17				10									1					52	53	1 26		1 26	1 28
41006	16				21				16						0 5			2					101	104	3 24		3 24	3 28
41007	16				24				15						0 5			2					103	106	3.1		3 1	3.14
41008	17				25				16						0 5			2					106	109	3 36		3 36	3 40
41009	17				26				17						0 5			2 5					115 5	119	3 58		3 58	3 63
41010	8				7				9									1					39	40	1 06		1 06	1 08
41015	19				36				17						0 5			2 5					127 5	131	3.95		3 95	4 00
41016	18		25		31				17						1			2 5					164 5	169	4 06		4.06	4.11
41017	19		25		36				18						1			2 5					171 5	176	4.06		4 06	4 11
41018	20		25		38				18						1			2.5					174 5	179	5 09		5 09	5 14
41100	10	10	5		15				10									1					65	66	1 63	1 63	1 63	1 65
41105	11				13				11									1					50	51	1 42		1 42	1 44
41108	8				10				8									1					41	42	1 05		1 05	1.07
41110	10				20				10									1					55	56	1.51		1 51	1 53
41112	15				31				15									2					91	93	2 73		2 73	2 77
41113	17				39				16									2					102	104	3.19		3 19	3 23
41114	23		25		77				26			1 5			1			3 5					268	275	8 46		8 46	8 71
41115	9				13				10									1					47	48	1 74		1.74	1 76
41116	14				22				14									1 5					72 5	74	2 44		2 44	2 47
41120	30	15	15		60				30						0 5				3	1			275	278	9 76	9 76	9 76	10 91
41130	45	15	20		90				30			3			1				3	1			400	407	11 13	14	14	15 51
41135	60	15	20		210				30			2	2	1	1			1	4	1			655	696	23 06	27	27	29 83
41140	60	15	20		155				40			3	3	1	1			1	3	2			674	728	25 46	25 46	25 46	28 81
41145	60	15	20		300				40			5	3	1	1			1	3	2			857	913	30 01	34	34	37 59
41150	60	15	20		180				40			3	2	1	1			1	3	2			669	713	23 01	26 5	26 5	29 52
41153	60	15	20		270				40			3	3	1	1			1	4	1			774	826	23 73	34	34	37.28
41155	60	15	20		320				40			4	3	2	1			1	3	2			899	968	27.68	40	40	43 96
41250	13				27				13									1					68	69	1 91		1 91	1.93
41251	15				34				15									1					79	80	2.27		2 27	2 29
41252	18				40				17									1					90	91	2 97		2 97	2 99
41500	17				38				16						0 5			2					119	122	3 7		3 7	3 74

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
41510	17				32				16									2					95	97	3 41		3 41	3 45
41520	15				28				15									2					88	90	2 73		2 73	2.77
41800				10	12	5												2					57	59	1 17		1 17	1 21
41805				10	8	5												2					53	55	1 24		1 24	1 28
41806				10	33	5												2					78	80	2 69		2 69	2 73
41822				18	47	10												2					105	107	2.31		2 31	2 35
41823				18	44	5												3	1				135	138	3 3		3 3	3 63
41825				10	10	5												2					55	57	1 31		1 31	1.35
41826				10	26	5												2					71	73	2 31		2 31	2 35
41827				18	58	10												2	1				139	141	3 41		3 41	3 72
41828				30	53	30												1					128	129	3 09		3 09	3 11
41830				30	60	25											1	2					152	154	3 34		3 34	3.38
41872				13	44	10												2	1				120	122	2 59		2 59	2 90
41874				30	60	30												2					150	152	3 09		3 09	3 13
42000	10				13				10									1					48	49	1 23		1 23	1.25
42100	8				10				8									1					41	42	1 31		1.31	1 33
42104	10				15				11									1					51	52	1.64		1 64	1 66
42106	14				24				14									1					67	68	2 1		2 1	2 12
42107	19				61				21						0 5			2 5					156 5	160	4 43		4.43	4 48
42120	30	15	15		80				30			1			1			2	2				301	306	6 16	11	11	11 70
42140	14		15		18				13									1 5					82 5	84	1 62		1 62	1 65
42145				60	60	30						1	2		1				3				334	357	8.04		8 04	9 63
42160	11				16				11									1					53	54	1 8		1 8	1 82
42180	14				21				14									1					64	65	2 5		2 5	2 52
42182	16		15		28				15									1					89	90	3 82		3 82	3 84
42200				60	120	30						1			1		1	2	1				325	330	11 98		11.98	12 41
42205	25		25		89				23			2			1			3					281	288	13 27		13 27	13 57
42210				60	180	30						1			1		1	2	1				385	390	14.48		14 48	14 91
42215	28		25		94				24						1			3 5					259 5	265	8 81		8 81	8 88
42220	27		25		99				23						1			3					255	260	7.01		7 01	7 07
42225	29		25		105				24			0 5			1			3 5					281	287	9 53		9 53	9 66
42226	29		25		115				23			1 5			1			3 5					309	316	9 99		9 99	10 24
42227	23		25		94				23			2			1			3					284	291	9 51		9 51	9 81
42235	27		15		97				23						1			3					243	248	7 86		7 86	7 92
42260				60	90	30									1		1	2	1				276	280	9 79		9 79	10 10
42280	10				17				10									1					52	53	1 54		1 54	1 56
42281	9		15		15				9						0.5			1					81	83	1 93		1 93	1.95
42300	14				23				13									1					65	66	1 93		1 93	1 95
42305	19		25		43				18			1			1			2 5					197 5	203	6 06		6 06	6 23
42310	12				17				12									1					56	57	1 56		1 56	1.58
42320	15				32				14									1					76	77	2 35		2 35	2 37
42330	12				26				9									1					62	63	2 21		2.21	2 23
42335	18				31				17									2					96	98	3 31		3 31	3 35
42340	22				53				21									2 5					133 5	136	4.59		4 59	4 64
42400	8				11				9														28	28	0 78		0 78	0 78
42405	15		15		35				14									1					94	95	3 29		3 29	3 31
42408	22				52				20									2 5					131 5	134	4 53		4 53	4 58
42409	16				24				15									2					85	87	2 81		2.81	2.85
42410	29		25		103				24			0 5			1			3 5					279	285	9 33		9 33	9 46
42415	30		25		156				37			1 5			1				3 5				393	396 5	16 86		16 86	17 99
42420	32		25		182				22			3			1				3 5				434 5	439 5	19 56		19 56	20 87
42425	32		25		132				25			2			1			3 5					340 5	348	13		13	13 31
42426	34		25		278				25	1		6			1			4					635	654	21 23		21 23	22 54
42440	22		25		71				19			0 5			1			1 5					205	209	6 96		6 96	7 05
42450	22				55				19						0 5			2 5					151 5	155	4 61		4 61	4 66
42500	21				50				18						0.5			2 5					144 5	148	4 29		4 29	4 34
42505	24		25		71				20						0 5			3					203	207	6 17		6 23	6 23
42507	26		15		78				24									3					188	191	6 1		6 1	6 16

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
42508	29		25		121				24			0 5			1			3 5					297	303	9 09		9 09	9 22
42509	32		25		162				26			0 5			1			3 5					343	349	11 52		11 52	11 65
42510	27		25		100				22			0 5			1			3					264 5	270	8 14		8 14	8.26
42550	10				16				10														36	36	1 25		1 25	1 25
42600	22				62				20						0 5			2 5					159 5	163	4 81		4 81	4 86
42650	6				14				6														26	26	0 77		0.77	0 77
42660	11				20				11														42	42	1 13		1 13	1 13
42665	16				29				15									2					90	92	2 53		2 53	2 57
42700	11				15				11									1					52	53	1.62		1 62	1 64
42720				60	30	30						2	2		1								254	278	5 41		5 41	6 31
42725				60	60	30						3	2		1			1	2				364	390	10 7		10 7	12.28
42800	10				10				9									1					44	45	1 39		1 39	1 41
42802	11				24				10									1					60	61	1 54		1 54	1 56
42804	9				15				9									1					48	49	1 24		1 24	1 26
42806	11		15		22				10									1					73	74	1 58		1 58	1 60
42808	13		15		31				12									1					86	87	2 3		2 3	2 32
42809	12		15		17				12									1					71	72	1 81		1 81	1 83
42810	18		15		36				17									2 5					123 5	126	3 25		3 25	3 30
42815	20		25		78				19			1			1			2 5					234 5	240	7 06		7 06	7 23
42820				30	30	30									1				1				149	151	3 9		3 9	4 17
42821		23			35				40						0.5			1 5					138 5	141	4 28		4 28	4 31
42825	16		25		23				15						0 5			2					127	130	3 41		3 41	3 45
42826	20		15		28				18						0 5			1 5					121 5	124	3.37		3 37	3 40
42830	19		25		17				18									1 5					101.5	103	2 57		2.57	2 60
42831	14		15		19				13									2					91	93	2 71		2 71	2 75
42835	13		15		16				13									1 5					79 5	81	2.3		2.3	2 33
42836	14		15		18				13									1 5					82.5	84	3 18		3.18	3 21
42842	30	15	15		80				30			1			1			1	2	1			324	330	8 75	11	11	12.02
42844	45	15	15		120				30			2	1		1			1	2	1			428	445	14 29	16 1	16.1	17 57
42845	60	15	20		240				40			4	3	2	1			1	2	1			758	825	24 25	32	32	35 35
42860	14				20				18									1 5					74.5	76	2 22		2 22	2 25
42870	22		15		51				20						0.5			2 5					163 5	167	5 39		5 39	5 44
42890	45	15	20		120				30			3	2		1			1	2	1			482	510	12 92	17	17	18 92
42892	45	15	20		170				35			3	2	1	1			1	3	1			601	643	15.81	23 09	23 09	25 77
42894	60	15	20		240				40			3	4	1	1			1	4	1			774	836	22 85	30	30	33 61
42900	24		15		50				20						1			1					160	163	5 24		5 24	5 26
42950	29		25		122				23						1			3 5					287 5	293	8 09		8 09	8 16
42953	34		25		171				27			2 5			1			4					400 5	409	8 95		8 95	9.33
42955	20		25		52				19			4			1			3					273	282	7 38		7 38	7 92
42960	15				24				15									1					69	70	2 33		2 33	2 35
42961	19		25		43				18			0 5			1			2.5					188	193	5 58		5 58	5 69
42962	23		25		61				19			1			1			3					228	234	7 13		7 13	7 31
42970	19				35				19			2 5			1			2					186 5	193	5.42		5 42	5 76
42971	20		25		44				18			2 5			1			2					220 5	227	6 2		6 2	6 54
42972	20		25		60				18			2 5			1			2					236 5	243	7 19		7 19	7 53
43020	26		15		71				23						1			3					216	221	8 08		8 08	8 14
43030	21		25		70				20			1 5			1			2 5					238	244	7 68		7 68	7 91
43045	57	26	25		151				49			5 5			1				3 5				529	536 5	20 09		20 09	21 70
43100	27		25		115				23			2 5			1			3 5					326	334	9 18		9.18	9 55
43101	35	22	25		142				37			6			1			2 5					448 5	459	16 22		16 22	16 99
43107				90	300	45				2		4	3	1		1		1	2	1			912	987	39 94		39 94	43 97
43108	60	15	20		461				40	1		1	6	5		1		1	2	1			1207	1358	34 14	76 55	76 55	82 66
43112				90	330		240			2		4	2	2	1			1		2			1131	1204	43 43		43 43	47.27
43113	60	15	20		391				40	2		1	6	5		1		1	2	1			1200	1358	35 22	73 23	73 23	79 85
43116	60	15	20		561				40	1		1	6	4		1		1	2	1			1266	1403	31 17	87 16	87.16	92 78
43117				110	410				60	1		6	2	2		1		1	2				1005	1077	39.94		39 94	43 52
43118	60	15	20		327				40	1		1	5	5		1		1	2	1			1043	1184	33 15	61 08	61.08	66 86
43121	60	15	20		240				40	1		1	3	4		1		1	2	1			855	962	29 15	46 59	46 59	51 22

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
43122				105	310				48	2		4	3	1		1		1	2	1			940	1015	39 94		39 94	43 97
43123	60	15	20		442				40	1		1	8	5		1		1	2	1			1248	1419	33.15	76 14	76 14	82.91
43124	60	15	20		243				40	3		1	7	6		1		1	3	1			1209	1398	27 28	60 61	60.61	68 83
43130	26		25		84				25			5			1			4					351	362	11 73		11 73	12 41
43135	60	15	20		164				40			1	3	1	1			1	1				523	571	16 08	24.2	24 2	26.09
43200	12		15		15				13														55	55	1 59		1 59	1 59
43201				12	25				27 5														64 5	64 5	2 09		2 09	2 09
43202	12		15		22				15														64	64	1 89		1 89	1 89
43204	17		25		43				20														105	105	3 76		3 76	3 76
43205				20	30			20															70	70	3 78		3 78	3 78
43215	14		15		39				15														83	83	2 6		2 6	2 60
43216				12	33			20															65	65	2 4		2 4	2 40
43217	15		15		29				18														77	77	2 9		2 9	2 90
43219				57	45				33														135	135	2 8		2 8	2 80
43220				15	22			15															52	52	2.1		2 1	2.10
43226				15	21			15															51	51	2 34		2 34	2 34
43227	20		25		36				23														104	104	3 59		3 59	3 59
43228	20		25		40				23														108	108	3 76		3 76	3.76
43231				20	40		20																80	80	3 19		3 19	3 19
43232				20	60		20																100	100	4 47		4 47	4 47
43234	11		15		16				13														55	55	2 01		2 01	2 01
43235	18	5	5		20				15														63	63	2 39	2 39	2 39	2 39
43236				27	35				23 5														85 5	85 5	2 92		2 92	2 92
43237	31				45				36 5														112 5	112 5	3 98		3 98	3 98
43238	31				70				41 5														142 5	142 5	5.02		5 02	5 02
43239				27	34				23 5														84 5	84 5	2 87		2.87	2 87
43240				20	90		20																130	130	6 85		6 85	6 85
43241	16		25		33				19														93	93	2 59		2 59	2 59
43242				20	90		20																130	130	7 3		7 3	7.30
43243	18		25		32				20														95	95	4.56		4 56	4 56
43244				57	54				36														147	147	5 04		5 04	5 04
43245				27	40				23.5														90 5	90 5	3 18		3 18	3 18
43246	35	8	5		38				20														106	106	4 32	4 32	4 32	4 32
43247				42	54				26														122	122	3 38		3 38	3 38
43248				16	32			15															63	63	3 15		3.15	3 15
43249				42	39				26														107	107	2 9		2 9	2 90
43250				15	21			15															51	51	3 2		3.2	3 20
43251				20	32			15															67	67	3 69		3 69	3 69
43255				47	54				31														132	132	4.81		4 81	4 81
43257	15	10	10		60										0.5								113	114	5 5		5 5	5 50
43258				21	46			20															87	87	4.54		4 54	4.54
43259	28				69				36														133	133	5 19		5 19	5 19
43260				20	46			20															86	86	5 95		5 95	5 95
43261				20	55			20															95	95	6 26		6 26	6 26
43262	25		25		75				28														153	153	7 38		7.38	7 38
43263				47 5	76				40														163 5	163 5	7 28		7 28	7 28
43264	25		25		69				28														147	147	8.89		8 89	8 89
43265				40	83 5				35														158 5	158 5	10		10	10 00
43267	22		25		62				25														134	134	7 38		7 38	7 38
43268	26		25		78				29														158	158	7 38		7 38	7 38
43269				40	71				30														141	141	8 2		8 2	8 20
43271	22		25		61				26														134	134	7 38		7 38	7.38
43272				25	60			20															105	105	7 38		7.38	7 38
43280				100	150	30						2			1				2				400	404	17.22		17 22	18 00
43300	31		15		138				26						1			4					306	312	9 13		9 13	9 21
43305	32		25		125				29			4 5			1			4					392.5	403	17 36		17 36	17 98
43310	39	26	25		191				39			6.5			1			2.5					517	528	25 35		25 35	26.18
43312	42	29	25		240				41			7			1			0 5					553 5	563	28 38		28 38	29 23

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
43313				128	178				45			2	2	1		1			4	1			665	713	45 21		45 21	48 17
43314				128	178				45			2	2	1		1			4	1			665	713	50 19		50 19	53 15
43320				90	180				30	1		2	3	2	1			1	2				670	740	19 9		19.9	23 18
43324				90	120				30			1	2	2	1			1	2				498	550	20 54		20 54	22 86
43325				90	150				30			2	2	2	1			1	2				547	600	20 03		20 03	22 47
43326				90	150				30			2	2	2	1			1	2				547	600	19.71		19 71	22 15
43330				90	120				30			1	2	2	1			1	2				498	550	19 74		19.74	22 06
43331				90	120				30	1		1	2	2	1			1	2				561	620	20 1		20 1	22 93
43340				90	180				60	1		2	3	2	1			1	2				700	770	19 58		19 58	22 86
43341				90	180				60	1		2	3	2	1			1	2				700	770	20 82		20 82	24.10
43350				90	170				60	1		2	3	2	1			1	3				713	783	15.76		15 76	19 31
43351				90	165				60	1		2	3	2	1			1	3				708	778	18 32		18 32	21 87
43352				90	90				60			2	2	2	1			1	2				517	570	15 24		15 24	17 68
43360				90	270		40			2		3	3	2	1			1	2	1			890	970	35 65		35 65	39 90
43361				90	300				60	3		2	3	3	1			1	3				1010	1108	40 44		40 44	45 50
43400				90	120				45	3		2	3	2	1			1	2				751	835	21 17		21 17	25 47
43401				90	150				45	3		2	3	2	1			1	2				781	865	22 06		22 06	26 36
43405				90	135				45	3		2	3	2	1			1	3				789	873	19 98		19 98	24 55
43410				90	90				30	1		1	2	2	1			1	2				531	590	13 45		13 45	16 28
43415				75	150				45	1		3	3	2	1			1	2	1			697	770	24 96		24.96	28 70
43420				90	90				30			1	2	2	1			1	2				468	520	14.33		14 33	16 65
43425				90	180				45	2		3	3	2	1			1	2				767	845	21		21	24 91
43450				11	12			11															34	34	1 38		1 38	1 38
43453	15		15		25				18														73	73	1 51		1.51	1 51
43456	18		15		27				21														81	81	2 57		2 57	2 57
43458				25	31			30															86	86	3 06		3.06	3 06
43460	21		15		35				23														94	94	3 79		3 79	3 79
43496				90	410	60						9			1			2	4				889	902	0		0	2 20
43500				60	60				30			2	2	1	1			1	1				363	402	11 03		11 03	12 71
43501				60	120				30	1		2	2	1	1			1	2				509	555	20 01		20 01	22 47
43502				60	120				30	1		2	2	1	1			1	2				509	555	23 1		23 1	25 56
43510				60	120				30			2	2	1	1			1	2				446	485	13 06		13 06	15 01
43520				60	60				30			1	1	1	1			1	1				314	342	9 98		9 98	11 21
43600	16				28				14														58	58	1 91		1 91	1 91
43605				60	60				30			2	2	1	1			1	1				363	402	11 96		11.96	13 64
43610				60	90				30			2	2	1	1			1	1				393	432	14.58		14 58	16 26
43611				60	100				30			2	2	2	1			1	2				467	520	17 81		17 81	20 25
43620	30	15	15		200				30	1		3	3	1	1			1	2				638	695	29 99	31	31	33 91
43621	30	15	15		240				30	1		3	3	2	1			1	2				719	790	30 68	36	36	39 40
43622	30	15	15		240				30	1		3	3	2	1			1	2				719	790	32 48	36 5	36.5	39 90
43631				75	150				30			5	2		1			1	2				507	535	22 56		22 56	24 38
43632	30	15	15		225				30			4	3	2	1			1	2				660	725	22 56	32	32	35 01
43633	30	15	15		240				30			4	3	2	1			1	2				675	740	23 07	30	30	33 01
43634	30	15	15		240				30			4	3	2	1			1	2				675	740	25.08	33 5	33 5	36 51
43635	39		25		162				29														255	255	2 06		2.06	2 06
43640				60	120				30			2	2	2	1			1	2				487	540	16 99		16.99	19 43
43641				60	150				30			2	2	2	1			1	2				517	570	17 24		17.24	19 68
43644	30	30	15		180				30			1	2		1			1	1	1			476	502	27 83		27.83	29 24
43645	45	30	15		200				30			1	2		1			1	1	1			511	537	29 96		29 96	31 37
43651				60	120	52																	232	232	10 13		10 13	10 13
43652				60	165	60																	285	285	12 13		12 13	12 13
43653				60	70	30						1			1				2				261	264	7.72		7 72	8 38
43750	16	10	10		30				15			1						1					115	117	4 48	4 48	4.48	4 62
43752	5				20				5														30	30	0 81		0 81	0 81
43760	9		15		16				9														49	49	1.1		1 1	1 10
43761																							0	107	2 01		2 01	2 01
43770	60	25	15		90				30				1		1				3				355	367	16 71		16 71	17 85
43771	45	25	10		120				30				1		1				3				365	377	19.5		19 5	20 64

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
43772	45	25	10		90				30				1		1			1	1				304	317	15		15	15 62
43773	45	25	10		120				30				1		1				3				365	377	19 5		19 5	20 64
43774	45	25	15		90				25			1			1				2				301	304	15		15	15 66
43800				60	90				30			2	2	1	1			1	1				393	432	13 67		13 67	15 35
43810				60	105				30			2	2	2	1			1	1				449	502	14 63		14 63	16 80
43820	30	15	15		120				30			3	3	1	1			1	2				495	545	15 35	20	20	22 40
43825				60	120				30			2	2	2	1			1	2				487	540	19 19		19 19	21.63
43830				50	60				25			3	1		1				2				304	319	9 52		9 52	10 75
43831	26		25		48				20			4			1			3 5					283 5	293	7 83		7 83	8.38
43832				60	75				30			2	2	1	1			1	1				378	417	15 58		15 58	17 26
43840	30	15	15		90				30	1		4	2	1	1			1	2				517	565	15 54	20	20	22 70
43842				60	150				30	1		2	2	1	1			1	2				539	585	18 44		18 44	20 90
43843				60	150				30	1		2	2	1	1			1	2				539	585	18 62		18 62	21 08
43845	60	20	15		210				30	1		1	2		1			1	3				597	628	31		31	33 12
43846				60	180				30	1		2	2	2	1			1	3				633	693	24.01		24 01	27.23
43847				60	220				30	1		2	2	2	1			1	3				673	733	26 88		26 88	30 10
43848				75	180				30	1		2	2	2	1			1	3				648	708	29 35		29 35	32 57
43850				75	150				30			2	3	2	1			1	2				562	625	24 68		24 68	27 45
43855				75	175				30			2	2	2	1			1	2				557	610	26 12		26 12	28 56
43860				75	180				30			5	2	2	1			1	2				619	675	24 96		24 96	27 76
43865				75	180				30			2	2	2	1			1	2				562	615	26 48		26 48	28 92
43870				60	60				30			2	2	1	1			1	1				363	402	9 68		9 68	11 36
43880				60	120				30			2	2	2	1			1	2				487	540	24 61		24 61	27 05
43886	20	15	10		30				15						0 5				2				154	155	4		4	4 54
43887	20	15	10		30				15						0 5			1	1				146	148	3 95		3 95	4 24
43888	30	15	10		45				15						0 5				2				179	180	5 8		5 8	6 34
44005				60	120				30			2	2	2	1			1	1				464	517	16 21		16.21	18 38
44010				60	90				30			2	2	1	1			1	1				393	432	12 5		12 5	14 18
44015					24																		24	24	2 62		2 62	2 62
44020				60	90				30			2	2	2	1			1	1				434	487	13 97		13 97	16 14
44021				60	90				30			2	2	2	1			1	1				434	487	14 06		14 06	16 23
44025				60	90				30			2	2	2	1			1	1				434	487	14.26		14 26	16 43
44050				60	82 5				30			4	2		1			1	1				382 5	409 5	14.01		14 01	15 44
44055				84	90				30	1	1	1	5	1	1				2				591	663	21 97		21 97	25 53
44100	17		15		55				14														101	101	2 01		2.01	2 01
44110				60	90				30			2	2	2	1			1	1				434	487	11 79		11 79	13 96
44111				60	120				30			2	2	2	1			1	1				464	517	14 27		14 27	16 44
44120	30	15	15		134				30			4	3	2	1			1	1				546	611	16 97	20 11	20 11	22.85
44121					60																		60	60	4.44		4 44	4 44
44125				60	120				30			2	2	2	1				2				472	524	17 51		17 51	19 93
44126				90	120				30	2		10	6	3	1			1	2	1			994	1125	35 45		35 45	42 02
44127				90	150				30	2	1	13	7	4		1		1	2	1			1193	1357	40.94		40 94	49.09
44128					40																		40	40	4 44		4 44	4 44
44130	30	15	15		131				30			5	1	1	1			1	2				484	516	14 47	20 87	20.87	22 85
44139					30																		30	30	2 23		2 23	2 23
44140	30	15	15		150				30			5	1		1			1	2				462	480	20 97	20 97	20 97	22 46
44141	45	20	15		160				45			4	2	2	1			1	1	1			615	672	19.48	27	27	29 75
44143	30	15	15		150				30			3	2	2	1			1	1	1			551	607	22 96	25	25	27 63
44144	45	20	15		165				45			4	2	2	1			1	1	1			620	677	21 5	27	27	29 75
44145	60	20	15		180				45			3	2	1	1			1	2				575	615	26 38	26 38	26 38	28 45
44146	60	20	15		240				45			3	2	1	1			1	1	1			650	692	27 5	33	33	35 14
44147	60	20	15		220				45			3	2	2	1			1	2				656	710	20 68	31	31	33.56
44150	30	15	15		180				30			3	3	1	1			2	1	1			585	638	23 91	27 5	27 5	29 99
44151	30	15	15		240				30			5	3	1	1			2	1	1			683	738	26 84	32	32	34 73
44152	49		25		244				34	2		5			1				2				655	676	27 79		27 79	29 95
44153	63		25		248				46			11			1				5 5				744	756 5	30 54		30 54	33 29
44155	30	15	15		240				30			5	3	1	1			2	1	1			683	738	27 82	31 5	31 5	34 23
44156	30	15	15		300				30			5	3	1	1			2	1	1			743	798	30 74	34 5	34 5	37 23

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
44158	30	15	15		260				45			5	3		1			1	2	1			726	725		34 00	34 00	36 49
44160				63	120				45			2	2	2	1			2	1				497	551	18 59		18 59	20 78
44180				100	120	30						4			1			1	1				400	407			0	0.77
44186				60	75	15						2			1			1	1				262	267			0	0 53
44187	45	25	10		75				30			1	2		1			1	2				361	385	15 93		15.93	17 27
44188	45	25	10		90				30			1	2		1				3				384	407	17 61		17 61	19.20
44202				75	200	30						3	1		1			1	2				489	505	22 01		22 01	23 26
44203					60																		60	60	4.44		4.44	4 44
44204				45	180				30			3	1		1			1	2				439	455	25 04		25 04	26.29
44205				47 5	165				30			5			1			3					418 5	428 5	22 2		22 2	22 86
44206				70	180				35			2	1	3	1			1	1	1			588	647	26 96		26 96	29 63
44207				75	195				35			1	2	1	1			1	2				522	560	29 96		29 96	31 79
44208				75	205				35			3	3		1			1	2				559	595	31 95		31 95	33.86
44210				75	240				35			3	2		1			1	2	1			602	630	27 96		27 96	29 88
44211				80	300				35			3	2		1			1	2	1			667	695	34 95		34 95	36 87
44212				75	270				35			3	2		1			1	2	1			632	660	32.45		32.45	34 37
44213					45																		45	45	3 5		3 5	3 50
44227	45	25	10		150				30			1	1	2	1			1	2				488	530	26 5		26 5	28 49
44300				75	60				30			3	2		1				2				364	389	12 09		12 09	13 65
44310				75	62 5				30			3	2		1				2				366 5	391 5	15 93		15 93	17 49
44312				75	60				30			1	2		1				2				326	349	8 01		8 01	9 33
44314				75	120				30			3	2		1			1	2				439	465	15 03		15.03	16 61
44316				75	150				30			3	3	1	1			1	2				540	590	21 06		21 06	23 46
44320				75	90				30			3	2	1	1			1	1	1			465	507	17 61		17.61	19 75
44322	33		25		92				27			9			1			5 5					466 5	483	11 96		11 96	13 15
44340				75	60				30			1	2		1			1	1	1			356	382	7 71		7.71	9 12
44345				75	120				30			3	2		1			1	1	1			454	482	15 41		15 41	17 06
44346				75	120				30			2	2	2	1			1	1	1			517	572	16 96		16 96	19 47
44360	16		15		45				17														93	93	2 59		2 59	2 59
44361	16		15		36				19														86	86	2 87		2 87	2 87
44363	16		25		47				19														107	107	3.49		3 49	3 49
44364	17		25		47				21														110	110	3 73		3 73	3 73
44365				22	48			16															86	86	3 31		3.31	3 31
44366	19		25		48				23														115	115	4 4		4 4	4 40
44369	19		25		51				22														117	117	4 51		4 51	4 51
44372	21		25		40				22														108	108	4 4		4 4	4 40
44373	21		25		46				22														114	114	3 49		3 49	3 49
44376				30	180			17															227	227	5 25		5 25	5 25
44377				30	180			17															227	227	5 52		5 52	5 52
44378				30	180			17															227	227	7.12		7 12	7 12
44380	11		25		22				13														71	71	1 05		1 05	1 05
44382	13		25		22				17														77	77	1 27		1 27	1 27
44385	13		25		17				16														71	71	1 82		1 82	1 82
44386	13		25		20				16														74	74	2.12		2 12	2 12
44388				35	39				17														91	91	2 82		2 82	2 82
44389				35	49				20														104	104	3 13		3 13	3 13
44390				50	54				22														126	126	3.82		3 82	3.82
44391				55	59				27														141	141	4 31		4 31	4 31
44392				35	54				22														111	111	3 81		3 81	3 81
44393				45	59				27														131	131	4.83		4.83	4 83
44394				14	50	5									0 5								87	88	4 42		4 42	4 42
44397				30	42 5		25																97 5	97.5	4 7		4 7	4 70
44500				6	25			5															36	36	0.49		0 49	0 49
44602	30	15	15		90				30	1		3	3	1	1			1	1				505	562	16 01	22	22	24 64
44603	30	15	15		120				30	1		4	3	1	1			1	2				577	635	18 63	25	25	28 03
44604				60	90				30			3	2	1	1				2				420	459	16 01		16 01	18 06
44605				60	125				30			2	3	2	1			1	1				499	562	19 5		19 5	22 00
44615				60	105				30			2	2	2	1			1	1				449	502	15 91		15 91	18 08

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
44620				60	90				30			2	2	2	1			1	1				434	487	12 18		12.18	14 35
44625				60	120				30			2	2	2	1			1	1				464	517	15.03		15 03	17 20
44626				60	150				30			2	3	2	1			1	1				524	587	25 32		25.32	27 82
44640				60	150				30			2	3	2	1			1	1				524	587	21 62		21 62	24 12
44650				60	150				30			2	3	2	1			1	1				524	587	22 54		22.54	25 04
44660				60	150				30			2	3	2	1			1	1				524	587	21 33		21 33	23.83
44661				60	180				30			2	3	2	1			1	1				554	617	24 77		24 77	27 27
44680				60	165				30			2	3	2	1			1	1				539	602	15 38		15 38	17 88
44700				60	95				30			3	2		1			1	1				376	402	16 09		16 09	17 40
44701					35																		35	35	3 1		3 1	3 10
44720					50																		50	50	5		5	5 00
44721					70																		70	70	7		7	7 00
44800	32		25		80				25			5 5			1			3 5					355	366	11 21		11 21	11 94
44820				60	90				30			3	2		1				2				379	404	12 07		12.07	13 63
44850				60	60				30			3	2		1			1	1				341	367	10 72		10 72	12 03
44900				50	60				30			1	2	2	1			1	2				398	450	10.12		10 12	12.44
44901				38	60			20															118	118	3 37		3 37	3 37
44950				50	60				25			2			1			1	1				247	252	9 99		9 99	10 52
44955					20																		20	20	1 53		1.53	1 53
44960				50	75				30			1	2	2	1			2	1				405	458	12 32		12 32	14 39
44970				45	73	20						1			1				2				239	242	8 69		8.69	9 35
45000				90	45				30				2	1	1				2				348	384	4.51		4 51	6 20
45005	14				19				13									0 5					53.5	54	1 99		1 99	2 00
45020	30	15	15		45				30			1			1			1	2				251	255	4 71	7 75	7 75	8 43
45100				60	30				30						0.5			1	1				176	178	3 67		3.67	3 96
45108				60	45				30						0.5			1	1				191	193	4 75		4 75	5 04
45110				80	180				30			4	3	1	1			2	1	1			624	678	27 96		27.96	30 57
45111	36		25		93				30	1		7			1			4					476	496	16 46		16 46	17 89
45112				80	200				45			3	2	2	1			1	2				621	675	30 49		30 49	33.05
45113				80	200				45			3	2	2	1			1	2				621	675	30 53		30 53	33 09
45114				80	210				45	1		2	3	2	1			1	1	1			720	792	27 28		27 28	30 63
45116				80	160				45	1		2	2	2	1			1	1	1			640	702	24 54		24 54	27 56
45119				80	210				45			3	2	2	1			1	2				631	685	30 79		30 79	33 35
45120	48		25		214				34	1		9			1			5					666	689	24 56		24 56	26 25
45121	48		25		226				34	1		11			1			5					716	741	27		27	28 93
45123				80	270				45			2	2	1	1			1	1	1			646	687	16 68		16 68	18 70
45126				80	120				45	2		2	2	2	1			1	2	1			686	755	45 09		45 09	48 89
45130				80	120				45			2	2	1	1			1	2				481	520	16.42		16 42	18 37
45135				80	220				45			3	2	2	1			1	2	1			679	735	19 25		19.25	22 15
45136				40	240				30	1		2	3	2	1			2	1	1			710	783	27 26		27 26	30 63
45150	22		25		30				19			0 5			1			2 5					179	184	5 66		5 66	5 77
45160				80	60				45			2			1			1	1	1			335	342	15 3		15 3	16 17
45170				80	30				45			1	1		1			1	2				301	315	11 47		11 47	12 48
45190				80	60				45						0 5			1	2				264	266	9 73		9 73	10 29
45300	10	5	1		10				10														36	36	0 38	0.91	0 91	0 91
45303	20	10	5		20				30														85	85	0 44	2 22	2.22	2.22
45305	20	10	5		15				30														80	80	1 01	2 01	2 01	2 01
45307	20	10	5		20				30														85	85	0.94	2 22	2 22	2 22
45308	20	10	5		15				30														80	80	0 83	2 01	2 01	2 01
45309	20	10	5		20				30														85	85	2 01	2 22	2.22	2 22
45315	20	10	5		20				30														85	85	1 4	2 22	2.22	2 22
45317	10	5	1		15				10														41	41	1 5	1 08	1 08	1 08
45320	20	10	5		25				30														90	90	1 58	2 43	2 43	2 43
45321	20	10	5		30				30														95	95	1 17	2 76	2 76	2 76
45327	20	10	5		45				30														110	110	1 65	3.63	3 63	3 63
45330	7				17				8														32	32	0 96	0 96	0 96	0 96
45331	7				18				10														35	35	1.15		1 15	1 15
45332	13				26				15														54	54	1 79		1 79	1.79

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
45333	12				27				15														54	54	1 79		1 79	1 79
45334	17		15		30				21														83	83	2 73		2 73	2.73
45335				7	23				10														40	40	1 46		1.46	1 46
45337	17		25		30				22														94	94	2 36		2 36	2 36
45338				12	19	5									0 5								54	55	2 34		2 34	2 34
45339				12	28	5									0 5								63	64	3 14		3 14	3 14
45340				17	25				16														58	58	1 89		1 89	1 89
45341				10	30		15																55	55	2 6		2 6	2 60
45342				15	50		12 5																77 5	77 5	4 05		4 05	4 05
45345				30	30		30																90	90	2.92		2 92	2.92
45355	15				28				14														57	57	3 51		3 51	3 51
45378	20	5	5		30				15														75	75	3.69	3 69	3 69	3.69
45379	21		15		48				25														109	109	4 68		4 68	4 68
45380				45	51 5				22														118 5	118 5	4 43		4 43	4 43
45381				45	49				22														116	116	4 19		4 19	4 19
45382	20		25		57				23														125	125	5 68		5 68	5 68
45383				22	65			20															107	107	5 86		5 86	5 86
45384				16	42			15															73	73	4 69		4 69	4.69
45385				16	43			15															74	74	5 3		5 3	5 30
45386				45	54				22														121	121	4.57		4 57	4 57
45387				30	45		30																105	105	5 9		5 9	5 90
45391	25	5	5		55				20														110	110	5.09		5 09	5.09
45392	30	5	10		75				20														140	140	6 54		6 54	6 54
45395	45	35	10		210				30			2	2	1	1			1	2	1			604	645	30.5		30 5	32 79
45397	45	35	10		240				30			2	2	1	1			1	2	1			634	675	34		34	36 29
45400	45	25	10		100				30			3	1		1			1	2				394	410	18 06		18.06	19 31
45402	45	35	10		150				30			1	2		1			1	2				446	470	25 04		25 04	26 38
45500	27		25		57				21			2 5			1			3					258.5	266	7 28		7 28	7 64
45505				90	82.5				30						0 5			1	1	1			296 5	300.5	7 57		7 57	8 20
45520	12				21				11														44	44	0 55		0 55	0 55
45540				90	117 5				30			2	3		1				2				447 5	481 5	16 25		16 25	18 02
45541				90	100				30			1	2		1			1	2				396	420	13 38		13 38	14 72
45550				70	180				30			4	2		1			1	2				513	540	22 97		22 97	24 67
45560				90	90				30			2	1		1			1	1				352	367	10.56		10 56	11 42
45562				90	95				30			2	2	2	1			2	2				507	561	15 36		15 36	17 82
45563				90	130				30			2	3	2	1			2	2				572	636	23 43		23 43	26 22
45800				90	120				30			2	2	2	1			1	2				517	570	17.74		17 74	20 18
45805				90	145				30			2	2	2	1			1	2				542	595	20 75		20 75	23.19
45820				90	100				30			2	3		1			1	2				445	480	18 45		18 45	20 24
45825				90	140				30			2	3	2	1			2	2				582	646	21 22		21.22	24 01
45900				90	15				20				1		1			1					206	219	2 61		2 61	2 96
45905				60	15				20						0 5			1					128	130	2 3		2 3	2 32
45910				60	15				20						0.5			1					128	130	2 8		2 8	2 82
45915				60	30				20						0 5			1					143	145	3 14		3 14	3 16
45990	30	10	10		20				25														95	95	1 8		1 8	1 80
46020				20	35				20						0 5			2					123	126	2 9		2 9	2 94
46030	11				18				10									0 5					46 5	47	1.23		1 23	1 24
46040	30	15	15		30				20						0 5			2	1				181	184	4 95	4 95	4 95	5 26
46045	30	15	15		30				30						1			1	1				194	197	4 31	5 5	5 5	5 79
46050	12				19				12									1					58	59	1.19		1 19	1 21
46060	30	15	15		40				20						0 5			1	2				199	201	5 68	5 68	5 68	6 24
46070	16				19				15									1 5					72 5	74	2 71		2 71	2 74
46080	16		15		28				13						0 5			0 5					97 5	99	2 49		2 49	2 50
46083	12				16				7									1					50	51	1 4		1 4	1 42
46200	21		25		31				19						1			3 5					184 5	190	3 41		3 41	3 48
46210	18				24				16									3					103	106	2 67		2.67	2 73
46211	22				46				19									3 5					139 5	143	4 24		4 24	4 31
46220	14				23				14									1					66	67	1 56		1 56	1 58

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
46221				15	15				15									1	1				68	68	2 04		2 04	2.31
46230	14				30				14									1					73	74	2.57		2 57	2 59
46250				60	40				30						0 5			1	1				186	188	3 88		3 88	4.17
46255				60	45				30						0 5			1	1				191	193	4 59		4 59	4 88
46257				60	55				30						0.5			1	1				201	203	5 39		5 39	5 68
46258				60	70				30						0 5			1	2				239	241	5 72		5 72	6 28
46260				60	60				30						0 5			1	1				206	208	6 36		6 36	6 65
46261				60	70				30						0 5			1	2				239	241	7 07		7 07	7 63
46262				40	45				20						0 5			2	1				176	179	7 49		7 49	7 80
46270	30	15	15		15				20						0 5			2	1				166	169	3 71	4 5	4 5	4 81
46275	30	15	15		30				20						0 5			2	1				181	184	4.55	5	5	5 31
46280	30	15	15		45				20						0 5			2	1				196	199	5 97	5 97	5 97	6 28
46285	30	15	15		30				20						0 5			2	1				181	184	4 08	5	5	5 31
46288				60	65				30						0 5			1	2				234	236	7 12		7 12	7 68
46320	14				19				14									0 5					54 5	55	1 61		1.61	1 62
46500	13				20				13									1 5					68 5	70	1.61		1 61	1 64
46505	20	10	5		15				10						0 5				1				101	102	2 86		2 86	3 13
46600	5	2	1		7				5														20	20	0 5	0 49	0 49	0 49
46604	10	5	1		15				10														41	41	1 31	1 08	1 08	1 08
46606	20	10	5		10				30														75	75	0 81	1.76	1 76	1 76
46608	20	10	5		15				30														80	80	1 51	1 95	1 95	1 95
46610	20	10	5		15				30														80	80	1 32	1 95	1 95	1 95
46611	10	5	1		15				10														41	41	1 81	1 08	1 08	1 08
46612	20	10	5		20				30														85	85	2 34	2 14	2 14	2 14
46614	5	5	1		15				15														41	41	2.01	1 08	1 08	1 08
46615	10	5	1		18				10														44	44	2 68	1 18	1 18	1 18
46700				90	82 5				30						0 5			1	2				281 5	283 5	9 12		9 12	9 68
46705	27		25		50				21			3			1			3 5					268 5	277	6 89		6 89	7 32
46706				35	15				15						0 5			1					98	100	2 39		2 39	2 41
46710	60	20	10		90				30			1	1		1			1	2				356	370	16		16	17 01
46712	60	20	10		240				30			1	2	2	1			1	2				618	670	34		34	36 32
46715	28		25		62				22			2 5			1			2 5					258	265	7 19		7 19	7 54
46716				115	90				30			2				1				5			508	530	15 05		15 05	17 14
46730				115	180				30			1	2	1		1				6			718	775	26 71		26 71	30 17
46735				115	230				30			3	3			1				6			795	850	32 12		32 12	35 66
46740				115	180				30			1	2	1		1				6			718	775	29 96		29 96	33 42
46742				115	240				30			2	3	1		1				6			827	895	35.75		35 75	39 66
46744				138	360				45	2		2	3	3		1				6			1193	1303	52 55		52 55	58 46
46746				138	480				43	3		3	4	3		1				5	1		1444	1566	58 13		58 13	64.93
46748				138	600				43	3		3	4	3		1				5	1		1564	1686	64.11		64 11	70 91
46750				90	95				30			2	3		1			1	2				440	475	10 23		10.23	12 02
46751	30		25		69				21			3			1			3 5					290 5	299	8 76		8 76	9.19
46753				90	60				30			2			1			1	1				292	297	8 28		8 28	8 81
46754				20	20				15			1			1			1	2				171	175	2 2		2 2	2 88
46760				90	170				30			2	2	2	1			2	2	1			620	676	14 41		14 41	17 21
46761				90	90				30			1	2		1			1	2				386	410	13 82		13 82	15 16
46762				90	120				30			2	2	1	1			2	2				491	531	12 69		12.69	14 66
46900				15	15	10																	40	40	1 91		1 91	1 91
46910	14				31				12									1					72	73	1 86		1.86	1.88
46916	14				25				12									1					66	67	1 86		1 86	1.88
46917	14				31				12									1					72	73	1 86		1 86	1 88
46922	17				35				15									1					82	83	1 86		1 86	1 88
46924	21				38				18									1					92	93	2 76		2 76	2.78
46934				30	22 5				20									1	1				110 5	111 5	3 5		3 5	3 79
46935	18				39				17									0 5					81 5	82	2 43		2 43	2 44
46936				30	60				20									1					125	126	3 68		3 68	3 70
46937	19				35				17									0 5					78 5	79	2 69		2 69	2 70
46938	24		15		51				19						0 5			2 5					164 5	168	4 65		4 65	4 70

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
46940	15				25				15									0 5					62.5	63	2 32		2 32	2.33
46942	16				28				15									0.5					66 5	67	2 04		2 04	2 05
46945				30	15				30									1	1				113	114	1 84		1 84	2.13
46946				30	25				30									1					100	101	2 58		2 58	2 60
46947	40	10	10		30				22						0 5			1	1				168	170	5 2		5 2	5 49
47000	20		15		26				14														75	75	1 9		1 9	1 90
47001					26				14														40	40	1 9		1 9	1 90
47010				75	100				30	1		2	3	2	1			1	2				575	645	15 99		15 99	19.27
47011				38	60			25															123	123	3 69		3 69	3 69
47015				75	120				30	1		2	3	2	1			1	2				595	665	15 09		15 09	18 37
47100				75	60				30			2	1		1			1	2				330	345	11 65		11 65	12 78
47120				75	225				30	1		2	3	2	1			2	1	1			730	803	35.45		35 45	38 82
47122				75	300				45	3		2	3	2	1			1	2				916	1000	55 05		55 05	59 35
47125				75	225				45	2		2	3	2	1			1	2				778	855	49 12		49 12	52.91
47130				75	240				45	2		2	3	2	1			1	2				793	870	53 27		53 27	57 06
47133				120	180			60															360	360	0		0	-
47135				120	520		700												7				1501	1501	81 4		81 4	83 29
47136				120	420		600												7				1301	1301	68 5		68 5	70.39
47140	90	15	15		355				60			3	2	5	1			1	3				977	1073	54 92		54 92	59 22
47141	105	15	15		420				60			4	1	4	1			1	4				1028	1101	67 4		67 4	71 27
47142	105	15	15		480				60			5	2	4	1			1	4				1137	1221	74 89		74 89	79 21
47146					60																		60	60	6		6	6 00
47147					65																		65	65	7		7	7 00
47300				75	100				30	1		2	2	2	1			1	2				545	605	15 06		15 06	18 01
47350				75	90				30	1		1	2	2	1			1	2				516	575	19 53		19.53	22 36
47360				75	157.5				45	3		2	3	2	1			1	2				773 5	857 5	26 88		26 88	31 18
47361				75	190				45	4		3	3	3	1			1	2				929	1035	47 05		47 05	52 47
47362				75	90				45	4		3	3	2	1			1	2				788	880	18 48		18 48	23 41
47370				80	180		30		30			1	1		1			1	2				466	480	19 66		19 66	20 67
47371				80	180		35		35			1	1		1			1	2				476	490	19 66		19 66	20 67
47380				85	200		45		45			2	2		1			1	2				570	595	22 97		22 97	24 43
47381				85	210		45		45			2	2		1			2	2				595	621	23 24		23 24	24 72
47382				30	180		30		30						0 5			1					303	305	15.17		15 17	15 19
47400				75	180				45	2		2	3	2	1			1	2				733	810	32 44		32 44	36 23
47420				75	180				30			1	2	2	1			2	1				535	588	19 85		19 85	21.92
47425				75	180				30			1	3	2	1			2	1				565	628	19.8		19 8	22 20
47460				75	130				30			1	3	2	1			2	1				515	578	18 01		18 01	20 41
47480				75	80				30			1	2	2	1			1	2				443	495	10 8		10 8	13.12
47490	23		25		36				22			6.5			1			2 5					303	314	7.22		7 22	8 05
47500	17				19				15														51	51	1 96		1 96	1 96
47505																							0	71	0 76		0.76	0.76
47510	24		25		55				17			0 5			1			3					211 5	217	7 82		7 82	7 94
47511				75	90	30						2			1			1					284	289	10 48		10 48	10 74
47525	14		15		28				12						0 5			0.5					94 5	96	5 54		5 54	5 55
47530	33		25		97				26			0.5			1			3					271 5	277	5 84		5 84	5 96
47550	14		15		30				15														74	74	3 02		3 02	3 02
47552	20		25		44				20														109	109	6 03		6 03	6 03
47553	19		25		48				19														111	111	6 34		6 34	6 34
47554	22		25		68				22														137	137	9 05		9 05	9 05
47555	21		25		68				21														135	135	7 55		7 55	7 55
47556																							0	180	8 55		8.55	8 55
47560	23		25		45				23														116	116	4 88		4 88	4 88
47561	23		25		48				24														120	120	5 17		5.17	5 17
47562	30	15	15		80				25						0 5			1	2				244	246	11.07	11 07	11 07	11 63
47563	32		25		143				29			0 5			1			2 5					312	317	11 92		11 92	12 03
47564																							0	421	14.21		14 21	14 21
47570				60	195	85																	340	340	12 56		12.56	12 56
47600	30	15	15		115				30			1	1	1	1			1	2				392	420	13 56	15 88	15 88	17 38

RUC Physician Time Recommendations - May 25, 2006																							5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
47605				75	90				30			1	1	1	1			1	1				359	387	14 67		14 67	15 90
47610				75	120				30			1	2	2	1			1	1				460	512	18 79		18 79	20 84
47612				75	150				45			1	3	2	1			1	1				535	597	18 75		18 75	21 13
47620				75	180				45			1	3	2	1			1	1				565	627	20 61		20.61	22 99
47630	27		25		52				22			3 5			1			2 5					266	274	9.1		9 1	9.57
47700	39		25		150				28			6			1			3 5					444 5	456	15 6		15 6	16 39
47701	42		25		176				31			6 5			1			3 5					486	498	27 77		27 77	28 62
47711				75	180				45			2	3	2	1			1	2				607	670	23		23	25 77
47712				75	210				45	1		3	3	2	1			1	2				719	790	30 19		30 19	33 59
47715				75	180				45			1	3	2	1			1	2				588	650	18 77		18 77	21 42
47716				75	120				45			1	3	2	1			1	2				528	590	16 42		16 42	19 07
47720				75	90				45			1	2	2	1			1	2				468	520	15 89		15 89	18 21
47721				75	120				45			2	3	2	1			1	2				547	610	19.09		19 09	21 86
47740				75	120				45			1	3	2	1			1	2				528	590	18 45		18 45	21 10
47741				75	150				45			2	3	2	1			1	2				577	640	21.31		21 31	24 08
47760	45	15	15		195				45	1		3	2	2	1				2	1			697	759	25 81	34 75	34 75	38 14
47765	45	15	15		290				53	1		4	2	2	1				2	1			819	882	24 84	48 5	48 5	52 01
47780	45	15	15		240				40	1		3	2	2	1				2	1			737	799	26 46	38 75	38 75	42 14
47785	45	15	15		360				40	1		4	2	2	1				2	1			876	939	31 13	52 5	52 5	56 01
47800				75	162 5				45			2	3	2	1			1	2				589 5	652 5	23 27		23 27	26 04
47801				75	110				30			1	2	2	1			1	2				473	525	15 15		15 15	17.47
47802				75	160				30	1		2	3	2	1			1	2				635	705	21.52		21 52	24 80
47900				75	120				45			2	2	2	1			1	2				517	570	19 87		19 87	22 31
48000				83	120				30	2		2	3	2	1			1	2				666	743	28 03		28 03	31 82
48001				83	142 5				45	2		1	3	3	1			1	2				725 5	815.5	35 4		35 4	39 56
48005				82 5	180				37 5	3		7 5	5	4	1			1	2	1			1080 5	1220	42 11		42 11	49 05
48020				83	125				30	1		2	3	2	1			1	2				608	678	15 68		15 68	18 96
48100				83	77 5				30			2	2	2	1			1	1				444 5	497 5	12 21		12.21	14.38
48102	20		15		41				17						1			0 5					136 5	139	4 67		4 67	4 68
48120				83	135				30			2	3	2	1			1	1				532	595	15 83		15 83	18.33
48140				90	150				45	1		2	3	2	1			1	2				655	725	22 91		22 91	26 19
48145				90	187 5				45	1		2	3	2	1			1	2				692 5	762 5	23 98		23 98	27 26
48146				90	225				45	2		2	3	2	1			1	3				816	893	26 36		26 36	30 42
48148				90	165				45	1		2	2	2	1			1	2				640	700	17 31		17 31	20 26
48150				90	345				45	2		4	4	2	1			1	2	1			1019	1110	47.93		47 93	52 63
48152				90	300				45	2		4	3	3	1			1	3				970	1063	43 68		43.68	48 47
48153				90	315				45	2		4	3	3	1			1	3				985	1078	47 82		47 82	52 61
48154				90	290				45	2		3	3	3	1			1	3				941	1033	44 03		44 03	48 70
48155				90	300				45	2		3	3	3	1			1	3				951	1043	24 6		24 6	29 27
48180				90	190				45	1		2	3	2	1			1	2				695	765	24 68		24 68	27 96
48400					45																		45	45	1 95		1 95	1 95
48500				83	120				30			2	3	2	1			1	2				540	603	15 26		15 26	18 03
48510				83	97 5				30			2	3	2	1			1	2				517 5	580 5	14 29		14 29	17 06
48511				40	62			25															127	127	3 99		3 99	3 99
48520				83	120				30			2	3	2	1			1	1				517	580	15.57		15 57	18 07
48540				83	140				30			2	2	2	1			1	1				507	560	19 69		19 69	21 86
48545				83	120				45	2		2	2	3	1			1	2				692	773	18 15		18 15	22 10
48547				83	180				45	3		2	2	3	1			1	2				815	903	25 79		25 79	30 25
48550				60	200																		260	260	0		0	-
48552					50																		50	50	4 3		4 3	4 30
48554				120	300		440												4	3	3		1243	1237	34 12		34 12	37 03
48556				60	180	225						9	4		1				3	1			899	952	15.69		15 69	19 24
49000				60	90	30						2			1				2				300	304	11 66		11 66	12.44
49002	30	15	15		75				30			3	2	1	1			1	1				397	437	10 47	15 75	15 75	17 55
49010	30	15	15		90				30			3	1		1			1	1				341	357	12 26	15	15	15 98
49020				60	120				30	1		5	2	2	1			1	2	1			645	710	22 81		22 81	26 46
49021				38	60			26															124	124	3 37		3.37	3 37
49040				60	85				45	1		1	3	2	1			2	1				533	603	13 5		13 5	16 41

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
49041				38	60			30															128	128	3.99		3 99	3 99
49060				60	85				45	1		1	2	2	1			2	1				503	563	15 84		15 84	18 42
49061				38	60			28															126	126	3 69		3.69	3 69
49062				90	90	30						2			1				2				330	334	11 34		11 34	12.12
49080	11		15		27				11														64	64	1 35		1.35	1 35
49081	10		15		27				10														62	62	1 26		1 26	1.26
49085				60	60				30			1	3	1	1			1	1				374	422	12 12		12 12	14.01
49180	12		15		22				10														59	59	1 73		1 73	1 73
49200	28		25		90				20			5 5			1			2 5					341	351	10 23		10 23	10 94
49201	37		25		135				27			6.5			1			3 5					436	448	14.82		14 82	15 67
49215				118	180				35	2	1		2	3	1				3				779	855	33 45		33 45	37 66
49220	37		25		132				28			6 5			1			3					426 5	438	14 86		14 86	15 70
49250	25		25		52				22			4 5			1			2 5					283	292	8 34		8 34	8 93
49255				38	90	30						4			1				3				339	345	11 12		11 12	12 41
49320				40	45			30															115	115	5 09		5 09	5 09
49321				45	45			30															120	120	5 39		5 39	5 39
49322				45	45	20													1				133	133	5 69		5 69	5 96
49323				75	90	30						1			1				2				296	299	9 47		9 47	10 13
49324	20	10	10		60				20						1				1				161	162		6 00	6 00	6 27
49325	20	10	10		60				20						1				1				161	162		6 50	6 50	6 77
49326					45																		45	45		3.50	3 50	3 50
49400	15				25				13														53	53	1 88		1 88	1 88
49419				60	60				30			1			1				1				228	231	6 64		6 64	7 03
49420	23				48				16														87	87	2 22		2 22	2 22
49421	20		25		41				15			2.5			1			2					214 5	221	5 53		5 53	5.87
49422				30	48		60											1					153	154	6 24		6.24	6 26
49423				15	30			15															60	60	1 46		1 46	1 46
49424				12	15			10															37	37	0 76		0 76	0 76
49425	30		25		81				25			6			1			3					356	367	11.35		11 35	12 13
49426	28		25		66				23			5 5			1			2.5					320	330	9 62		9 62	10 33
49427																							0	63	0 89		0 89	0 89
49428				45	35				22 5			1	1		1			1	1				225 5	239 5	6 05		6 05	6 79
49429				53	60		120											1					248	249	7 39		7.39	7 41
49435					30																		30	30		2 25	2 25	2 25
49436	15	5	10		15				13						1			1					91	93		2 67	2 67	2 69
49491				90	60				30	1				1	1			2	1				373	398	11 11		11 11	12.42
49492				90	60				30	1				1	1			2	1				373	398	14 01		14 01	15 32
49495				45	50	30													1				148	148	5 88		5 88	6.15
49496				80	60		60												2				246	246	8 78		8 78	9 32
49500				45	45				30						0 5			1	1				176	178	5 47		5 47	5 76
49501				45	60				30			1			1			1	1				228	232	8.87		8 87	9 28
49505	20	15	15		70				20						0 5			1	1				196	198	7 59	7 59	7 59	7 88
49507				45	67 5				30			1			1			1	1				235 5	239 5	9 56		9 56	9 97
49520				45	60				22 5						0 5			1	1				183 5	185 5	9 62		9 62	9 91
49521				45	90				30			1			1			1	1				258	262	11 95		11 95	12 36
49525				45	60				30						0 5			1	1				191	193	8 56		8 56	8.85
49540				45	85				30						0.5			1	1				216	218	10 37		10 37	10 66
49550				45	60				30						0 5			1	1				191	193	8 62		8 62	8 91
49553				45	75				30			1			1			1	1				243	247	9 43		9 43	9 84
49555				45	85				30						0 5			1	1				216	218	9 02		9 02	9 31
49557				45	90				30			1			1			1	1				258	262	11 13		11 13	11.54
49560				45	90				30						0 5			1	1				221	223	11 55		11 55	11 84
49561				45	100				30			1	2		1			1	1				328	352	14 23		14 23	15 30
49565				45	100				30			1	1		1			1	1				298	312	11 55		11 55	12.29
49566				45	120				30			1	2		1			1	1				348	372	14 38		14 38	15 45
49568					52																		52	52	4 88		4 88	4 88
49570				45	60				30						0 5			1	1				191	193	5 68		5 68	5 97
49572				45	60				30			1	2		1			1	1				288	312	6 72		6 72	7.79

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
49580				45	37.5				30						0 5			1	1				168 5	170 5	4 1		4 1	4 39
49582				45	47 5				30			1			1			1	1				215 5	219 5	6 64		6 64	7 05
49585				45	45				30						0 5			1	1				176	178	6 22		6 22	6.51
49587				45	60				30			1			1			1	1				228	232	7 55		7 55	7 96
49590				45	60				30						0 5			1	1				191	193	8 53		8 53	8 82
49600	27		25		57				19			4			1			2 5					277 5	286	10 94		10 94	11 47
49605				110	120				50	9	2	5	5	5		1				3			1520	1720	75 89		75.89	86 85
49606	33		25		86				25			2 5			1			2 5					290	297	18 57		18 57	18 92
49610	31		25		74				24			2 5			1			2 5					275	282	10.48		10 48	10 83
49611	29		25		66				22			2 5			1			2 5					263	270	8 91		8 91	9 26
49650				25	60	30												2					145	147	6 26		6.26	6.30
49651				25	90	30												3					190	193	8 23		8 23	8 29
49900				30	60	30																	120	120	12.26		12 26	12.26
49904				83	205				30			5	3		1			3	2				630	670	19 97		19 97	22 16
49905					92																		92	92	6 54		6 54	6 54
49906				90	420	60						8			1			2	4				880	892	0		0	2 08
50010	32		25		93				24			3			1				3				336	341	10 96		10 96	12 13
50020				70	90	60						7	4		1				4				601	650	14 64		14 64	17 88
50021				38	68			25															131	131	3 37		3.37	3 37
50040				60	90	45						4			1				4				399	405	14 92		14 92	16 48
50045	35		25		121				24			3 5			1				3				376 5	382	15 44		15 44	16 67
50060	33		25		133				22			6			1				3				432	440	19 27		19 27	20 80
50065	40		25		172				27			5			1				3				464	471	20 76		20 76	22 17
50070	41		25		182				27			5			1				3				475	482	20 29		20 29	21.70
50075	45		25		242				29			5 5			1				3 5				562	569.5	25 3		25 3	26 91
50080	41		25		117				41			2			1				2 5				355 5	359 5	14 69		14 69	15 61
50081	42		25		195				27			5			1				3 5				500 5	507 5	21 77		21 77	23 32
50100	37		25		135				26			3 5			1				3				394 5	400	16 07		16 07	17.30
50120	34		25		112				24			3			1				3				357	362	15 89		15 89	17 06
50125	35		25		113				24			3			1				3				359	364	16 5		16 5	17 67
50130	31		25		143				21			5			1				3				420	427	17 26		17.26	18 67
50135	40		25		164				27			4			1				3				437	443	19 15		19 15	20 44
50200				45	53			15															113	113	2 63		2 63	2 63
50205				60	75	45						3			1				2				319	324	11 29		11.29	12.19
50220				60	120	45						5			1				3				425	432	17 12		17 12	18 53
50225				60	180	45						6			1				3				504	512	20.2		20 2	21 73
50230	41		25		222				30			8			1				2 5				563 5	573 5	22 04		22 04	23 68
50234				60	180	45						6			1				3				504	512	22 37		22 37	23 90
50236				60	190	50						7			1				4				561	570	24 82		24.82	26 74
50240				75	180	60						8			1				4				595	605	21 97		21 97	24 01
50250	17 5	20	17 5		145				30			3	2	1	1			2	2				500	541	19 97		19 97	22 06
50280	33		25		110				24			4			1				3				373	379	15 65		15 65	16 94
50290	34		25		116				24			4			1				3				380	386	14 71		14 71	16 00
50300				60	120																		180	180	0		0	-
50320				120	180		100											5					475	480	22.18		22 18	22 28
50327					44																		44	44	4		4	4 00
50328					45																		45	45	3 5		3.5	3 50
50329					45																		45	45	3.34		3 34	3 34
50340	32		25		107				24			6 5			1				3 5				428	436 5	12 13		12 13	13 86
50360	71		25		183				62	10		12			1				9				1442	1526	31 48		31 48	40 45
50365	73		25		219				64	4			14		1				9				1281	1446	36 75		36 75	45 68
50370	33		25		126				24	6		7			1				4				847	898	13 7		13 7	18 68
50380	73		25		242				64	4			14		1				9				1304	1469	20 73		20 73	29 66
50382	30	10	10		60				15														125	125	5 5		5 5	5 50
50384	25	7	10		55				15														112	112	5		5	5 00
50387	19	9	10		18				10														66	66	2		2	2 00
50389	5	10	10		10				5														40	40	1 1		1 1	1 10
50390	24				38				21														83	83	1 96		1 96	1 96

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
50391	13	7 5			30				10														60 5	60 5	1 96		1.96	1 96
50392	27				36				24														87	87	3 37		3 37	3 37
50393	27				52				23														102	102	4 15		4 15	4 15
50394	16				19				13														48	48	0 76		0 76	0 76
50395	29				46				24														99	99	3.37		3 37	3 37
50396	14				32				10														56	56	2 09		2 09	2 09
50398	14				21				14														49	49	1.46		1.46	1 46
50400	37		25		148				26			7			1				3				474	483	19.47		19 47	21 12
50405	42		25		197				28			7			1				3 5				541 5	550 5	23 89		23 89	25 68
50500	38		25		146				27			6			1				3				455	463	19 54		19.54	21 07
50520	37		25		149				27			6			1				3				457	465	17 2		17.2	18 73
50525	41		25		186				29			8 5			1				3 5				559	569 5	22 24		22 24	24 21
50526	49		25		199				33			10			1				3 5				612 5	624 5	23 98		23 98	26 13
50540	43		15		190				26			2			1				3				417	421	19 9		19 9	20 95
50541				60	120	15						2			1				2				315	319	15 98		15 98	16 76
50542				75	180				30				1		1				2	1			435	449	19 97		19 97	21 18
50543				60	240				30			2	1		1				3	1			541	557	25 46		25 46	27 18
50544				60	240	15						3			1				2				454	459	22 37		22 37	23 27
50545				60	240	30						3			1				1	1			484	491	23 96		23 96	24 93
50546				60	205	17.5						3			1				2	1			459 5	466 5	20 45		20 45	21 69
50547				92 5	240	45						2			1				2				497 5	501 5	25.46		25 46	26 24
50548				60	270	20						3			1				2				489	494	24 36		24 36	25 26
50551	22		25		49				22														118	118	5 59		5 59	5 59
50553	23		25		66				23														137	137	5 98		5 98	5 98
50555	24		25		65				24														138	138	6 52		6 52	6 52
50557	25		25		74				25														149	149	6 61		6.61	6 61
50561	27		25		94				26														172	172	7 58		7 58	7 58
50562				46	92 5				30						0 5								186 5	187.5	10 9		10 9	10 90
50570	29		25		95				28														177	177	9 53		9 53	9 53
50572	30		25		104				29														188	188	10 33		10 33	10 33
50574	32		25		114				30														201	201	11		11	11 00
50575				60	180			60															300	300	13.96		13 96	13 96
50576	32		25		114				30														201	201	10 97		10 97	10 97
50580	33		25		127				31														216	216	11 84		11 84	11 84
50590	35	15	13		60				30						0 5			1	2				232	234	9 08	9 08	9 08	9 64
50592	10	10	10		60				30						0 5			1					153	155	6 75		6 75	6.77
50600	32		25		95				24			4 5			1				2 5				355	361 5	15 82		15 82	17 04
50605	32		25		95				24			4 5			1				2.5				355	361.5	15.44		15 44	16 66
50610	32		25		88				24			4 5			1				2 5				348	354 5	15 9		15 9	17.12
50620	30		25		76				24			4			1				2 5				324 5	330 5	15 14		15 14	16 30
50630	29		25		91				19			4			1				2.5				333 5	339.5	14 92		14 92	16 08
50650	35		25		115				25			4			1				3				381	387	17 38		17 38	18 67
50660	38		25		148				26			4 5			1				3				427.5	434	19 52		19 52	20 87
50684				20	20	15																	55	55	0 76		0 76	0 76
50686	15				36				12														63	63	1 51		1 51	1 51
50688	13				18				13									0 5					51 5	52	1 17		1 17	1 18
50690	12				17				12														41	41	1 16		1 16	1 16
50700	36		25		131				26			4 5			1				3				408 5	415	15 19		15 19	16 54
50715				60	135	45						4	1		1				3				451	467	18 87		18 87	20 49
50722	35		25		120				26			5 5			1				3				415 5	423	16 33		16 33	17 80
50725	39		25		157				28			6 5			1				3				477 5	486	18 46		18 46	20 05
50727																							0	259	8 17		8 17	8 17
50728																							0	329	12		12	12 00
50740	38		25		148				27			6			1				3				457	465	18 39		18 39	19 92
50750	40		25		177				28			6 5			1				3				498 5	507	19.48		19 48	21 07
50760	37		25		135				27			6			1				3				443	451	18 39		18 39	19 92
50770	39		25		160				28			6 5			1				3				480 5	489	19 48		19 48	21 07
50780	34		25		115				22			5 5			1				3				405 5	413	18 33		18 33	19 80

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
50782																							0	442	19 51		19 51	19 51
50783																							0	491	20 52		20.52	20 52
50785	39		25		156				28			6 5			1				3				476 5	485	20 49		20 49	22 08
50800	42		25		123				32			6 5			1				3 5				462	470 5	14 5		14.5	16 23
50810	55		25		283				37			9 5			1				4 5				720	731.5	20 02		20 02	22 38
50815	50		25		208				37			9			1				4				619	630	19 9		19 9	22 06
50820	44		25		210				29			9			1				3 5				595 5	606 5	21 86		21 86	23 89
50825	59		25		296				41			11			1				4				748 5	761	28 14		28.14	30 48
50830	58		25		298				40			11			1				4				748 5	761	31 23		31 23	33 57
50840	52		25		245				36			9 5			1				4				666 5	678	19 97		19 97	22 19
50845				90	240		240												5				685	685	20 86		20 86	22.21
50860	35		25		110				27			6 5			1				3				425 5	434	15 34		15 34	16 93
50900	33		25		92				26			4			1				3				357	363	13 6		13 6	14 89
50920	37		25		123				27			4 5			1				3				402 5	409	14 31		14 31	15 66
50930	40		25		146				30			4 5			1				3				431 5	438	18 69		18 69	20 04
50940	35		25		109				27			4			1				3				377	383	14 49		14 49	15 78
50945				60	120	17 5						3			1				2				336.5	341 5	16 97		16 97	17 87
50947				60	255	30						3			1				3				507	512	24 46		24 46	25 63
50948				60	240	30						1		1	1				1	1			487	506	22 47		22 47	23 69
50951	22		25		53				23														123	123	5 83		5 83	5 83
50953	24		25		61				24														134	134	6 23		6 23	6 23
50955	25		25		68				25														143	143	6 74		6 74	6 74
50957	25		25		71				25														146	146	6 78		6 78	6 78
50961	23		25		55				24														127	127	6 04		6 04	6 04
50970	28		25		108				26														187	187	7 13		7 13	7 13
50972	27		25		108				25														185	185	6 88		6 88	6 88
50974	30		25		110				29														194	194	9.16		9 16	9 16
50976	30		25		108				28														191	191	9 03		9 03	9.03
50980	25		25		67				25														142	142	6 84		6 84	6 84
51000	10				13				10														33	33	0 78		0 78	0 78
51005	12		15		18				12														57	57	1 02		1 02	1 02
51010				33	30	20						4			1				1				218	224	3 52		3 52	4 27
51020	29		25		66				21			1 5			1				2 5				263	266 5	6 7		6 7	7 56
51030	29		25		73				22			2			1				2 5				280 5	284 5	6 76		6 76	7 68
51040	16		25		33				14						1			2					154	158	4 39		4 39	4 43
51045	28		25		62				21			2			1				2 5				267 5	271 5	6 76		6 76	7 68
51050	22		25		57				18			3 5			1				2				270 5	276	6 91		6 91	7 87
51060	33		25		92				24			2 5			1				2 5				315	319 5	8 84		8.84	9 82
51065	32		25		93				23			2 5			1				2 5				314	318 5	8 84		8 84	9 82
51080	28		25		59				22			1			1				2				235	238	5 95		5 95	6 61
51500	33		25		94				23			1			1				2 5				287 5	290 5	10 12		10 12	10 92
51520	31		25		78				22			1			1				2 5				268.5	271.5	9 28		9 28	10 08
51525	27		25		109				20			5 5			1				2 5				379	386 5	13 95		13.95	15 29
51530	31		25		92				24			4 5			1				2 5				351	357 5	12 36		12 36	13 58
51535	33		25		107				24			4.5			1				2 5				368	374.5	12 55		12 55	13 77
51550	32		25		114				23			6 5			1				2 5				411	419 5	15 64		15.64	17 10
51555	38		25		166				28			8 5			1				3				523 5	534	21 2		21 2	23 03
51565	42		25		196				30			8			1				3 5				561 5	571 5	21 59		21 59	23 50
51570	41		25		161				31	2 5		8 5			1				3				682	710	24 2		24 2	27.31
51575	47		25		233				35	2 5		12			1				3 5				832 5	863 5	30 4		30 4	34.00
51580	56		25		280				40	2.5		14			1				4 5				954 5	987 5	31 03		31 03	35 14
51585	60		25		340				42	2 5		15			1				4 5				1039 5	1073 5	35 18		35 18	39 41
51590	50		25		366				36	2 5		11			1				3.5				960	990 5	32 61		32 61	36 15
51595	54		25		328				47	2 5		14			1				4				1005 5	1039	37 08		37 08	41.12
51596	67		25		445				46	2 5		16			1				5				1195 5	1231	39 46		39 46	44 01
51597				90	300	60						11	5		1				5				960	1023	38 29		38.29	42 61
51600				20	20			15															55	55	0 88		0 88	0 88
51605	11				16				8														35	35	0 64		0 64	0 64

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
51610				20	20			15															55	55	1.05		1 05	1 05
51700				15	20			10															45	45	0 88		0 88	0 88
51701																							0	25	0 5		0 5	0 50
51702					8																		8	8	0 5		0 5	0 50
51703					29																		29	29	1.47		1 47	1 47
51705	9				11				9									0 5					36.5	37	1 02		1 02	1 03
51710	13				26				11									0.5					57 5	58	1.49		1 49	1 50
51715				30	45			60															135	135	3 73		3 73	3 73
51720	20	2	5		12				10														49	49	1 96	1 5	1 5	1 50
51725				20	25			15															60	60	1 51		1 51	1 51
51726				25	30			15															70	70	1.71		1.71	1 71
51736	9				10				8														27	27	0 61		0 61	0 61
51741	13				28				13														54	54	1 14		1 14	1 14
51772				20	20			15															55	55	1 61		1 61	1 61
51784				10	20			10															40	40	1 53		1 53	1 53
51785				10	20																		30	30	1 53		1 53	1.53
51792				15	20			10															45	45	1 1		1 1	1 10
51795				20	25			15															60	60	1 53		1 53	1 53
51797				20	30			15															65	65	1.6		1 6	1.60
51798	5				4																		9	9	0	0.38	0 38	0 38
51800	39		25		146				27			4 5			1				3				427 5	434	17 39		17 39	18.74
51820	43		25		196				29			5			1				3 5				504 5	511 5	17 86		17 86	19 41
51840	27		25		78				21			4 5			1			2.5					310	319	10 69		10 69	11 28
51841	29		25		112				20			4 5			1			2 5					345	354	13 01		13 01	13 60
51845	26		25		66				20			2 5			1			2 5					258	265	9 72		9 72	10 07
51860	29		25		66				24			3 5			1			3.5					299	308	12		12	12 49
51865	35		25		118				26			5			1			3 5					387 5	398	15 02		15 02	15 69
51880	27		25		54				20			1			1			2					211	216	7 65		7 65	7 81
51900	40		25		167				28			6			1				3				479	487	12 95		12 95	14 48
51920	39		25		149				28			5 5			1				3				450 5	458	11 79		11 79	13 26
51925	42		25		181				30			7			1				3.5				527.5	536 5	15 56		15 56	17 35
51940	50		25		252				36			9 5			1				3.5				660	671 5	28.39		28 39	30 48
51960	52		25		229				37			9 5			1				4				651 5	663	22 98		22 98	25 20
51980	30		25		77				23			3.5			1				2 5				315	320 5	11 34		11 34	12 44
51990				60	120	20						2			1				2				320	324	12 48		12 48	13 26
51992				60	120	20						2			1				2				320	324	13 99		13 99	14 77
52000	10	2	5		15				10														42	42	2 01	2 23	2 23	2 23
52001				50	60				20														130	130	5 44		5 44	5 44
52005	14		15		31				11														71	71	2 37		2 37	2 37
52007				38	45			30															113	113	3 02		3 02	3 02
52010	19		25		43				19														106	106	3 02		3 02	3 02
52204	10	2	5		25				12														54	54	2.37	2.59	2 59	2 59
52214	22		15		35				16														88	88	3 7		3 7	3 70
52224	19		15		31				16														81	81	3 14		3 14	3.14
52234	21		15		35				24														95	95	4 62		4 62	4 62
52235	23		25		37				23														108	108	5 44		5 44	5 44
52240	24		25		71				22														142	142	9 71		9 71	9 71
52250	24		25		46				18														113	113	4 49		4 49	4 49
52260	23		15		32				17														87	87	3 91		3 91	3 91
52265	21				26				16														63	63	2 94		2 94	2 94
52270	20		25		27				13														85	85	3 36		3 36	3 36
52275				30	30			30															90	90	4 69		4.69	4 69
52276				30	35			30															95	95	4 99		4 99	4 99
52277				45	45			40															130	130	6 16		6 16	6 16
52281	13		15		33				13														74	74	2 8		2 8	2.80
52282				40	50		30																120	120	6 39		6 39	6 39
52283	14		25		34				13														86	86	3 73		3.73	3 73
52285	14		15		38				14														81	81	3 6		3 6	3 60

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
52290	24		25		34				18														101	101	4 58		4 58	4 58
52300	26		25		45				19														115	115	5 3		5 3	5 30
52301				70	45	30									1								181	183	5 5		5 5	5 50
52305	25		25		42				18														110	110	5 3		5 3	5 30
52310	25		15		24				22														86	86	2 81		2 81	2 81
52315	27		15		43				27														112	112	5 2		5 2	5 20
52317	22		25		51				19														117	117	6 71		6 71	6 71
52318	31		25		77				23														156	156	9 18		9 18	9 18
52320	32		25		58				28														143	143	4 69		4 69	4 69
52325	30		25		104				24														183	183	6 15		6 15	6 15
52327				45	60			30															135	135	5.18		5 18	5 18
52330	28		25		64				20														137	137	5 03		5 03	5 03
52332	25		25		32				21														103	103	2 83		2.83	2 83
52334	25		25		49				15														114	114	4 82		4 82	4 82
52341				47 5	60	30						1											156 5	157 5	5 99		5 99	6.11
52342				60	65	30						1											174	175	6 49		6 49	6 61
52343				60	90	30						1											199	200	7 19		7 19	7 31
52344				60	77 5	30						1											186 5	187 5	7 69		7 69	7.81
52345				50	90	30						1											189	190	8 19		8.19	8 31
52346				45	120	30						1											214	215	9 22		9 22	9 34
52351	34		25		68				18														145	145	5 85		5 85	5 85
52352	30		25		75				23														153	153	6 87		6 87	6 87
52353	27		25		111				20														183	183	7 96		7 96	7 96
52354	33		25		86				23														167	167	7 33		7 33	7.33
52355																							0	199	8 81		8.81	8 81
52400				90	60	30						1			1				1				258	261	9 67		9 67	10 06
52402	30				50				15														95	95	5 27		5 27	5 27
52450																							0	240	7 63		7 63	7 63
52500				40	45	35						1			1				3				244	247	8 46		8 46	9 39
52510	23		25		39				19			2			1				2				226	230	6 71		6.71	7 49
52601	35	10	15		75				40			2	1		1			1	2				340	355	12 35	14	14	15 13
52606	24		25		37				20			1 5			1				2				216 5	220	8 12		8.12	8 84
52612	28		25		74				21			3 5			1				2 5				308	313 5	7 97		7 97	9 07
52614	29		25		65				23			2 5			1				2 5				283	287 5	6 83		6 83	7 81
52620	23		25		49				20			1 5			1				1 5				216	219 5	6 6		6 6	7 19
52630	25		25		48				20			3			1			2					241	248	7 25		7 25	7 65
52640	25		25		39				17			2			1			2					210	216	6 61		6 61	6 89
52647				60	45		45												3				219	219	10 34		10 34	11 15
52648				60	60		60												3				249	249	11 19		11 19	12 00
52700	25		25		37				20			0 5			1				2				198 5	201	6 79		6 79	7 39
53000	16		15		41				12						1			1					135	138	2 28		2 28	2 30
53010	25		25		44				20			1.5			1				2				224 5	228	3 63		3 63	4 35
53020	13		15		15				11														54	54	1 77		1 77	1 77
53025	10		15		8				8														41	41	1 13		1 13	1 13
53040	23		25		33				18			0 5			1			2					174 5	179	6 39		6 39	6.49
53060	14				24				14									1					67	68	2 63		2 63	2 65
53080	25		25		40				19						1				2				191	193	6 28		6.28	6 82
53085	29		25		64				21			1			1				2 5				251 5	254.5	10 25		10 25	11 05
53200	14		15		20				11														60	60	2 59		2 59	2 59
53210	33		25		87				25			3			1				2 5				320 5	325 5	12 55		12.55	13.59
53215	31		25		117				23			4			1				2 5				365 5	371 5	15 56		15 56	16 72
53220	27		25		45				20						1				2				199	201	6 99		6 99	7.53
53230	33		25		81				23			0 5			1				2 5				265	267 5	9 57		9 57	10 31
53235	35		25		92				24			0 5			1				2 5				279	281 5	10 12		10.12	10 86
53240	26		25		45				19						1				2				197	199	6 44		6 44	6 98
53250	29				57				21										2				153	153	5 88		5 88	6 42
53260	17				28				13									1					73	74	2 98		2 98	3 00
53265	19				26				15									1					75	76	3 12		3 12	3 14

RUC Physician Time Recommendations - May 25, 2006																							5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
53270	16				30				12						0 5			1					91	93	3 09		3 09	3 11
53275	18		15		40				13						0 5			1					119	121	4 52		4 52	4 54
53400	28		25		91				22			3 5			1				3				337 5	343	12 75		12 75	13 98
53405	33		25		102				23			2			1				3				326	330	14 46		14.46	15 51
53410	36		25		122				24			2 5			1				3				359 5	364	16 42		16 42	17 53
53415	41		25		164				27			3			1				3				419	424	19 38		19 38	20 55
53420	35		25		111				24			2 5			1				2.5				336	340 5	14.06		14 06	15 04
53425	36		25		118				25			2 5			1				2 5				345	349 5	15 96		15 96	16 94
53430	36		25		113				25			2 5			1				2 5				340	344 5	16 32		16 32	17 30
53431	41		25		166				27			3			1				3				421	426	19 86		19 86	21 03
53440				58	100				30				2		1				3	1			391	415	13 6		13 6	15 41
53442				65	90				30				2		1				3	1			388	412	11.55		11 55	13.36
53444				50	120				30			1			1			1	2				316	320	13 38		13 38	14 06
53445	50		25		126				24			3			1				3				387	392	14 04		14 04	15 21
53446				50	100				30			1			1			1	2				296	300	10 21		10 21	10 89
53447				50	140				30			1			1			1	2				336	340	13 47		13 47	14 15
53448				60	170				30			5	2		1				2	1			535	564	21 12		21 12	23 26
53449	33		25		94				23			0 5			1				2 5				278	280 5	9 69		9.69	10 43
53450	26		15		58				19						1				2				200	202	6 13		6.13	6 67
53460	28		15		58				20						1				2				203	205	7 11		7.11	7 65
53500	50				90				29			1			1			1	2				285	289	12 19		12 19	12 87
53502	28		25		54				21						1				2				210	212	7 62		7 62	8 16
53505	29		25		59				21						1				2				216	218	7 62		7 62	8.16
53510	34		25		82				24			0 5			1				2.5				268	270 5	10 09		10 09	10 83
53515	37		25		120				25			1			1				2 5				319.5	322 5	13 29		13 29	14 09
53520	32		25		76				22						1				2 5				248 5	250.5	8.67		8 67	9 35
53600				15	20																		35	35	1 21		1.21	1 21
53601	8				14				8														30	30	0.98		0 98	0 98
53605	11				18				11														40	40	1.28		1 28	1 28
53620				15	10																		25	25	1 62		1 62	1 62
53621	12				21				12														45	45	1 35		1 35	1 35
53660	11				12				11														34	34	0 71		0 71	0 71
53661	8				10				8														26	26	0 72		0 72	0 72
53665	13				15				8														36	36	0.76		0 76	0 76
53850				60	90	45													2				241	241	9 44		9 44	9 98
53852				60	58	45													3				232	232	9 87		9 87	10 68
53853				45	60				15						0.5			2	1				191	194	5 23		5.23	5 54
54000	13				15				10									1					53	54	1 54		1 54	1 56
54001	16				25				12									1					68	69	2 19		2 19	2 21
54015	21		15		32				16						0 5			1					117	119	5 31		5 31	5 33
54050	12				15				11									1					53	54	1 24		1 24	1 26
54055	11				14				11									0 5					43 5	44	1.22		1 22	1 23
54056	13				18				9									1					55	56	1 24		1 24	1 26
54057	14				29				14									1					72	73	1 24		1.24	1.26
54060	14				26				10									1					65	66	1 93		1 93	1 95
54065	14				27				11									1					67	68	2 42		2 42	2 44
54100	16		15		19				14														64	64	1 9		1 9	1.90
54105	20		15		36				15									1					101	102	3 49		3.49	3 51
54110	33		25		79				24						1				2 5				254 5	256 5	10.11		10 11	10 79
54111	39		25		123				26			0 5			1				2.5				316	318 5	13 55		13 55	14 29
54112	40		25		140				26			1 5			1				3				364 5	368	15 84		15 84	16 83
54115	26		25		46				15						1				2 5				205 5	207 5	6 14		6 14	6 82
54120	28		25		63				21			2			1				2 5				268 5	272 5	9 96		9 96	10 88
54125	32		25		82				24			2			1				2 5				294 5	298.5	13 51		13 51	14 43
54130	42		25		188				29			5			1				3 5				495 5	502 5	20 11		20 11	21 66
54135	48		25		256				32			6			1				3 5				591.5	599 5	26.32		26 32	27 99
54150	20				16				15									0 5					58 5	59	1 81		1 81	1 82
54150	15	5	5		15				5														45	45		1 90	1 90	1 90

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
54152	14				30				12									1					71	72	2 31		2 31	2 33
54160	18				36				13									1					82	83	2 48		2 48	2 50
54161	15				45				12									1					87	88	3 27		3 27	3 29
54162				25	30				10						0.5				1				106	107	3		3	3.27
54163				25	30				10						0 5				1				106	107	3		3	3 27
54164				25	20				10						0 5				1				96	97	2.5		2 5	2 77
54200				20	20	15												1					70	71	1 06		1.06	1 08
54205	25		25		63				14			2			1				2 5				258 5	262 5	7 92		7 92	8 84
54220	21				46				15														82	82	2 42		2 42	2 42
54230	14				26				12														52	52	1 34		1 34	1.34
54231				15	30			15															60	60	2 04		2 04	2 04
54235	14				15				14														43	43	1 19		1 19	1 19
54240	14				25				9														48	48	1 31		1 31	1 31
54250	25				52				12														89	89	2 22		2 22	2 22
54300	40				124				28						0.5				2 5				267.5	268.5	10 39		10.39	11 07
54304	40		15		116				26						0 5				2 5				272 5	273 5	12 47		12 47	13 15
54308	39				110				28										2 5				234 5	234 5	11 81		11 81	12 49
54312	42		25		134				28						0 5				3				316	317	13 55		13 55	14 36
54316	40		25		153				26			2.5			1				3				396 5	401	16 79		16 79	17 90
54318	30		25		86				21			2			1				3				305	309	11 23		11 23	12 28
54322	34		25		101				22			1 5			1				2.5				304	307 5	12 99		12 99	13 85
54324	38		25		128				26			2 5			1				3				369 5	374	16 29		16 29	17 40
54326	41		25		178				26			3			1				3				432	437	15 7		15 7	16.87
54328	39		25		149				25			2 5			1				3				390 5	395	15 63		15 63	16 74
54332	41		25		161				27			3			1				3				416	421	17.05		17 05	18.22
54336	35		25		167				25			4			1				3 5				444 5	450 5	20 01		20.01	21 44
54340	33		25		78				22						0 5				2.5				233 5	234 5	8 9		8 9	9 58
54344	39		25		145				25			1 5			1				3				367 5	371	15 92		15 92	16.91
54348	42		25		167				27			2			1				3				404	408	17 12		17 12	18 17
54352	48		25		226				30			2 5			1				3 5				493	497 5	24 7		24 7	25 95
54360	34		25		93				23			0 5			1				2 5				278	280 5	11 91		11 91	12 65
54380	40		25		128				27			0 5			1				3				334 5	337	13 16		13 16	14.03
54385	46		25		195				30			0 5			1				3 5				422	424 5	15 37		15 37	16 38
54390	50		25		229				32			0 5			1				3 5				462	464.5	21 58		21 58	22.59
54400	36		25		66				22			0 5			1			2 5					232	237	8 98		8.98	9 09
54401																							0	285	10 26		10 26	10 26
54405	33		25		115				23			2 5			1				2 5				337	341.5	13 41		13 41	14 39
54406				50	95				30			1			1			1	2				291	295	12 08		12 08	12 76
54408				50	110				30			1			1				2	1			329	334	12 73		12 73	13 73
54410				50	145				30			1			1				2	1			364	369	15 48		15 48	16 48
54411				50	180				30			5	2		1			1	2	1			550	580	15 98		15 98	18.14
54415				50	60				30						0 5			1	2				219	221	8 19		8 19	8 75
54416				50	75				30			1			1			1	2	1			309	315	10 85		10 85	11 87
54417				50	108				30			4	2		1			1	1	1			436	465	14.17		14 17	15 94
54420	35		25		116				23			1 5			1				2 5				321	324 5	11 4		11 4	12 26
54430	31		25		81				21			1			1				2 5				270 5	273 5	10 13		10 13	10 93
54435	22		25		35				17			0 5			1				2				190 5	193	6 11		6 11	6 71
54440				60	120		60					3			1			3					378	386	0		0	0 42
54450	12				15				9														36	36	1 12		1 12	1 12
54500	12				15				10														37	37	1 31		1 31	1 31
54505	19		15		33				14									1					96	97	3 45		3 45	3 47
54512				50	70	30						1							2				215	216	8 57		8 57	9 23
54520	21		25		40				15						1			1 5					159 5	163	5 22		5 22	5 25
54522				45	75	25						1							2				210	211	9 49		9 49	10 15
54530	33		25		58				17			0 5			1				2 5				236	238 5	8 57		8 57	9 31
54535	32		25		83				23			2			1				2 5				294 5	298 5	12 14		12 14	13 06
54550	30		25		68				21						1				2				226	228	7 77		7 77	8 31
54560	33		25		98				22			1 5			1				2 5				300	303 5	11 11		11 11	11 97

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
54600	26		25		49				18						1				2				200	202	7		7	7 54
54620	23		15		32				15						0 5				1				126	127	4 89		4 89	5 16
54640				33	62	45														2			216	220	6 89		6 89	7 57
54650				52	120		60												3				301	301	11 43		11 43	12 24
54660	25		15		40				18						0 5				2				162	163	5 1		5.1	5 64
54670				30	60		42					1			1			2 5					224 5	230	6 4		6 4	6 57
54680	31		25		89				24			5			1				2 5				357 5	364 5	12 63		12 63	13 91
54690				75	90	60						1			1				2				326	329	10 94		10 94	11 60
54692				60	120	15						2			1				2				315	319	12 86		12 86	13 64
54700	20		15		31				15									1					96	97	3 42		3 42	3 44
54800	12		15		16				9														52	52	2 33		2 33	2 33
54820	23		15		45				15						1				2				180	182	5 13		5 13	5 67
54830	26		15		45				19						0 5				2				169	170	5 37		5 37	5 91
54840	21		15		52				15						0.5			1 5					143 5	146	5 19		5 19	5 22
54860	28		25		56				20						0 5				2				193	194	6 31		6 31	6 85
54861	35		25		85				24						0 5				2 5				244.5	245 5	8 89		8 89	9 57
54900	40		25		136				27			0 5			1				3				342 5	345	13 18		13 18	14 05
54901	48		25		213				31			0 5			1				3 5				443	445 5	17 91		17 91	18 92
55000	10				16				10														36	36	1 43		1 43	1 43
55040	29		15		50				17						0.5			2					159	162	5 35		5 35	5 39
55041	32		25		78				21						0 5				2 5				231 5	232 5	7 73		7 73	8 41
55060	26		25		51				18						0 5				2				184	185	5.51		5 51	6 05
55100	16		15		23				13										1				90	90	2 13		2 13	2 40
55110	24		25		43				18						1				2				192	194	5 69		5 69	6 23
55120	24		15		43				18						0 5				2				164	165	5 08		5 08	5 62
55150	38		25		80				21			1			1				2 5				276 5	279 5	7 21		7.21	8.01
55175	26		25		52				18						0 5				2				185	186	5.23		5.23	5 77
55180	28		25		99				18			1			1				3				294	297	10 7		10.7	11 63
55200	17		15		35				8										1				98	98	4 23		4 23	4 50
55250	17		15		41				8									1 5					103 5	105	3 29		3 29	3 32
55300	17		15		43				10														85	85	3 5		3 5	3 50
55400	29				84				14						0 5			2 5					182.5	186	8 48		8 48	8 53
55450	16		15		29				12						0 5				1				113	114	4 11		4 11	4.38
55500	26		25		49				19						0.5				2				183	184	5 58		5 58	6 12
55520	27		25		52				19						0 5				2				187	188	6 02		6.02	6.56
55530	21		15		50				15						0 5			2					149	152	5 65		5 65	5 69
55535	27		25		50				20						0 5				2				186	187	6 55		6 55	7 09
55540	29		25		65				21						1				2				222	224	7 66		7 66	8 20
55550				45	75														2				166	166	6 56		6 56	7 10
55600	31				86				22						0 5				2				203	204	6 37		6.37	6.91
55605	33				66				23						0 5				2 5				197 5	198 5	7 95		7 95	8 63
55650	37		25		112				25			0 5			1				2 5				302	304 5	11 78		11.78	12.52
55680	18		25		77				14						1				1 5				204 5	206.5	5 18		5 18	5 59
55700	20	5	5		15				20														65	65	1 57	2 58	2 58	2 58
55705	21		15		37				14						0 5			1					120	122	4 56		4 56	4 58
55720	30				65				23									2					148	150	7.63		7 63	7 67
55725	27		25		59				17			3 5			1				3				299 5	305	8 67		8 67	9 90
55801	36		25		142				26			7 5			1				3 5				488	497 5	17 77		17 77	19 62
55810	42		25		186				25			6 5			1				3				506.5	515	22 55		22 55	24 14
55812	46		25		262				31			9.5			1				4				672 5	684	27 47		27.47	29.69
55815	49		25		325				32			11			1				4				758 5	771	30 41		30 41	32 75
55821	32		25		102				25			6			1				2.5				391.5	399 5	14 23		14 23	15 63
55831	31		25		114				27			6.5			1				2 5				414	422 5	15 6		15 6	17.06
55840	41		25		183				27			7			1				3 5				525 5	534 5	22 66		22 66	24 45
55842	44		25		226				31			8 5			1				3 5				604	614 5	24 34		24 34	26 31
55845	46		25		247				34			10			1				3				647	659	28 51		28 51	30 52
55859				50	90		40												3				249	249	12 5		12 5	13 31
55860	32		25		95				24			5			1				2 5				364.5	371 5	14 43		14 43	15 71

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
55862	36		25		137				25			6			1				3				442	450	18 36		18 36	19 89
55865	36		25		185				28			5			1				3.5				485 5	492.5	22 84		22 84	24 39
55866				80	310				40				2		1			1	2	1			625	650	30 69		30 69	32 25
55870				15	30			15															60	60	2 58		2 58	2 58
55873				60	200	30									1				3				395	397	19 44		19 44	20 25
55876	19	10			20				10														59	59		1 73	1 73	1 73
56405		13			15				12									1					55	56	1 44		1 44	1 46
56420	13				15				12									1					55	56	1 39		1 39	1 41
56440	19		15		23				20									1					92	93	2 84		2 84	2 86
56441	10		15		16				10									1					66	67	1.97		1 97	1 99
56501	14				15				10									1					54	55	1 53		1 53	1.55
56515				50	45				20						1				1				174	176	2.76		2 76	3 03
56605				10	15			10															35	35	1 1		1 1	1 10
56606																							0	19	0 55		0 55	0 55
56620	26		25		66				29			2 5			1				2.5				287	291 5	7 46		7.46	8 44
56625	31		25		82				28			4			1				2 5				335 5	341.5	8 39		8 39	9 55
56630	35		25		115				32	1		9 5			1				2 5				544	562 5	12 34		12.34	14 67
56631				105	172 5	45						1	3	1		1			2	1			601 5	658 5	16.18		16.18	18 81
56632				120	240		360												5				835	835	20 26		20 26	21 61
56633				60	120	45						2	3	2	1				3				540	602	16 45		16 45	19.47
56634				105	200	45						1	3	1		1			2	1			629	686	17 85		17 85	20 48
56637				105	240	45						1	3	1		1			2	1			669	726	21 94		21.94	24 57
56640	40		25		154				36	1		11			1				2 5				620 5	640 5	22 14		22 14	24 65
56700	17		15		22				17										1				94	94	2 52		2 52	2 79
56720	10				12				10														32	32	0 68		0 68	0 68
56740				50	45				20						1				1				174	176	4 56		4 56	4 83
56800	18		15		33				15						0 5			1					114	116	3.88		3.88	3 90
56805				120	150	30						3			1			1	2				454	460	18 83		18.83	19 75
56810				18	30	16						1			0 5			1					116	119	4 12		4.12	4.26
56820				15	15				10														40	40	1 5		1 5	1 50
56821				15	20				10														45	45	2 05		2 05	2 05
57000	11				41				11									1					78	79	2 97		2 97	2 99
57010	22		25		45				23			1 5			1				2				225 5	229	6 02		6 02	6 74
57020	9				14				9														32	32	1 5		1 5	1 50
57022				30	30	20						1						1					114	116	2 56		2 56	2 70
57023				45	45	30						1			1				1				198	201	4 74		4 74	5 13
57061	11				17				11									1					54	55	1 25		1 25	1 27
57065	14				34				14									1					77	78	2 61		2 61	2 63
57100				15	15				10														40	40	1 2		1 2	1 20
57105	14		15		22				12									1					78	79	1.69		1 69	1 71
57106				75	180	40						3	1		1			2	1				471	488	6 35		6 35	7 35
57107				75	180	40						2	2		1			1	2				490	515	22 97		22 97	24 43
57109				60	240	52 5						4			1				3				533 5	539 5	26 96		26.96	28.25
57110				60	120	42						2	1		1				2				372	386	14 27		14 27	15 38
57111				82.5	240	45						4			1				3				548 5	554 5	26 96		26 96	28 25
57112				90	270	60						5			1				3				620	627	28 96		28.96	30 37
57120	29		25		52				23			2			1				2				249	253	7 4		7 4	8 18
57130	9				28				9									0 5					53 5	54	2 43		2 43	2 44
57135	9				30				9									0 5					55 5	56	2 67		2 67	2 68
57150				10	10			5															25	25	0 55		0 55	0 55
57155				47 5	55				20			2			1			1	1				234.5	239 5	6 26		6 26	6 79
57160	10	5	5		15				5														40	40	0 89	0 89	0 89	0 89
57170	9				19				9														37	37	0 91		0 91	0 91
57180	13				18				12									1					58	59	1 58		1 58	1 60
57200	21		15		31				18						0 5				1 5				137 5	138 5	3 93		3 93	4 34
57210	23		25		40				20			0 5			1				1 5				188	190 5	5 16		5 16	5 63
57220	24		25		42				21			0 5			1				1 5				192	194 5	4 3		4 3	4 77
57230	23		25		38				21			1 5			1				1 5				206	209 5	5 63		5 63	6 22

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
57240	45	5	10		60				30			2	1		1			1	1				292	307	6 06	10.56	10 56	11 42
57250	45	5	10		60				30			2	1		1			1	1				292	307	5 52	10 56	10 56	11.42
57260	45	5	10		90				30			2	1		1			1	1				322	337	8 26	13 5	13 5	14 36
57265	45	5	10		120				30			2	1		1			1	1				352	367	11 32	15	15	15 86
57267					45																		45	45	4 88		4.88	4 88
57268	26		25		46				23			1 5			1				2				230 5	234	6 75		6 75	7 47
57270				55	90	37						1	1	1	1				2				354	381	12 09		12 09	13 57
57280				60	115	45						2	1	1	1				2				411	439	15 02		15 02	16 62
57282	27		25		70				27			2 5			1				2 5				290	294 5	6.86		6 86	7 84
57283	60	12	15		95				30			1	1		1			1	1				335	349	10 84		10 84	11 58
57284				45	95	60												1	3				284	285	12 68		12.68	13 51
57287				45	70	30						2			1			1	2				280	285	10 69		10 69	11 49
57288	35	10	15		60				40			1	1		1			1	2				306	320	13	13	13	14 01
57289				60	90	35							1	1	1			2	1				345	373	11 56		11 56	12 69
57291	31		25		72				26			0 5			1				2				245 5	248	7 94		7.94	8 54
57292	35		25		99				29			2.5			1				2				317 5	322	13 07		13 07	13.91
57295	15	15	15		60				20						1			1	1				199	202	7 45		7 45	7 74
57296	45	10	10		120				40			2	2		1				2				405	429		15 02	15 02	16 46
57300	28		25		52				21			2 5			1				2 5				267	271 5	7 6		7 6	8 58
57305				60	120	40						3	1	1	1			2	1				437	468	13 75		13 75	15 24
57307	37		25		120				24			2 5			1				3				358 5	363	15.91		15.91	17 02
57308				60	90	30						2			1			2	1				307	313	9 93		9 93	10 48
57310	28		25		58				24			2			1				2				255	259	6 77		6 77	7 55
57311	33		25		101				26			2 5			1				2				314 5	319	7 97		7 97	8 81
57320	30		25		73				25			2			1				2				273	277	8		8	8 78
57330	32		25		80				27			2			1				2				284	288	12 33		12 33	13 11
57335				120	180	30						3							3				456	459	18 7		18 7	19 87
57400				30	20			30															80	80	2.27		2 27	2 27
57410				30	15			25															70	70	1 75		1.75	1 75
57415				45	15	30													1				113	113	2 17		2 17	2 44
57420				14 14	18 52				10														42 660001	42 66	1 6		1.6	1 60
57421				15	20				10														45	45	2 2		2 2	2 20
57425	60	10	20		120				30				2		1				2				382	404	15 73		15 73	16 93
57452				15	15				10														40	40	1 5		1 5	1 50
57454				15	20			10															45	45	2 33		2.33	2 33
57455				15	20				10														45	45	1.99		1.99	1 99
57456				15	20				10														45	45	1 85		1 85	1 85
57460				15	25				10														50	50	2 83		2 83	2 83
57461				15	28				15														58	58	3 43		3 43	3 43
57500	7	1	1		15				5														29	29	0.97	1 2	1 2	1 20
57505	7				6				7									1					35	36	1 14		1 14	1 16
57510	7				17				7														31	31	1 9		1.9	1 90
57511	12				15				12									1					54	55	1 9		1 9	1 92
57513	23		15		21				13									1					87	88	1 9		1 9	1.92
57520	22		15		26				23									1 5					108 5	110	4 03		4 03	4 06
57522				15	20	120													1				178	178	3 35		3 35	3 62
57530	21		25		40				22						1				1 5				178 5	180 5	4 78		4 78	5 19
57531				70	240	30						5	1		1				2	1			585	604	27.96		27 96	29 77
57540				50	75	40						1	1		1				2				296	309	12 2		12 2	13 19
57545				60	120	40						1	1		1				2				351	364	13 01		13 01	14 00
57550	24		25		44				21			1 5			1				2				224 5	228	5 52		5 52	6 24
57555	31		25		85				26			3			1				2				306	311	8 94		8 94	9 84
57556	29		25		68				26			3			1				2				287	292	8 36		8 36	9 26
57700	27				27				18										2 5				129 5	129 5	3 54		3 54	4 22
57720	23				40				20						0 5				1 5				135 5	136 5	4 12		4 12	4 53
57800	10				8				10														28	28	0 77		0.77	0 77
57820	15				11				13									1					54	55	1 67		1 67	1 69
58100				20	10				5														35	35	1 53		1 53	1 53

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
58110					9																		9	9	0 77		0 77	0 77
58120	20	5	10		25				27						0 5				1				128	129	3 27	3 27	3 27	3 54
58140				60	120	30						2	1		1				2				360	374	14 58		14 58	15 69
58145	30		25		61				27			2			1				2				263	267	8 03		8 03	8 81
58146				70	150				30			2		1	1				2				411	429	18 97		18.97	20 24
58150	45	5	10		120				30			3	1		1				2				379	394	15 22	15 98	15 98	17.21
58152	35		25		113				25			4			1				2 5				367.5	373 5	20 57		20 57	21 73
58180				60	130	40						3	1		1				2				399	414	15 27		15 27	16 50
58200				60	150	45						2	2		1				2				435	459	21 56		21.56	23 00
58210				75	240	45						4	2		1				3				601	627	28 81		28.81	30 76
58240				120	480	75						7	8		1			1	4	1			1229	1321	38 33		38 33	43 25
58240	75	30	15		420				75			3	6			1		1	4	1			1165	1118		45 09	45 09	49 02
58260				60	60				30			1	1		1				1	1			296	311	12 96		12 96	14 02
58262				60	91	30						1	1		1				1	1			327	342	14 75		14.75	15 81
58263				60	112	30						1	1		1				1	1			348	363	16 04		16 04	17 10
58267	39		25		120				23			4 5			1				2.5				386	392 5	17 01		17 01	18.23
58270	31		25		72				22			3.5			1				2				298 5	304	14 24		14 24	15 20
58275	35		25		100				30			4			1				2 5				359 5	365 5	15 74		15 74	16 90
58280	36		25		110				31			4.5			1				2 5				381	387 5	16 98		16 98	18 20
58285				87 5	205				30			1	2		1			1	1				475 5	499 5	22 23		22 23	23 30
58290				75	120				30				2		1				2				367	389	18.97		18 97	20.17
58291				75	141				30				2		1				2				388	410	20 76		20 76	21 96
58292				75	154				30				2		1				2				401	423	22.05		22.05	23 25
58293				75	164				30				2		1				2				411	433	23 03		23.03	24 23
58294				75	136				30				2		1				2				383	405	20 25		20 25	21 45
58300					16																		16	16	1 01		1 01	1 01
58301				15	15			10															40	40	1 27		1 27	1.27
58321				10	15			15															40	40	0 92		0 92	0 92
58322				13	15			15															43	43	1 1		1 1	1 10
58323				10	15			5															30	30	0 23		0 23	0 23
58340	7				15				7														29	29	0 88		0 88	0 88
58345				21	50	10									0 5			1					114	116	4 65		4 65	4 67
58346				50	60				20			1	1		1			1	1				253	267	6 74		6 74	7 48
58350	10				17				10									1					52	53	1 01		1 01	1 03
58353				52 5	30	15									1			1					148 5	151 5	3 55		3 55	3 57
58356	30	10	10		45				30						0 5								143	144	6 36		6 36	6 36
58400	20		25		53				21			2 5			1				1 5				237	241 5	6 35		6 35	7 06
58410				60	110	40						1	1		1				2				341	354	12 71		12 71	13 70
58520				40	90	50						1	1	1	1				2				352	379	11 9		11 9	13 38
58540				60	120	40						1	1		1				2				351	364	14 62		14.62	15 61
58541	45	10	5		95				30			2			1			1	2				320	325		13 77	13 77	14 57
58542	45	10	5		110				30			2			1			1	2				335	340		15 63	15 63	16 43
58543	45	10	5		120				30			2			1			1	2				345	350		15 94	15 94	16 74
58544	45	10	5		135				30			2			1			1	2				360	365		17 44	17 44	18.24
58545	60				120				30			2	1		1				2				360	374	14 58		14 58	15 69
58546	70				150				30			2		1	1				2				411	429	18 97		18 97	20 24
58548	60	10	5		240				45			2	1		1				2	1			548	564		30 00	30 00	31 45
58550	60				100				30			2			1			1	2				325	330	14 17		14 17	14 97
58552															1				1				59	61	15 98		15 98	16 25
58553	75				120				30				2		1				2				367	389	18 97		18 97	20 17
58554	75				120				30				2		1			1	2				382	405	21 97		21 97	23 19
58555				30	25			20															75	75	3 33		3 33	3 33
58558				30	40			20															90	90	4.74		4 74	4 74
58559				40	60			25															125	125	6 16		6 16	6 16
58560				40	60			25															125	125	6 99		6 99	6 99
58561				40	75			30															145	145	9.99		9.99	9 99
58562				30	40			20															90	90	5 2		5 2	5 20
58563				40	60			30															130	130	6 16		6 16	6 16

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
58565	35	10	15		50				30						0 5			2					188	191	7 02		7 02	7 06
58600				50	35				20						1				1				164	166	5 59		5 59	5 86
58605				40	30				15			2						1					138	141	4 99		4.99	5 25
58611					13 5																		13 5	13 5	1 45		1 45	1 45
58615	19		15		32				17									1					98	99	3.89		3 89	3.91
58660				47 5	90	30									1				1				226 5	228 5	11 27		11 27	11 54
58661				55	90	30									1				1				234	236	11 03		11 03	11 30
58662				45	80	30													0 5	0 5			185 5	186 5	11 77		11 77	12 08
58670				40	35	20													1				118	118	5 59		5 59	5 86
58671				40	35	20													1				118	118	5 59		5 59	5 86
58672				30	30	20												1					95	96	12.86		12 86	12.88
58673				30	112	20													1				185	185	13 72		13 72	13 99
58700				75	60				32 5			1	1		1			1		1			305 5	321 5	12 03		12 03	12 84
58720	37	5	10		90				30			1	1		1			1	1				295	309	11.34	11 34	11.34	12 08
58740				67 5	120				32 5			1	1		1			1		1			358	374	13 98		13 98	14 79
58750				60	120	40						1	1		1			1	1				343	357	14.82		14 82	15 56
58752				60	150	30						1	1		1			1	1				363	377	14 82		14 82	15 56
58760				60	120	40						1	1		1			1	1				343	357	13 11		13 11	13 85
58770				60	120	30						1	1		1			1	1				333	347	13 95		13 95	14 69
58800	22		25		23				17						1				1 5				157 5	159 5	4 13		4.13	4.54
58805	24		25		48				19			0 5			1				1 5				196	198 5	5 87		5 87	6 34
58820	22				36				20						0 5				1 5				130 5	131 5	4 21		4 21	4 62
58822				60	90	30						2	1	1	1				2				371	399	10 11		10 11	11 71
58823				45	60			30															135	135	3 37		3 37	3.37
58825				60	65				20			1	1		1			1	1				268	282	10 96		10.96	11 70
58900	24		25		46				18			1			1				1 5				202 5	205 5	5 98		5 98	6 51
58920	25		25		53				19			1			1				1.5				211 5	214 5	11 34		11 34	11 87
58925				60	90	35						1	1		1				2				316	329	11.34		11 34	12 33
58940	22		25		54				22			2.5			1				2				252 5	257	7 28		7 28	8 12
58943	36		25		135				25			4			1				2				379	385	18 4		18 4	19.42
58950				70	120				30			1	2		1			1	2				396	420	16 9		16 9	18 24
58951				75	200				32 5			1	4		1			1		1			535 5	581 5	22 35		22.35	24 15
58952				60	240	60						4	4		1			2		1			660	710	24 97		24 97	27 15
58953				90	285				45			2	2	1	1			1	1	1			671	712	31 95		31.95	33 97
58954				90	320				55			2	2	1	1			1	1	1			716	757	34 95		34 95	36.97
58956	77 5	15	20		150				30			2	1	1	1				3				506 5	534 5	20 78		20 78	22 65
58957	65	10	15		180				45			2	2		1			1	1	1			566	552		24 53	24 53	26 06
58958	65	10	15		210				45			2	2		1			1	1	1			596	582		27 53	27 53	29 06
58960				60	150	45						3	1		1			1		1			431	449	14 63		14 63	15 68
58970				30	45			30															105	105	3 52		3 52	3 52
58976				30	60			30															120	120	3 82		3 82	3 82
59000	7				20				7														34	34	1 3		1 3	1 30
59001				40	45				20														105	105	3		3	3 00
59012	25				44				22														91	91	3 44		3 44	3 44
59015	17				18				9														44	44	2 2		2 2	2 20
59020	7				30				7														44	44	0 66		0 66	0 66
59025	9				7				9														25	25	0 53		0 53	0 53
59030	14				16				13														43	43	1 99		1 99	1 99
59050					28																		28	28	0 89		0 89	0 89
59051																							0	30	0 74		0 74	0 74
59070	40	15	10		30				30														125	125	5 24		5 24	5 24
59072	40	30	15		60				30														175	175	8 99		8 99	8 99
59074	40	15	10		30				30														125	125	5 24		5 24	5 24
59076	60	30	15		60																		165	165	8 99		8 99	8 99
59100				60	60	35						2	1		1			1		1			312	329	12 33		12 33	13 26
59120				60	90	45						2		1	1			1		1			363	384	11.47		11 47	12 56
59121				60	90	30						1	1		1				2				311	324	11.65		11 65	12 64
59130				60	120	45						2			1				2				345	349	14 2		14 2	14 98

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
59135	34		25		92				29			3 5			1				2				328 5	334	13 86		13 86	14 82
59136				60	90	40						1	1		1				2				321	334	13 16		13.16	14 15
59140	26		25		42				21						1				1 5				184 5	186 5	5 45		5 45	5 86
59150				60	70				30						0 5				2				224	225	11 65		11.65	12 19
59151				60	80			30							0 5				2				234	235	11 47		11 47	12 01
59160	15		15		19				14									1					78	79	2 71		2 71	2 73
59200	8				6				8														22	22	0 79		0.79	0 79
59300	20				28				18														66	66	2.41		2 41	2 41
59320	20				34				18														72	72	2 48		2 48	2 48
59325	27				61				23														111	111	4 06		4.06	4.06
59350	28		25		70				25														148	148	4 94		4 94	4 94
59400				30	42	30						1			1				##				467.5	470 5	23 03		23.03	26 80
59409				30	57	30																	117	117	13 48		13.48	13 48
59410				30	57	30						1			1				1 5				206 5	209 5	14 76		14 76	15 29
59412					37																		37	37	1 71		1.71	1 71
59414					34																		34	34	1 61		1 61	1.61
59425																			4	1			130	132	4 8		4 8	6 22
59426																			9	1			245	247	8 27		8 27	11.04
59430					55																		55	55	2 13		2.13	2 13
59510				30	60	30						2			1				15				527.5	531 5	26 18		26 18	30 34
59514				30	95	30																	155	155	15 95		15 95	15 95
59515				30	45	30						2			1				2 5				236 5	240 5	17 34		17.34	18 26
59525					43																		43	43	8 53		8 53	8 53
59610				30	45	30						1			1				13				459	462	24.58		24.58	28 21
59612				30	45	30									1								141	143	15.04		15 04	15 04
59614				30	45	30									1				1				164	166	16 32		16.32	16 59
59618				30	60	48						2			1			1	14				549	554	27 74		27 74	31 78
59620					60			43							1								139	141	17 5		17 5	17 50
59622				30	60	45						2			1			1	2				270	275	18.9		18 9	19.70
59812				55	20				17 5			1							1				134 5	135 5	4		4	4 39
59820	25		15		24				18											2			158	162	4		4	4 68
59821	22		15		31				20											1 5			145	148	4 46		4.46	4 97
59830	19		15		30				17										1 5				115 5	115 5	6 1		6 1	6 51
59840					27																		27	27	3.01		3 01	3 01
59841				45	35	45									1					1			199	203	5.23		5 23	5 57
59850					78																		78	78	5 9		5 9	5 90
59851					97																		97	97	5 92		5 92	5 92
59852					165																		165	165	8 23		8 23	8 23
59855				40	65		30												1				158	158	6 11		6 11	6 38
59856				40	90		30												1				183	183	7 47		7 47	7 74
59857				45	180		60											1					300	301	9 28		9 28	9 30
59866				53	30			30															113	113	3 99		3.99	3 99
59870				70	40				20						1			3		1			249	256	6		6	6 40
59871				28	20			15															63	63	2.13		2 13	2 13
60000	13				17				13									1					58	59	1 76		1.76	1 78
60001				20	15			15															50	50	0.97		0 97	0.97
60100				15	25				10														50	50	1 56		1 56	1 56
60200	26		25		79				23			2 5			1			3 5					289	297	9.54		9 54	9 91
60210				60	105		60											1	1				263	264	10 86		10 86	11.15
60212				60	153		90											2	1				356	358	16 01		16 01	16 32
60220				62 5	90				25			1			1			1	1				270 5	274 5	11 88		11 88	12 29
60225	30		25		122				25			3 5			1			4					364 5	374	14 17		14 17	14 67
60240	34		25		159				27			1			1		1	1					322	326	16 04		16 04	16 18
60252				60	180				30			1	2		1			1	2				446	470	20 54		20 54	21 88
60254				60	210				30			1	2		1			1	2				476	500	26 95		26 95	28 29
60260				60	145				30			1	1		1			1	1				358	372	17 44		17 44	18 18
60270				60	180				30	1		1	2	2	1			1	2				591	650	20 24		20 24	23 07
60271				60	150				30			1	1		1			1	1				363	377	16 8		16 8	17 54

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
60280	25		25		76				22			1			1			3 5					255 5	262	5 86		5 86	6 05
60281	26		25		74				23			1			1			3 5					255 5	262	8 52		8 52	8 71
60500	40		25		138				22			3 5			1			3					372 5	381	16 21		16 21	16 69
60502	35		25		166				29			5			1			4 5					453 5	465	20 32		20 32	21 01
60505	38		25		214				31	1		7			1			5					615	636	21 46		21 46	22 91
60512					45																		45	45	4 44		4 44	4.44
60520				60	120		180										1	1	1				405	406	16 78		16 78	17 07
60521				60	180		180										2		1				457	457	18 84		18 84	19 11
60522				60	210		200											2	1				523	525	23 06		23 06	23 37
60540	40		25		156				30			7			1			3.5					472 5	485	17		17	17 91
60545	43		25		195				31			7 5			1			3 5					525	538	19 85		19 85	20 82
60600	45	15	15		180				30			1	1		1				2				416	429	17.9	24	24	24 99
60605	45	15	15		240				36				1	1	1				2				504	530	20 21	30.5	30 5	31 86
60650				70	180	30						1			1				2				381	384	19.97		19.97	20 63
61000	13		15		24				8														60	60	1 58		1 58	1 58
61001	12		15		21				9														57	57	1 49		1 49	1 49
61020	12		15		19				9														55	55	1 51		1 51	1 51
61026	13		15		21				9														58	58	1 69		1 69	1 69
61050																							0	54	1.51		1 51	1.51
61055	15		15		31				7														68	68	2 1		2 1	2 10
61070	9		15		15				5														44	44	0 89		0 89	0 89
61105	21		25		27				18						1				1				150	152	5 13		5 13	5 40
61107					30																		30	30	4 99		4 99	4 99
61108	25	5	25		44				22			5.5			1				2.5				319	326.5	10 17		10 17	11.51
61120	22		25		37				22			3			1				1.5				233.5	238 5	8 75		8 75	9 52
61140	37	11	25		83				26			4.5			1				2 5				361	367 5	15 88		15 88	17 10
61150	30	8	25		83				28			6			1				2				370	378	17 54		17 54	18 80
61151	26	6	25		57				26			5			1				1 5				305 5	312 5	12 4		12.4	13 41
61154	60	15	15		60				30			4	2		1				3				421	447	14 97	14.97	14 97	16 92
61156	28	7	25		70				27			5 5			1				1 5				332	339 5	16 3		16 3	17.37
61210	20		25		44				12														101	101	5 83		5 83	5 83
61215	24	5	25		46				23			4			1				1 5				269 5	275 5	4 88		4.88	5 77
61250	25	6	25		52				24			5			1				1.5				297 5	304 5	10 4		10 4	11.41
61253	27	7	25		66				26			5 5			1				1.5				326	333 5	12 34		12 34	13 41
61304	42	9	25		161				32			7			1				2				484	493	21 93		21 93	23 31
61305	42	13	25		197				35			11			1				2.5				605	617 5	26 57		26 57	28.51
61312	60	15	15		150				30			6	4	1	1				2				627	689	24 53	27	27	30 07
61313				100	150	40						5	2	2	1				3				632	687	24 89		24 89	27 94
61314	41	11	25		185				33			7 5			1				2 5				531	540 5	24 19		24 19	25.77
61315	41	15	25		211				38			10			1				2.5				613 5	625 5	27 64		27 64	29.52
61316					20																		20	20	1 39		1 39	1 39
61320	40	12	25		174				35			10			1				2				558	570	25 58		25 58	27 32
61321	43	13	25		214				36			11			1				2 5				624	636.5	28 46		28 46	30 40
61322				90	150				50			7	3	4	1			1	3				797	893	29.46		29 46	34 08
61323				90	180				50			8	3	3	1			1	2				782	865	30 95		30 95	34 93
61330	40	12	25		192				33			10			1				2.5				585 5	597 5	23 29		23 29	25 17
61332	42	13	25		207				27			6			1				2				510	518	27.24		27 24	28 50
61333	42	10	25		265				27			6			1				2				565	573	27 91		27 91	29 17
61334	42	13	25		254				27			6			1				2				557	565	18 24		18 24	19.50
61340	35	9	25		121				31			7			1				2				436	445	18 63		18 63	20 01
61343	45	14	25		233				37			11			1				2 5				656 5	669 5	29 73		29 73	31 73
61345	42	13	25		201				36			11			1				2 5				610	622 5	27 16		27 16	29 10
61440	42	13	25		200				35			11			1				2 5				608	620 5	26.59		26 59	28 53
61450	39	12	25		156				35			9 5			1				2				529 5	541	25 91		25 91	27 59
61458	44	18	25		206				33			6 5			1				2 5				543	551 5	27 25		27 25	28 71
61460	44	13	25		216				36			9			1				2 5				598.5	609 5	28 35		28 35	30.11
61470	40	11	25		154				35			8			1				2				499	509	26 02		26 02	27 52
61480	40	11	25		151				35			8			1				2				496	506	26 45		26 45	27 95

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
61490	40	12	25		167				35			8			1				2				513	523	25 62		25 62	27 12
61500	33	9	25		145				25			4			1				2 5				406 5	412 5	17.89		17 89	19 05
61501	27	6	25		140				25			6			1				2 5				430 5	438 5	14 82		14 82	16 22
61510				105	200	40						4	2		1				4				609	635	28 41		28 41	30 63
61512				105	240	40						4	2		1				3				626	652	35 04		35 04	36 99
61514	41	12	25		191				35			10			1				2 5				587 5	599 5	25 22		25 22	27.10
61516	41	12	25		191				34			10			1				2 5				586 5	598 5	24 57		24 57	26 45
61517					15																		15	15	1 38		1 38	1 38
61518				110	240	40						3	3		1				4				665	700	37 26		37 26	39 69
61519				120	300	45						4	2		1				3				706	732	41 33		41 33	43 28
61520				120	360	45						6	1		1				4				797	815	54 76		54 76	56 89
61521	55	18	25		411				42			14			1				3				912 5	928	44 41		44 41	46 84
61522	44	13	25		220				37			11			1				2 5				641 5	654 5	29 41		29.41	31 41
61524	43	13	25		203				36			11			1				2 5				613	625 5	27 82		27 82	29 76
61526				120	360	45						5	1		1				2	1			770	789	52.09		52 09	53 90
61530	49	13	25		492				35			8			1				2 5				859 5	869 5	43 79		43 79	45 43
61531				150	90	35						2	1	1	1				1	1			481	511	14 61		14 61	16 28
61533	38	11	25		156				33			9 5			1				2				525 5	537	19 68		19 68	21 36
61534	42	13	25		199				35			11			1				2 5				607	619 5	20 94		20 94	22 88
61535	31	8	25		87				29			7 5			1				2				404 5	414	11 61		11 61	13 05
61536	48	15	25		298				38			12			1				2 5				745 5	759 5	35 47		35 47	37 59
61537	60	20	20		265				45			4	1		1				2				598	614	24 96	35	35	36.35
61538	60	20	20		330				45			4	1		1				2				663	679	26 77	38	38	39 35
61539	48	15	25		297				38			12			1				2.5				744 5	758 5	32 03		32 03	34 15
61540	75	20	20		300				40			1	2		1			1	2				631	655	29 96		29.96	31 30
61541	45	14	25		240				36			11			1				2.5				662 5	675 5	28.81		28 81	30 81
61542	46	14	25		249				38			12			1				2 5				684	697 5	30 97		30 97	33.03
61543	44	14	25		231				37			11			1				2 5				653 5	666 5	29 18		29.18	31 18
61544	42	13	25		188				36			11			1				2				585 5	598	25.46		25 46	27 26
61545				105	300	45						5	1	1	1				4				744	775	43 73		43 73	46 23
61546	46	14	25		255				38			12			1				2.5				690	703 5	31 25		31 25	33 31
61548	38	20	25		165				31	1		6			1				2				538	553	21 5		21.5	23 27
61550	41	5	15		108				22						0 5				3				278	279	14 63		14 63	15 44
61552	41	5	15		156				23			0 5			1				2 5				343	345 5	19 53		19 53	20 27
61556				115	225		150						3	1	1		1	1	1				702	749	22 23		22 23	24 00
61557				110	200		150												3				529	529	22.35		22 35	23 16
61558				120	300		180												3				669	669	25 54		25 54	26 35
61559				120	300		150												4				662	662	32 74		32 74	33 82
61563				100	283		140					1	2	1	1		1	1	1				724	762	26 79		26 79	28 35
61564				100	300		160												3				629	629	33 78		33 78	34 59
61566	75	20	20		240				35			4	1		1			1	2				593	610	30 95		30 95	32 32
61567	80	20	20		280				45			4	1		1			2	2				663	681	35 45		35.45	36 84
61570	41	11	25		190				33			9 5			1				2 5				574	585 5	24 56		24 56	26 38
61571	43	13	25		214				35			11			1				2 5				623	635 5	26.35		26 35	28 29
61575	49	16	25		298				39			12			1				2 5				748 5	762 5	34 31		34 31	36 43
61576				125	360	50				1		7	1		1				4				889	915	52 35		52 35	55 11
61580				180 38	280 86		319			1			3	4	1		1	2	2				1216 24	1313 24	30 3		30 3	34 34
61581				168 36	360		323			1		1	1	5	1		1	2	2	1			1325.36	1419 36	34 55		34 55	38 88
61582				153 33	298		270			1		4	3	1	1			2	3				1126 33	1185 33	31 61		31 61	34 93
61583				180	307.43		244			1		8		1	1		1	1	1				1068 43	1100.43	36 16		36 16	38 41
61584				121 64	249 82		271			1		2	3	2	1		1	1	1				996 46001	1066 46	34.6		34 6	37 61
61585				166 67	340		333			2		1	3	3	1			2	1				1286 67	1377 67	38 55		38 55	42.46
61586				120	270	40						4	2		1				4				694	720	25 06		25 06	27 28
61590				221 13	442.27		401			2		1		7	1		1	2	2				1615 4	1732 4	41 72		41 72	46 87
61591				213 03	496 85		295			2		3	4		1		2	1	2				1418 88	1478 88	43 61		43 61	46 87
61592				155 68	313 08		307			2		1	3	2	1		2	1	1				1180 76	1256.76	39 58		39 58	42 98
61595				120	348 75		311			1			3	4	1		1	2	2				1215 75	1312 75	29 53		29 53	33 57
61596				204 17	402 08		321			1		1	4	3	1		1	2	1				1348 25	1442 25	35 58		35 58	39 31

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
61597				167 78	365 56		290			2		5	2	1	1			3					1226 34	1284 34	37 9		37 9	40 73
61598				153 43	377 72		267			2		2	3	1	1		1	2	1				1189 15	1253 15	33 36		33 36	36 41
61600				203 15	287 27		315			1				6	1		1	2	2				1233 42	1328 42	25.81		25.81	29 84
61601				124 83	218 05		275			2		2	2	2	1		2	1	1				1011 88	1078 88	27 85		27 85	31 04
61605				225.32	285 32		270			2		3	2	1	1		1	2	2				1183 64	1238 64	29 29		29.29	32 40
61606				139 46	269 35		285			2		3	3	1	1			2	1				1096 81	1161 81	38 77		38 77	41 94
61607				245 36	296 79		381			2			1	6	1			2	1				1414.15	1526 15	36 22		36 22	40 82
61608				180	300		330			2		3	3	2	1			3					1246	1326	42 04		42 04	45 45
61609					120																		120	120	9 88		9 88	9 88
61610					180																		180	180	29 63		29 63	29 63
61611					120																		120	120	7.41		7.41	7 41
61612					255																		255	255	27 84		27 84	27 84
61613				180	300		360			2		1		6	1			3					1312	1416	40 8		40 8	44 94
61615				195 31	344 9		300			1		2	4	2	1		1	1	2				1247 21	1327.21	32 02		32 02	35 63
61616				156 96	401 75		289			2		5	2	1	1		1	1	2				1273 71	1329 71	43 27		43 27	46 60
61618				120 52	148 55		135						1	2	1			2	1				605 07	647 07	16 96		16.96	18 58
61619				121 28	178 3		143					1	2	1	1			3					643 58	683 58	20 68		20 68	22 01
61623				50	90				45														185	185	9 95		9 95	9 95
61624																							0	410	20 12		20 12	20 12
61626																							0	344	16 6		16 6	16 60
61630	30	15	20		140				45			1	1		1				2				381	394	21 08		21 08	22 07
61635	30	15	20		150				45				2		1				2				402	424	23 08		23 08	24 28
61640	40	17	20		90				60														227	227	0		0	-
61641					30																		30	30	0		0	-
61642					60																		60	60	0		0	-
61680				105	240	40						5	1		1				3				615	632	30.66		30 66	32 40
61682				120	420	50						8	1		1				2				854	874	61 48		61.48	63 31
61684				120	300	50						5	1		1				3				700	717	39.75		39 75	41 49
61686				135	420	55				1		6	1	1	1				2	1			978	1019	64 39		64 39	67.32
61690				101	240	53						2	3		1					2			634	672	29.27		29 27	31 18
61692				115	340	68						4	3	1	1					2			842	896	51 79		51.79	54 43
61697	60	30	15		300				50			5	6	5	1				2	1			1055	1194	50.44	57.31	57 31	63 22
61698	60	40	15		360				50			5	6	4	1				2	1			1084	1209	48 34	64 03	64.03	69.45
61700	60	30	15		240				40			5	3	4	1				2	1			854	949	50 44	46 01	46 01	50 44
61702	60	40	15		280				50			5	5	5	1				2	1			1015	1144	48 34	54 28	54 28	59 86
61703	30	8	25		81				29			6			1				2				369	377	17 44		17 44	18 70
61705	47	14	25		246				38			9 5			1				2 5				644	655 5	36 15		36 15	37 97
61708	46	14	25		239				38			9 5			1				2 5				636	647 5	35 25		35 25	37 07
61710	42	12	25		182				36			8 5			1				2				540.5	551	29 63		29.63	31.19
61711	47	14	25		256				38			9 5			1				2 5				654	665.5	36 28		36 28	38 10
61720				105	120	35						2			1				2				380	384	16 74		16.74	17 52
61735	39	11	25		184				32			9 5			1				2 5				565	576 5	20.4		20 4	22 22
61750	35	10	25		133				30			8 5			1				2				476.5	487	18 17		18 17	19 73
61751				128	90	30						2			1				3				391	395	17 59		17 59	18 64
61760																							0	579	22 24		22 24	22 24
61770	36	10	25		140				32			9 5			1				2				505 5	517	21 41		21 41	23 09
61790	35	9	25		82				27			1			1				2				279	282	10 84		10 84	11 50
61791	35	8	25		119				27			1 5			1				2				324 5	328	14 59		14 59	15 31
61793				85	120	18									1				2				305	307	17 21		17 21	17 75
61795																							0	110	4 03		4 03	4 03
61850	27	6	25		73				23			4			1				1 5				300 5	306 5	12 37		12 37	13 26
61860	31	8	25		100				27			6 5			1				2				396 5	405	20 84		20 84	22 16
61863	45	15	15		140				30			1	2		1				3				429	452	18.97		18 97	20 56
61864					68																		68	68	4 49		4.49	4 49
61867	50	15	15		300				30			1	2		1				3				594	617	31.29		31 29	32 88
61868					120																		120	120	7 91		7 91	7 91
61870	33	8	25		118				28			6 5			1				2				417 5	426	14 92		14 92	16 24
61875	33	9	25		120				28			6 5			1				2				420 5	429	15 04		15 04	16 36

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
61880	22		25		46				18			1 5			1				1 5				210	213 5	6 28		6.28	6 87
61885				50	60	25						1	1		1				4				312	325	5 84		5.84	7 37
61886				50	100	25							2		1				4				363	385	7.99		7 99	9 73
61888	20		25		34				18			1			1			1					167	171	5 06		5 06	5 20
62000	31	8	25		103				27			6 5			1				2				399.5	408	12.51		12 51	13 83
62005	36	9	25		147				29			7			1				2				461	470	16 15		16 15	17 53
62010	41	6	25		182				30			7			1				2 5				510 5	519 5	19 78		19 78	21.30
62100	43	7	25		227				32			6			1				2 5				541 5	549 5	22		22	23 40
62115				100	330		150												4				672	672	21 63		21 63	22 71
62116				90	240		150					1	2	1	1			4					696	737	23.55		23 55	24 90
62117				108	300		170						2	2	1			3					801	854	26 56		26 56	28 26
62120				120	180		120												4				512	512	23 31		23.31	24 39
62121	39	11	25		166				31			7			1				2				487	496	21 55		21 55	22.93
62140	32	8	25		137				27			3 5			1				2				377 5	383	13 49		13 49	14 45
62141	32	6	25		147				29			4 5			1				2				406 5	413	14 89		14.89	15 97
62142	29	7	25		85				24			3 5			1				2				318 5	324	10.77		10 77	11 73
62143	33	8	25		115				26			4			1				2				365	371	13 03		13 03	14 05
62145	40	11	25		189				31			5 5			1				2				482 5	490	18.79		18 79	19 99
62146	35	9	25		131				28			4 5			1				2				395 5	402	16 1		16 1	17 18
62147	38	10	25		167				29			6			1				2				465	473	19 31		19 31	20 57
62148					30																		30	30	2		2	2 00
62160					40																		40	40	3		3	3 00
62161				85	90				45			2	1		1			1	2				385	400	19 97		19 97	21 10
62162				108	148				40			2	2		1			1	2				491	516	25 21		25 21	26 67
62163				78	90				30			3			1			1	2				352	358	15 48		15 48	16.40
62164				90	165				40			2	3		1			2	2				535	571	27 46		27.46	29 27
62165				85	180				45			2	1		1			1	2				475	490	21 97		21 97	23 10
62180				125	165	53						4	1		1				1	1			546	564	21.03		21 03	22 45
62190	31	7	25		103				25			4			1				2				349	355	11 05		11 05	12 07
62192	30	7	25		101				24			4			1				2				345	351	12.23		12 23	13 25
62194				80	75	35						1			1				2				291	294	5 02		5 02	5 68
62200				81	120	43						3			1				2				383	388	18.29		18 29	19 19
62201				143	75	60						2			1				3				421	425	14 84		14 84	15 89
62220	31	7	25		104				25			4			1				2				350	356	12 98		12 98	14 00
62223				90	90	30						2			1				3				353	357	12 85		12 85	13 90
62225	22		25		41				20			2 5			1				1 5				226	230 5	5 4		5 4	6 11
62230	26	6	25		72				22			3 5			1				1.5				288	293 5	10 52		10 52	11 35
62252				15	20		10																45	45	0.74		0 74	0 74
62256	22		25		44				20			2 5			1				1 5				229	233 5	6 59		6 59	7.30
62258	32	7	25		113				25			4			1				2				360	366	14 52		14 52	15 54
62263				40	30	20						2			1			2					194	200	6 13		6.13	6.41
62264				40	30				20						0 5								108	109	4 42		4 42	4 42
62268	25		15		49				16														105	105	4 73		4 73	4 73
62269	25		15		50				19														109	109	5.01		5 01	5 01
62270	7				20				5														32	32	1 13	1.37	1 37	1 37
62272	9				19				8														36	36	1 35		1 35	1 35
62273	13				18				9														40	40	2 15		2 15	2.15
62280	14				32				11														57	57	2 63		2 63	2 63
62281				50	40	30									1								156	158	2 66		2 66	2 66
62282	14				27				11														52	52	2 33		2 33	2 33
62284	14				25				10														49	49	1 54		1 54	1.54
62287				70	60	30									1				3				265	267	8 07		8 07	8 88
62290	17				35				10														62	62	3		3	3 00
62291	18				37				11														66	66	2 91		2 91	2 91
62292	23				47				20	1		2			1				2				273	284	7 85		7.85	9 14
62294	33	8			117				24			3 5			1				2				330 5	336	11 81		11 81	12 77
62310				35	30	20																	85	85	1 91		1 91	1 91
62311				35	20	15																	70	70	1 54		1 54	1 54

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
62318				50	40	30																	120	120	2.04		2 04	2 04
62319				48	30	30																	108	108	1 87		1 87	1 87
62350				70	60	25	100					1		2	1			4					452	487	6 86		6 86	8 04
62351				62	90	30	120							3	1			4					521	569	9 99		9 99	11 54
62355				60	40	20	110					1		2	1			3					412	446	5 44		5 44	6 60
62360				60	55	20	103							2	1			4					416	450	2.62		2 62	3 68
62361				60	60	20	110					1		2	1			4					447	482	5 41		5 41	6 59
62362				75	90	30	120							3	1			4					534	582	7 03		7 03	8 58
62365				60	45	20	105					1		2	1			3					412	446	5 41		5 41	6 57
62367					20																		20	20	0 48		0 48	0 48
62368					30																		30	30	0 75		0 75	0.75
63001	34	12	25		127				26	1		5 5			1				2				473 5	488	15 8		15 8	17 51
63003	34	9	25		127				26	1		5 5			1				2				470 5	485	15 93		15 93	17 64
63005				85	143	35						2	1		1				3				436	450	14 9		14 9	16 28
63011	34	9	25		126				26			5			1				2 5				408 5	415 5	14 5		14 5	15.78
63012	35	9	25		140				27			5 5			1				2 5				434	441 5	15 38		15 38	16 72
63015				90	150	38						2	1		1				3				451	465	19 32		19 32	20 70
63016	38	11	25		162				29	2 5		6 5			1				2 5				639 5	665 5	19 17		19 17	21 90
63017				90	150	30						1	1		1				3				424	437	15 92		15 92	17 18
63020				90	120	35						1	1		1				3				399	412	14 79		14 79	16 05
63030				75	90	30						2			1				3				338	342	11.98		11 98	13 03
63035					49																		49	49	3 15		3 15	3.15
63040	38	10	25		162				29			6			1				2 5				471 5	479 5	18 78		18 78	20 18
63042				83	120	30						3			1				3				395	400	17.44		17 44	18 61
63045	36	10	25		137				28			5 5			1				2 5				434	441 5	16 48		16 48	17 82
63046	35	9	25		137				27			5 5			1				2.5				431	438 5	15 78		15 78	17 12
63047	60	20	15		90				30				1		1				3				350	362	14 59	14 08	14 08	15 22
63048					45																		45	45	3 26	3 55	3 55	3 55
63050	55	25	15		150				30			2	1		1			1	2				440	455	20 75		20 75	21 88
63051	55	25	15		190				30			2	1		1			1	2				480	495	24 25		24 25	25 38
63055	40	12	25		187				31			6 5			1				2 5				512	520 5	21 96		21 96	23 42
63056	39	11	25		170				30			6			1				2.5				482 5	490 5	20 33		20 33	21 73
63057					47																		47	47	5 25		5 25	5 25
63064	42	13	25		241				36			7			1				2 5				583.5	592 5	24 57		24 57	26 09
63066					51																		51	51	3 26		3.26	3 26
63075	60	20	15		90				30				1		1			1	2				342	355	19 38	18 58	18 58	19.47
63076					63																		63	63	4 04		4 04	4 04
63077	42	12	25		202				31			5 5			1				2 5				510	517 5	21 41		21.41	22 75
63078					51																		51	51	3 28		3 28	3.28
63081	40	11	25		175				31	1 5		7			1				2 5				603	622 5	23.69		23 69	25 97
63082					68																		68	68	4 36		4 36	4 36
63085	43	19	25		233				31	1 5		8 5			1				2 5				700 5	721.5	26 88		26.88	29 34
63086					50																		50	50	3.19		3 19	3 19
63087				105	265	45						6	1		1				3				664	682	35.52		35 52	37 38
63088					67																		67	67	4 32		4 32	4 32
63090	44	14	25		232				34	1.5		9			1				3				719 5	741	28 12		28.12	30.78
63091					47																		47	47	3 03		3 03	3 03
63101	130				215				43			4	2		1			1	3				644	671	31 95		31 95	33 92
63102	130				205				40			4	2		1			1	3				631	658	31 95		31.95	33 92
63103					60																		60	60	4 82		4 82	4 82
63170	39	11	25		178				30	1 5		7			1				2 5				604	623.5	19 8		19 8	22 08
63172	39	6	25		173				29	1 5		6			1				2				562.5	581	17 63		17 63	19 66
63173	40	11	25		194				30	1 5		6 5			1				2 5				611 5	630 5	21 96		21 96	24 18
63180	38	10	25		159				29	1 5		6			1				2 5				563	581.5	18 24		18 24	20 40
63182	41	12	25		198				30	1.5		6 5			1				2 5				617 5	636 5	20 47		20 47	22 69
63185	35	6	25		149				31			5 5			1				2 5				444	451.5	15 02		15 02	16 36
63190	39	8	25		186				28			5 5			1				2 5				484	491 5	17 42		17 42	18 76
63191	39	10	25		170				29			5			1				2 5				461 5	468 5	17 51		17 51	18.79

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
63194	38	10	25		155				29	3		5			1				2.5				634 5	662 5	19 16		19 16	21.97
63195	39	8	25		167				27	3		5 5			1				2				641 5	670	18 81		18 81	21 54
63196	41	11	25		180				31	3		5 5			1				2 5				675	703 5	22 27		22 27	25 14
63197	41	11	25		185				30	3		5 5			1				2 5				679	707 5	21 08		21 08	23 95
63198	42	13	25		223				33	4		13			1				3				940	983	25 34		25.34	29 75
63199	44	14	25		255				34	4		14			1				3				985 5	1029	26 85		26 85	31 32
63200	38	11	25		165				30	1 5		6			1				2 5				571	589 5	19.15		19 15	21 31
63250	53	13	25		367				33	2 5		9			1				2 5				913	941 5	40 7		40 7	43 73
63251	53	18	25		356				39	2 5		11			1				3				953	983	41.14		41 14	44 49
63252	53	18	25		354				39	2 5		11			1				3				951	981	41 13		41 13	44.48
63265	40	11	25		186				30	1 5		6			1				2 5				594	612 5	21 53		21 53	23 69
63266	43	11	25		186				31	1 5		7			1				2.5				617	636 5	22 27		22 27	24 55
63267	37	6	25		165				32			6			1				2 5				472 5	480 5	17 92		17 92	19 32
63268	39	11	25		179				29			6			1				2 5				490 5	498 5	18 49		18 49	19 89
63270	44	13	25		236				33	2 5		8			1				2 5				754	781 5	26 76		26.76	29 67
63271	44	13	25		234				33	2 5		8			1				2 5				752	779 5	26 88		26 88	29 79
63272	43	13	25		219				33	1		7 5			1				2 5				632	648 5	25 28		25 28	27 37
63273	43	13	25		220				32	1		7 5			1				2 5				632	648 5	24 25		24 25	26 34
63275	43	13	25		226				32	1		7 5			1				2 5				638	654 5	23.64		23 64	25 73
63276	42	10	25		226				31	1		8			1				2 5				642 5	659 5	23 41		23 41	25 56
63277	41	12	25		211				30			6 5			1				2.5				536	544 5	20 8		20 8	22 26
63278	41	12	25		213				30			6.5			1				2 5				538	546 5	20 53		20 53	21 99
63280	47	14	25		272				34			8 5			1				3				658 5	669	28 31		28 31	30 14
63281	47	14	25		272				34			8 5			1				3				658 5	669	28 01		28 01	29 84
63282	46	14	25		258				33			7			1				3				614	623	26 35		26 35	28 00
63283	45	13	25		255				33			7			1				3				609	618	24 96		24.96	26 61
63285	52	17	25		333				38			9 5			1				3				750 5	762	35.95		35.95	37 90
63286	51	17	25		330				37			9			1				3				736	747	35 58		35 58	37 47
63287	51	17	25		318				38	2 5		10			1				3				901 5	931	36.64		36 64	39 93
63290	52	17	25		336				38	2 5		11			1				3				930	960	37 32		37 32	40 67
63295	10				45																		55	55	5 25		5 25	5 25
63300	40	12	25		190				31	1.5		7			1				2 5				619	638 5	24 39		24 39	26 67
63301	46	14	25		269				34	3 5		11			1				3				913	950	27 56		27 56	31 42
63302	47	15	25		277				35	2 5		9 5			1				3				842	871	27 77		27.77	31 00
63303	37	19	25		259				29	2 5		8 5			1				2 5				781 5	809 5	30 45		30 45	33 42
63304	44	14	25		231				34	3		9			1				3				813	845	30.28		30 28	33 70
63305	47	15	25		285				35	4		11			1				3				963.5	1004	31 98		31 98	36 09
63306	47	15	25		276				36	2 5		9 5			1				3				842	871	32 17		32.17	35 40
63307	47	15	25		269				35	2 5		9 5			1				3				834	863	31 58		31.58	34 81
63308																							0	111	5 24		5 24	5 24
63600	34	13	25		101				27			4			1				2				358	364	14		14	15.02
63610	22	9	25		88				17														161	161	8 72		8 72	8 72
63615	34	8	25		118				26			3 5			1				2				359 5	365	16 26		16 26	17.22
63650	26	5	25		74				19			2 5			1				2				278 5	283	6 73		6 73	7 57
63655	30	7	25		109				22			4			1				2 5				362.5	368 5	10 27		10 27	11 43
63660	24		25		64				18			1 5			1				2				241 5	245	6.15		6 15	6 87
63685	28		25		62				18			2 5			1				2				262 5	267	7.03		7.03	7.87
63688	23		25		59				17			1 5			1				2				234 5	238	5 38		5 38	6 10
63700				90	120		120												3				399	399	16 51		16 51	17 32
63702				90	180		130												3				469	469	18 45		18 45	19 26
63704				112	180		150												4				534	534	21.15		21 15	22.23
63706				120	240		150												4				602	602	24 07		24 07	25 15
63707	32		25		97				28			5			1				2.5				370 5	377 5	11 24		11 24	12 52
63709	35	9	25		146				26			4 5			1				2 5				420	426 5	14 3		14 3	15 52
63710	34	9	25		128				26			4 5			1				2 5				401	407 5	14 05		14 05	15 27
63740	31	8	25		116				23			4			1				2 5				372 5	378.5	11 34		11 34	12.50
63741	28	6	25		86				20			2			1				2				285	289	8 24		8 24	9 02
63744	26	5	25		75				19			3			1				1 5				277 5	282 5	8 09		8 09	8.86

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
63746	24		25		45				18			3 5			1				1 5				249	254 5	6 42		6 42	7 25
64400	16				37				16														69	69	1.11		1.11	1 11
64402	13				20				13														46	46	1 25		1 25	1 25
64405	11				12				11														34	34	1.32		1.32	1 32
64408	10				16				10														36	36	1 41		1 41	1 41
64410	10				17				11														38	38	1 43		1 43	1 43
64412	13				18				13														44	44	1 18		1 18	1 18
64413	12				19				12														43	43	1 4		1.4	1 40
64415	5				19				5														29	29	1 48		1 48	1 48
64416				30	30				20			3											137	140	3.49		3 49	3 85
64417	13				19				13														45	45	1 44		1 44	1 44
64418	13				18				13														44	44	1.32		1 32	1 32
64420	10				17				10														37	37	1 18		1 18	1 18
64421	15				35				15														65	65	1 68		1 68	1.68
64425	8				15				8														31	31	1 75		1.75	1 75
64430	11				17				11														39	39	1 46		1 46	1 46
64435	8				17				8														33	33	1 45		1 45	1 45
64445	8				16				8														32	32	1 48		1 48	1 48
64446				15	27 5				15			3											114 5	117 5	3 25		3 25	3 61
64447				25	15				12 5														52.5	52 5	1 5		1 5	1 50
64448				23 5	25				15			3											120 5	123.5	3		3	3 36
64449	10	10	5		25				20			2											108	110	3		3	3 24
64450	10				17				10														37	37	1 27		1 27	1 27
64470				38	20	15																	73	73	1 85		1 85	1 85
64472					15																		15	15	1.29		1 29	1 29
64475					21																		21	21	1 41		1 41	1 41
64479				35	30	20																	85	85	2 2		2 2	2 20
64480					20																		20	20	1 54		1 54	1 54
64483				35	28	20																	83	83	1 9		1 9	1 90
64484					20																		20	20	1 33		1 33	1 33
64505																							0	40	1 36		1 36	1 36
64508	11				10				15														36	36	1.12		1 12	1.12
64510	10				12				10														32	32	1 22		1 22	1 22
64517	10	10	10		25				20														75	75	2 2		2.2	2 20
64520	11				24				11														46	46	1 35		1 35	1.35
64530																							0	62	1 58		1 58	1 58
64550					13																		13	13	0.18		0 18	0 18
64553	9				24				10									1					58	59	2 31		2 31	2 33
64555	9				24				10									1					58	59	2 27		2 27	2 29
64560	11				26				12									1					64	65	2 36		2 36	2 38
64561				45	70				30						0 5					1			201	204	6 73		6 73	7 07
64565	10				26				10									1					61	62	1 76		1 76	1 78
64573				65	90	20						1			1				2				276	279	7 49		7 49	8 15
64575	12				30				12									1 5					76 5	78	4.34		4 34	4 37
64577	12				33				12									1 5					79 5	81	4 61		4 61	4 64
64580	11				33				11									1 5					77 5	79	4 11		4.11	4 14
64581				60	120				30				1		1					1			314	328	13 48		13 48	14 15
64585	9				24				9									1					57	58	2 06		2 06	2 08
64590	12				34				12									1					73	74	2 4		2.4	2 42
64595	10				30				10									1					65	66	1 73		1 73	1 75
64600	16				29				16									1					76	77	3 44		3 44	3 46
64605	22				47				18									1					102	103	5 6		5.6	5 62
64610	24		25		56				19									1					139	140	7 15		7 15	7 17
64612				10	20				6									1					51	52	1 96		1 96	1 98
64613				10	21				6									1					52	53	1 96		1 96	1 98
64614				15	20	15																	50	50	2 2		2 2	2 20
64620	16				29				15									1					75	76	2 84		2 84	2 86
64622	17				29				15									1					76	77	3		3	3 02

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
64623					16																		16	16	0 99		0 99	0 99
64626				45	30	25									1				2				182	184	3 28		3 28	3 82
64627					30																		30	30	1 16		1 16	1.16
64630	17				30				15									1					77	78	3		3	3 02
64640	20				31				18						1			1					120	123	2 76		2 76	2 78
64650	5	2			23				5														35	35	0 7		0 7	0 70
64653	5	2			23				5														35	35	0.88		0 88	0 88
64680	20				46				16									1					97	98	2 62		2 62	2 64
64681	13	10	9		30				20			2											120	122	3.54		3 54	3 78
64702	20	15	10		50				20						0 5			2	2				209	212	4 22	5 52	5 52	6 10
64704	19		15		61				17									2 5					149 5	152	4 56		4.56	4.61
64708	21		25		76				18			0 5			1			2 5					223	228	6 11		6 11	6 22
64712	25		25		109				19			1 5			1			3					287 5	294	7.74		7.74	7 98
64713	33		25		213				24			2			1			3 5					421.5	429	10 98		10 98	11 29
64714	33		25		178				24			0 5			1			3 5					358	364	10 31		10 31	10 44
64716				30	60	30												1	2				181	182	6 3		6 3	6 86
64718				45	80	30													4				247	247	5 98		5 98	7 06
64719	20		15		56				18									2 5					146 5	149	4 84		4 84	4 89
64721	20	15	10		25				20						0.5			1	2				169	171	4 28	4 28	4 28	4 84
64722	20		15		48				17						0 5			2 5					155 5	159	4 69		4 69	4 74
64726	18		15		52				15						0 5			2					148	151	4.17		4 17	4 21
64727					72																		72	72	3 1		3 1	3 10
64732	18		15		30				16						0 5				1 5				131 5	132.5	4 4		4 4	4 81
64734	28		15		38				21						1				2				184	186	4 91		4 91	5 45
64736	19		15		42				17										2				139	139	4 59		4 59	5 13
64738	22		15		52				19						0 5				2				172	173	5.72		5 72	6 26
64740	21		15		47				18						0 5				2				165	166	5 58		5.58	6 12
64742	23		15		57				19						0 5				2				178	179	6.21		6 21	6 75
64744	26		25		51				18						1				1 5				190 5	192 5	5 23		5 23	5 64
64746	22		25		47				18						0 5				2				176	177	5 92		5 92	6 46
64752	26		25		70				18						1				2				221	223	7 05		7 05	7 59
64755				30	83	15						3	1	1	1			1	1				330	360	13 5		13 5	14 97
64760	25		25		60				18						1				2				210	212	6.95		6 95	7 49
64761	23		25		52				19						0 5				2				183	184	6 4		6 4	6.94
64763	25		25		74				21						0 5				2				209	210	6 92		6.92	7 46
64766	28		25		88				22						0.5				2 5				238 5	239 5	8 66		8 66	9 34
64771	26		25		88				21						0 5				2.5				235 5	236 5	7 34		7 34	8 02
64772	27		25		89				20						1				2				243	245	7 2		7.2	7 74
64774	21		25		47				16						0 5				2				173	174	5 16		5 16	5 70
64776	21		25		43				16						0 5				1 5				157 5	158 5	5 11		5 11	5 52
64778																							0	36	3 11		3 11	3 11
64782	29		15		85				22						1				2				233	235	6.22		6 22	6 76
64783																							0	55	3 71		3.71	3 71
64784	29		25		105				22						0 5				2 5				256 5	257.5	9 81		9 81	10 49
64786	31		25		135				24						0 5				2 5				290 5	291 5	15 44		15 44	16 12
64787																							0	65	4 29		4 29	4 29
64788	22		25		53				18						0 5				2				182	183	4 6		4 6	5 14
64790	34		25		171				25						0 5				2 5				330 5	331 5	11 29		11 29	11 97
64792	39		25		218				27						1				3				414	416	14 9		14 9	15 71
64795	20		15		38				18														91	91	3.01		3 01	3 01
64802	29		25		112				23			3 5			1				2.5				349	354 5	9 14		9 14	10.24
64804	32		25		132				25			4			1				2 5				383 5	389.5	14 62		14 62	15.78
64809	30		25		103				24			3 5			1				2				330 5	336	13 65		13 65	14 61
64818	36		25		110				20			3 5			1				2				339 5	345	10 28		10 28	11 24
64820				55	90		70										2	1	1				267	268	10 35		10 35	10 64
64821				50	60				30			1			1			3	1				263	269	8 74		8 74	9 19
64822				50	60				30			1			1			3	1				263	269	8 74		8 74	9 19
64823				50	90				30			1			1			3	1				293	299	10 35		10 35	10 80

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
64831	25		25		74				21			1			1				2 5				257 5	260 5	9 43		9.43	10 23
64832					74																		74	74	5 65		5 65	5 65
64834	26		25		69				22						1				2				224	226	10 17		10 17	10 71
64835	29		25		86				24						1				2 5				257 5	259 5	10 92		10 92	11 60
64836	29		25		87				24						1				2 5				258 5	260 5	10.92		10 92	11.60
64837					80																		80	80	6 25		6 25	6 25
64840	34		25		153				27			0 5			1				3				353 5	356	13		13	13 87
64856	32		25		157				26			4			1				2 5				409 5	415 5	13 78		13 78	14 94
64857	35		25		157				26			4 5			1				2 5				422	428 5	14 47		14 47	15 69
64858	36		25		169				27			4 5			1				2 5				436	442 5	16 47		16 47	17.69
64859					71																		71	71	4 25		4.25	4 25
64861	40		25		227				30			6			1				3				541	549	19.21		19 21	20.74
64862	39		25		210				30			6			1				3				523	531	19 41		19 41	20 94
64864	26		25		126				20			2			1				2				317	321	12.53		12 53	13 31
64865	39		25		171				25			0 5			1				2 5				363	365 5	15 22		15 22	15 96
64866	36		25		158				27			2 5			1				2 5				387	391 5	15 72		15 72	16 70
64868	27		25		154				21			2			1				2				347	351	14 02		14 02	14 80
64870	36		25		150				27			2 5			1				2 5				379	383 5	15 97		15 97	16 95
64872					30																		30	30	1 99		1 99	1 99
64874					45																		45	45	2 98		2.98	2 98
64876					51																		51	51	3 37		3 37	3 37
64885																							0	488	17 5		17 5	17 50
64886																							0	559	20 72		20.72	20 72
64890	36		25		171				26			2 5			1				2 5				399	403 5	15 13		15 13	16.11
64891	37		25		170				27		--	3 5			1				2 5				419	424 5	16 12		16.12	17 22
64892	36		25		164				26			2 5			1				2.5				392	396 5	14 63		14 63	15 61
64893	37		25		174				28			4			1				2 5				433 5	439 5	15 58		15 58	16 74
64895	40		25		210				28			3			1				2 5				453 5	458 5	19 22		19 22	20 26
64896	41		25		231				29			4 5			1				3				516 5	523	20.46		20 46	21 81
64897	41		25		230				29			3			1				2.5				475 5	480 5	18 21		18 21	19 25
64898	42		25		237				30			4 5			1				3				524.5	531	19 47		19 47	20 82
64901					165																		165	165	10 2		10 2	10 20
64902					184																		184	184	11 81		11 81	11 81
64905	36		25		150				27			2 5			1				2 5				379	383 5	14		14	14 98
64907	36		25		150				28			3 5			1				2 5				399	404 5	18 8		18 8	19 90
64910	25	10	15		90				20						1			1	1				216	218		10 92	10 92	11 21
64911	25	10	15		120				20						1			1	3				292	294		13 38	13 38	14 21
65091	20		15		38				15						0 5				2 5				163 5	164.5	6 45		6 45	7 13
65093	26		25		52				17						1			3 5					208 5	214	6 86		6 86	6 93
65101	21		25		56				19						0 5				4				231	232	7 02		7 02	8 10
65103	21		25		61				19						0 5				4				236	237	7 56		7 56	8 64
65105	24		25		77				21						1				4 5				286 5	288.5	8.48		8 48	9 70
65110	32		25		122				27						1				5 5				368 5	370 5	13 93		13.93	15 42
65112	36		25		145				31			0 5			1				6 5				432	434 5	16 36		16 36	18 18
65114	37		25		155				32			0.5			1				6 5				444	446 5	17 5		17 5	19 32
65125				30	40	30												3					145	148	3.12		3 12	3 18
65130	22		15		52				19										4				200	200	7 14		7 14	8 22
65135	23		15		57				20										4				207	207	7 32		7 32	8 40
65140	25		15		72				21						0 5				4.5				254 5	255 5	8.01		8 01	9 23
65150	18		15		66				13						0 5			3 5					182 5	187	6 25		6 25	6.32
65155	26		15		94				21										4 5				259 5	259.5	8 65		8 65	9 87
65175	20		15		42				17										3 5				174 5	174.5	6 27		6 27	7 22
65205				5	5			5															15	15	0 71		0 71	0 71
65210	6				13				6														25	25	0 84		0 84	0 84
65220	5				8				5														18	18	0 71		0 71	0 71
65222	7				16				7														30	30	0 93		0 93	0 93
65235	23				41				18										4 5				185 5	185 5	7 56		7 56	8 78
65260	28		15		69				24						0 5				5				269	270	10 94		10.94	12 29

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
65265	31		15		93				26										5.5				291 5	291.5	12 57		12 57	14 06
65270	12				27				12									1					66	67	1 9		1 9	1 92
65272	14				32				12										2 5				115 5	115 5	3 81		3 81	4 49
65273	15				41				13						1				2 5				162.5	164 5	4 35		4.35	5.03
65275	18				44				15										3				146	146	5 33		5 33	6 14
65280	24		15		68				20						0 5				4 5				248 5	249 5	7 65		7 65	8 87
65285	37		15		79				32			0.5			1				5.5				335	337 5	12 88		12 88	14 43
65286	19		15		42				16										3 5				172 5	172 5	5 5		5 5	6.45
65290	19		15		47				17										3 5				178 5	178 5	5 4		5 4	6 35
65400	20				45				21										4 5				189 5	189 5	6 05		6 05	7 27
65410	12				21				12														45	45	1 47		1 47	1 47
65420	18		15		31				21									4					145	149	4 16		4 16	4 24
65426	5	5	10		47 5				12						0 5			4					157 5	162 5	5 24	5 85	5 85	5 93
65430				10	10			8															28	28	1 47		1 47	1 47
65435	9				14				9														32	32	0 92		0 92	0 92
65436	14				27				14										2				101	101	4.18		4 18	4 72
65450	17				20				16									4					113	117	3 27		3.27	3 35
65600	14				30				14										2.5				115 5	115 5	3 39		3 39	4 07
65710				35	90	20													4	2			313	317	12 33		12 33	14 09
65730				40	90	20													4	2			318	322	14 23		14 23	15 99
65750				40	90	20													6				288	288	14 98		14 98	16 60
65755				40	90	20													6				288	288	14 87		14 87	16 49
65760				45	53			85															183	183	0		0	-
65765				60	60			85															205	205	0		0	-
65767				53	60			70															183	183	0		0	-
65770	37		25		153				34			1			1				6 5				453 5	456 5	17 53		17.53	19 41
65772	15		15		28				13										2 5				128.5	128 5	4 28		4 28	4 96
65775	19		15		38				16										3 5				168 5	168 5	5 78		5.78	6.73
65780	60				60				17						0 5			10					305	316	10 23		10 23	10 43
65781	60				90				25						0 5			10					343	354	17 64		17.64	17.84
65782	60				83				25						0 5			9					321	331	14 98		14 98	15 16
65800				11	13	20																	44	44	1 91		1 91	1.91
65805	11		15		13				11														50	50	1 91		1 91	1 91
65810	16		15		28				14										3				142	142	4.86		4 86	5 67
65815	17		15		37				14										3				152	152	5 04		5 04	5 85
65820				60	60	30												3	2				241	244	8 12		8.12	8 72
65850	15	10	12 5		60				17 5						1			5					226	233	10 5	11 14	11 14	11 24
65855				15	15				10									3					85	88	3 84		3 84	3 90
65860				45	44				15									1					119	120	3 54		3 54	3 56
65865	19		15		33				12									3 5					131 5	135	5 59		5 59	5 66
65870	20		15		33				17										3 5				165 5	165 5	6.26		6.26	7 21
65875	21		15		33				17										4				178	178	6 53		6 53	7 61
65880	22		15		38				18										4				185	185	7 08		7 08	8 16
65900	27		15		68				21										5				246	246	10.91		10.91	12 26
65920	15		15		51				18										5				214	214	8 39		8 39	9 74
65930	18		15		40				15						0 5				3				175	176	7 43		7.43	8 24
66020	11				14				11									1					51	52	1 59		1.59	1 61
66030	10				15				10									1					50	51	1.25		1 25	1 27
66130	14		15		40				14									3					128	131	7 68		7 68	7.74
66150	20		15		53				20										7				269	269	8 29		8 29	10.18
66155	20		15		49				20						0 5				7				283	284	8.28		8.28	10.17
66160	18		15		52				20										7				266	266	10 15		10 15	12 04
66165	20		15		49				20										7				265	265	8		8	9 89
66170				60	60	60													9				387	387	12 14		12.14	14 57
66172				60	90		60												12				486	486	15 02		15 02	18 26
66180	29		15		84				23										5 5				277 5	277 5	14 53		14 53	16 02
66185	24		15		60				19										4 5				221 5	221 5	8.13		8.13	9 35
66220	23		15		38				19										4.5				198 5	198 5	7.76		7 76	8 98

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
66225	29		15		112				23										5				294	294	11 03		11 03	12 38
66250	19		15		45				16										3 5				175 5	175 5	5 97		5.97	6 92
66500	19		15		18				11									2 5					100 5	103	3 7		3 7	3 75
66505	15		15		17				13									3					105	108	4 07		4 07	4.13
66600	24		15		50				19										4 5				211 5	211 5	8 67		8 67	9 89
66605	24		15		59				20										4.5				221 5	221.5	12 77		12 77	13 99
66625	16		15		30				15									3 5					128.5	132	5 12		5 12	5 19
66630	19		15		41				16										3 5				171 5	171.5	6 15		6.15	7 10
66635	20		15		36				16										3 5				167 5	167 5	6 24		6 24	7 19
66680	16		15		45				14										3				159	159	5 43		5 43	6 24
66682	20		15		38				16										3 5				169 5	169 5	6 2		6 2	7 15
66700				45	47				15									1	1				145	146	4 77		4.77	5.06
66710				45	41				15									1	1				139	140	4 77		4 77	5 06
66711	10	5	10		30				10						0 5			1	4				190	192	6.6		6 6	7 70
66720	15		15		32				17									4 5					146 5	151	4 77		4 77	4 86
66740				45	41				15									1	1				139	140	4 77		4 77	5 06
66761	10	5	1		10				10										3				105	105	4 06	4 06	4 06	4 87
66762	14		15		25				12										2.5				123 5	123.5	4 57		4 57	5 25
66770	15		15		20				13										3				132	132	5.17		5 17	5 98
66820	21		15		25				12									2 5					110 5	113	3 88		3 88	3 93
66821	15				11				10										2				82	82	2 35	2 78	2 78	3 32
66825				45	60	20												3	2				216	219	8 22		8 22	8 82
66830	23		15		43				16										4				189	189	8 19		8.19	9 27
66840	22		15		36				18										4				183	183	7.9		7 9	8 98
66850	25		15		44				20										4 5				207 5	207 5	9 1		9 1	10 32
66852	22		15		48				18										4 5				206 5	206 5	9 96		9 96	11 18
66920	23		15		41				17										4				188	188	8 85		8 85	9.93
66930	25		15		47				20										4 5				210 5	210.5	10.16		10 16	11 38
66940	23		15		41				16										4 5				198 5	198 5	8 92		8.92	10 14
66982				40	60	15									1				5				266	268	13 48		13 48	14 83
66983	22		15		52				15										4 5				207 5	207 5	8 98		8.98	10 20
66984	10	5	10		30				10						0 5			2	2				159	162	10 21	9 78	9.78	10 36
66985	33		15		40				24										5				227	227	8 38		8.38	9 73
66986																							0	296	12 26		12.26	12.26
66990					20																		20	20	1 51		1 51	1 51
67005	20		15		36				12									4					143	147	5.69		5 69	5 77
67010	20		15		45				12									4					152	156	6 86		6 86	6 94
67015	21		15		48				15									4 5					166 5	171	6 91		6 91	7 00
67025	22		15		42				19										4				190	190	6 83		6 83	7.91
67027				60	60	30												3	2				241	244	10 83		10 83	11 43
67028	14				16				14														44	44	2 52		2 52	2 52
67030	21				37				17										4				167	167	4 83		4 83	5 91
67031	14				26				12										2 5				109 5	109 5	3 66		3 66	4 34
67036	26		25		76				27						0 5				4 5				275 5	276 5	11 87		11 87	13 09
67038	38		25		176				31			0 5			1				7 5				488	490 5	21 21		21 21	23 30
67039	30		25		88				28						1				7				368	370	14 5		14 5	16 39
67040	36		25		105				30						1				7 5				404 5	406 5	17 2		17 2	19 23
67101	24		15		126				16						0 5				4				291	292	7 52		7 52	8 60
67105	25		25		76				20										3 5				226 5	226 5	7 4		7 4	8 35
67107	27		25		107				31						1					4 5			397	408	14 82		14 82	16 35
67108	40		25		191				34						1					5			516	528	20 79		20 79	22.49
67110	24		25		41				25						1				4 5				254 5	256.5	8 8		8 8	10 02
67112	35		25		130				29						0 5				6				375	376	16 83		16 83	18 45
67115	19		15		28				16										3 5				158 5	158 5	4 98		4 98	5 93
67120	19		15		32				16										3 5				162 5	162.5	5 97		5 97	6 92
67121	28		15		100				22										5				280	280	10.65		10 65	12 00
67141	28				32				10										3				139	139	5 19		5 19	6 00
67145	24				25				11										3				129	129	5 36		5 36	6.17

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
67208	17				36				15										3				137	137	6 69		6 69	7 50
67210				30	20		5												2				101	101	8 81		8 81	9 35
67218				90	60				30			2	2	1	1			3	1				423	464	18 5		18 5	20 22
67220				30	25	5													4				152	152	13.11		13 11	14 19
67221	10				15				5														30	30	4	3 45	3 45	3 45
67227	27				61				12										3				169	169	6 57		6.57	7 38
67228	19				69				17										3 5				185.5	185 5	12 72		12.72	13 67
67250	22		25		79				15										3				210	210	8 65		8 65	9 46
67255	22		25		89				15						0 5				4				261	262	8 89		8 89	9 97
67311	25		15		35				18										3 5				173 5	173 5	6 64		6.64	7 59
67312	19		15		54				22										3.5				190 5	190 5	8 53		8 53	9 48
67314	19		15		40				16										4				182	182	7.51		7 51	8 59
67316	21		15		62				18										4				208	208	9 65		9.65	10 73
67318	20		15		43				17										4				187	187	7 84		7 84	8 92
67320	22		15		54				18										4				201	201	4.32		4 32	5.40
67331	21		15		57				17										4				202	202	4 05		4.05	5 13
67332	22		15		71				18										4				218	218	4 48		4 48	5 56
67334	21		15		47				17										4				192	192	3 97		3 97	5 05
67335					52																		52	52	2 49		2 49	2 49
67340	24		15		81				19										4				231	231	4 92		4 92	6 00
67343	19		15		37				16										3 5				167 5	167 5	7 34		7 34	8.29
67345	9		15		10				8									1					57	58	2 96		2 96	2 98
67350	17		15		27				15														74	74	2 87		2 87	2 87
67400	26		25		59				23						0 5				4 5				254.5	255 5	9 75		9.75	10 97
67405	22		25		30				21						0 5				4				208	209	7 92		7.92	9 00
67412	25		15		104				14						0 5				2 5				233 5	234 5	9 49		9 49	10 17
67413	27		15		76				22									5					215	220	9 99		9 99	10 09
67414	15	10	15		120				30				1		1			1	1	1			332	347	11 11	16 82	16 82	17.78
67415	11		15		14				11														51	51	1 76		1.76	1 76
67420				60	180	35						2			1				5				464	468	20 03		20 03	21 62
67430	33		15		142				25										6				353	353	13 37		13.37	14 99
67440	33		25		105				28						0.5				5 5				335 5	336 5	13 07		13 07	14 56
67445	15	15	15		120				30				1		1			1	1	1			337	352	14 4	18	18	18 96
67450	33		25		124				27						0 5				6				365	366	13.49		13 49	15 11
67500	5	5	5		5				5														25	25	0 79	1 44	1 44	1 44
67505	10	5	5		10				5														35	35	0 82	1.27	1 27	1 27
67515	6	5			5				5														21	21	0.61	1 4	1 4	1 40
67550	29		15		100				23										5				282	282	10 17		10 17	11 52
67560	28		15		96				22										5				276	276	10 58		10 58	11 93
67570				45	124				30									2	1	1			290	294	13 56		13 56	14 21
67700	11				21				11									1					58	59	1 35		1 35	1 37
67710	6				11				6									1					38	39	1 02		1 02	1 04
67715	7				11				7									1					40	41	1 22		1 22	1 24
67800	13				19				6									0 5					45 5	46	1 38		1 38	1 39
67801	8				26				6									0 5					47 5	48	1 88		1 88	1 89
67805	9				44				9									1					77	78	2 22		2.22	2.24
67808	13		15		29				12										2.5				126 5	126 5	3.79		3 79	4 47
67810	12				23				12														47	47	1 48		1 48	1 48
67820	5	2	1		5				2														15	15	0 89	0 71	0 71	0 71
67825	8				15				8									1					46	47	1 38		1 38	1 40
67830	9				22				9									1					55	56	1 7		1 7	1 72
67835	18		15		58				15									3					151	154	5 55		5 55	5 61
67840	5	5	5		15				10									1					55	56	2 04	2 04	2 04	2 06
67850	7				18				7									1					47	48	1 69		1 69	1 71
67875	10				20				9														39	39	1 35		1 35	1 35
67880	14				31				12										2 5				114 5	114 5	3 79		3 79	4 47
67882	17		15		41				14										3				156	156	5.06		5 06	5 87
67900				30	70	15												1	2				176	177	6 13		6 13	6 69

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
67901	10	10	10		60				15						0 5			4					183	188	7 39		7 39	7 47
67902	10	10	13		78				20						0 5			3	1				217	221	9 35		9 35	9 68
67903	22		15		42				18									3					142	145	6.36		6 36	6 42
67904	10	10	15		45				15						0 5			3	1				181	185	6 25	7.5	7 5	7 83
67906	22		15		31				18									3					131	134	6 78		6.78	6 84
67908	18		15		30				17									3 5					132 5	136	5 12		5 12	5.19
67909	19		15		30				16									3 5					132 5	136	5 39		5 39	5 46
67911	10	10	15		50				15						0 5			4					178	183	5 26	7 3	7.3	7 38
67912	15	5	10		40				15						0 5			1	2				164	166	5 67		5 67	6 23
67914	9		15		22				9									1 5					77 5	79	3 67		3 67	3 70
67915	9				18				9									1 5					58 5	60	3 18		3 18	3 21
67916	18		15		37				15									3.5					137 5	141	5 3		5 3	5 37
67917	20		15		49				19									3 5					155 5	159	6 01		6 01	6 08
67921	9				22				9									1 5					62 5	64	3 39		3 39	3 42
67922	10				15				10									1 5					57 5	59	3 06		3 06	3 09
67923	19		15		36				16									3 5					138 5	142	5 87		5 87	5 94
67924	21		15		54				20									3					155	158	5.78		5.78	5 84
67930	13				35				13									1					76	77	3 6		3 6	3 62
67935	18		15		54				15									3					147	150	6 21		6.21	6 27
67938	8				16				8									1					47	48	1 33		1 33	1 35
67950	18		15		40				15									3.5					140 5	144	5 81		5 81	5 88
67961	22		15		56				18									3 5					163 5	167	5 68		5 68	5 75
67966	10	10	15		60				15						0 5			3	1				196	200	6 56	8 5	8 5	8.83
67971	25		15		103				20									4 5					230 5	235	9.78		9 78	9.87
67973	29		15		98				23									5 5					247 5	253	12 85		12 85	12 96
67974	29		15		100				23									5 5					249 5	255	12 82		12 82	12 93
67975	24		15		67				19									4 5					192 5	197	9.12		9 12	9 21
68020	7				11				7									1					40	41	1 37		1.37	1 39
68040	5				6				5														16	16	0 85		0 85	0 85
68100	9				16				9														34	34	1.35		1 35	1 35
68110	10				22				10									1					57	58	1 77		1 77	1 79
68115	14				26				12									1					67	68	2 36		2 36	2.38
68130	17				44				15									3 5					128 5	132	4 92		4 92	4 99
68135	12				20				10									1					57	58	1 84		1 84	1 86
68200	5				7				5														17	17	0.49		0 49	0 49
68320	22		15		67				13										4				209	209	5 36		5 36	6 44
68325	22		15		70				18										4				217	217	7 35		7.35	8 43
68326	22		15		64				18										4				211	211	7 14		7 14	8 22
68328	24		15		81				19										4				231	231	8 17		8 17	9 25
68330	16		15		40				14										3				154	154	4 82		4 82	5 63
68335	22		15		69				18										4				216	216	7 18		7 18	8 26
68340	15		15		34				13										2 5				134 5	134 5	4 16		4 16	4 84
68360	15		15		38				13										2 5				138 5	138 5	4 36		4 36	5 04
68362	22		15		56				18										4				203	203	7.33		7 33	8 41
68371	30				20				17						0 5			4					145	150	4 89		4 89	4.97
68400	9				22				9									1					55	56	1 69		1 69	1 71
68420	14				22				9									1					60	61	2 3		2 3	2 32
68440	6				7				6									1					34	35	0 94		0 94	0 96
68500	28		15		69				22										5 5				260 5	260.5	11		11	12 49
68505	28		15		71				22										5 5				262 5	262 5	10 92		10 92	12 41
68510	20		15		29				14														78	78	4 6		4 6	4 60
68520	23		15		64				18										4				212	212	7 5		7 5	8 58
68525	21		15		41				17														94	94	4 42		4.42	4 42
68530	18				40				15									1					88	89	3 65		3 65	3 67
68540	28		15		83				22										5				263	263	10 58		10 58	11 93
68550	32		15		118				25										6				328	328	13 24		13 24	14 86
68700	21		15		54				19										4				201	201	6 59		6 59	7.67
68705	6		15		12				6									1					54	55	2 06		2 06	2 08

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
68720				40	90	20												1	3				234	235	8 95		8 95	9 78
68745	23		15		63				19										4				212	212	8 62		8 62	9 70
68750	25		15		70				20										4 5				233 5	233 5	8 65		8 65	9 87
68760	6				9				6									1					36	37	1 73		1 73	1 75
68761				5	17													1					37	38	1 36		1 36	1 38
68770	22				49				18										4				181	181	7.01		7 01	8 09
68801				18	11	10											1	1					61	62	0 94		0 94	0 96
68810				20	15	15						1			1				1	1			166	171	1 9		1.9	2 63
68811				30	23	20												2					103	105	2 35		2 35	2 39
68815				40	40	20												2					130	132	3.2		3 2	3 24
68840	5	3			10				5									1					38	39	1 25	1 25	1 25	1 27
68850	7				12				7														26	26	0 8		0 8	0 80
69000	7				19				7									1					48	49	1 45		1 45	1 47
69005	10				27				9									1					61	62	2 11		2.11	2 13
69020	6				12				6									1					39	40	1 48		1 48	1 50
69100	6				10				5														21	21	0 81		0 81	0 81
69105	7				12				6														25	25	0 85		0 85	0 85
69110	12				37				10									2					89	91	3 43		3 43	3 47
69120	14				52				11									2					107	109	4 04		4 04	4 08
69140	20				73				17						0 5			3 5					180 5	185	7 96		7 96	8 03
69145	10				29				9									1 5					70 5	72	2 62		2 62	2 65
69150	27		25		111				20						1			4					279	285	13 41		13 41	13 49
69155				90	285	30						6	1		1			1	2	2			722	745	20 77		20 77	23.06
69200	5				12				5														22	22	0 77		0 77	0.77
69205	7				9				6								0 5						25 5	25 5	1.2		1 2	1 20
69210	5	2			10				2														19	19	0 61	0 61	0 61	0 61
69220	4				11				4														19	19	0 83		0 83	0 83
69222	8				17				7									1					47	48	1 4		1 4	1 42
69300				30	120			35									1			1			230	232	6 35		6 35	6 69
69310	25		15		97				19									4					216	220	10 77		10 77	10 85
69320	33		15		188				24						0 5			5					353	359	16 93		16 93	17 03
69400	7				14				3														24	24	0 83		0 83	0 83
69401	4				5				4														13	13	0 63		0 63	0 63
69405	11				22				9									1					57	58	2 63		2 63	2 65
69420	5				11				5									1					36	37	1 33		1 33	1 35
69421	7				9				6									1					37	38	1 73		1 73	1 75
69424	6				7				6														19	19	0 85		0 85	0 85
69433	5				14				5									1					39	40	1 52		1 52	1 54
69436	15		15		9				9									1					63	64	1 96		1 96	1 98
69440	21		15		62				20						0 5			3					181	185	7 56		7 56	7 62
69450	17		15		31				13									2 5					113 5	116	5 56		5 56	5 61
69501	23		25		74				17						0.5			3					202	206	9 06		9 06	9 12
69502	27		25		125				20						1			4					293	299	12 36		12 36	12 44
69505	28		25		146				20						1			4					315	321	12 97		12 97	13 05
69511	28		25		143				20						1			4					312	318	13 5		13 5	13 58
69530	34		25		218				26	1		4			1			4 5					545 5	563	19.16		19.16	20.24
69535	36		25		380				31			9			1			5					754	770	36 09		36 09	37 27
69540	7				14				6									1					42	43	1.2		1 2	1 22
69550	24		25		91				19						0 5			3 5					229 5	234	10 97		10 97	11 04
69552	32		25		184				23			1 5			1			4					388 5	396	19 43		19 43	19 69
69554				120	480	60						6	2		1				2	2			992	1024	33 11		33 11	35 71
69601	32		25		139				24						1			4.5					323 5	330	13.22		13 22	13 31
69602	28		25		149				21						1			4					319	325	13 56		13 56	13 64
69603	28		25		143				21						1			4					313	319	14		14	14 08
69604	28		25		160				21						1			4					330	336	14		14	14 08
69605	33		25		218				23						1			4 5					402.5	409	18 46		18 46	18 55
69610	17				43				14									1					89	90	4 42		4 42	4 44
69620	21		15		52				22									3					155	158	5 88		5 88	5 94

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
69631	24		15		104				19						0 5			4					240	245	9 85		9 85	9 93
69632	24		15		129				15						0 5			4 5					268 5	274	12 73		12 73	12 82
69633	27		15		122				20						0 5			4 5					269 5	275	12.08		12 08	12 17
69635	29		25		134				21						0 5			4					287	292	13 31		13 31	13 39
69636	31		25		163				22						0 5			4 5					326 5	332	15 2		15 2	15 29
69637	31		25		171				22						0 5			4 5					334 5	340	15 09		15 09	15 18
69641	25		25		175				14						1			4					335	341	12 69		12 69	12 77
69642	26		25		192				15						1			5					369	376	16 81		16 81	16 91
69643	30		25		172				22			0 5			1			4 5					362	369	15 3		15 3	15.45
69644	32		25		199				23			0 5			1			4 5					392	399	16.94		16.94	17 09
69645	31		25		168				23			1			1			4 5					369 5	377	16 36		16 36	16 57
69646	33		25		194				24			1 5			1			4 5					408	416	17.96		17 96	18 23
69650	21		25		51				17						0 5			3					177	181	9 65		9 65	9 71
69660	24		25		72				14						0 5			3					198	202	11 88		11 88	11 94
69661	28		25		99				22						1			4					270	276	15 72		15 72	15 80
69662	26		25		83				21						1			3 5					243 5	249	15 42		15 42	15 49
69666	21		25		57				17						1			3					201	206	9 74		9 74	9 80
69667	21		25		57				17						1			3					201	206	9 75		9.75	9 81
69670	26		25		105				20			0 5			1			3 5					274	280	11 49		11 49	11 62
69676	21		25		58				17						0 5			3 5					191 5	196	9 51		9 51	9 58
69700	21		15		61				17						0 5			3					177	181	8 22		8 22	8 28
69711	26				121				19						0 5			4					244	249	10 42		10 42	10 50
69714				55	90	30									1			3	1				279	284	13 98		13 98	14 31
69715				58	155	30									1			2	2				355	359	18 22		18.22	18 80
69717				50	95	28									1			3	1				277	282	14.96		14 96	15 29
69718				53	175	30									1			2	2				370	374	18 47		18 47	19 05
69720	32		25		148				22			1			1			4 5					349 5	357	14 36		14 36	14 57
69725				105	275	45						3	2		1				4				670	695	25 34		25 34	27 44
69740	37		25		170				26			1 5			1			3					367 5	374	15 94		15 94	16 18
69745	41		25		218				27			1.5			1			3 5					428	435	16 66		16 66	16 91
69801	21		25		61				17						1			3					205	210	8 55		8 55	8 61
69802	31		25		126				27			2			1			3 5					335 5	343	13 08		13 08	13 39
69805				60	120	30						1			1			1	1	1			341	347	13.8		13 8	14 55
69806	29		25		120				21			1			1			3 5					302 5	309	12 33		12 33	12 52
69820	25				98				19									4					202	206	10 32		10 32	10 40
69840	24		15		90				18									4					207	211	10 24		10 24	10 32
69905	23		25		73				18						1			3 5					227 5	233	11 08		11 08	11.15
69910	26		25		130				20			1			1			3.5					308 5	315	13.61		13 61	13 80
69915	35		25		174				32	1 5		5			1			4					551 5	573	21 2		21.2	22 65
69930				120	180	30						1			1			1		2			476	484	16 78		16 78	17 60
69950				120	210	45						4	2		1			1		2			638	669	25.6		25 6	27 44
69955				120	300	45						4	2		1				4				729	755	27		27	29 22
69960				100	240	45						4	2		1				4				649	675	27		27	29.22
69970				120	330	53						4	2		1				4				767	793	29 99		29 99	32 21
69990					40																		40	40	3 46		3 46	3 46
70010																							0	30	1 19		1 19	1 19
70015																							0	30	1 19		1 19	1 19
70030																							0	7	0.17		0 17	0 17
70100																							0	7	0 18		0.18	0 18
70110																							0	8	0 25		0 25	0 25
70120																							0	7	0 18		0 18	0 18
70130																							0	10	0 34		0 34	0.34
70134																							0	10	0 34		0 34	0 34
70140																							0	7	0.19		0 19	0 19
70150																							0	9	0 26		0.26	0 26
70160																							0	7	0 17		0 17	0 17
70170																							0	10	0 3		0 3	0 30
70190																							0	8	0 21		0 21	0 21

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
70200																							0	9	0 28		0 28	0 28
70210																							0	7	0 17		0 17	0 17
70220																							0	8	0 25		0 25	0 25
70240																							0	7	0 19		0 19	0 19
70250																							0	8	0 24		0 24	0 24
70260					7																		7	7	0 34		0 34	0 34
70300																							0	5	0 1		0 1	0 10
70310																							0	6	0 16		0.16	0 16
70320																							0	8	0 22		0 22	0.22
70328																							0	7	0 18		0 18	0 18
70330					22																		22	22	0 24		0 24	0 24
70332																							0	16	0 54		0 54	0 54
70336					20																		20	20	1 48		1.48	1 48
70350																							0	7	0 17		0 17	0.17
70355					5				1														6	6	0 2	0 2	0 2	0 20
70360																							0	7	0 17		0 17	0 17
70370																							0	10	0 32		0 32	0 32
70371																							0	22	0 84		0 84	0 84
70373																							0	13	0.44		0 44	0 44
70380																							0	7	0 17		0 17	0 17
70390																							0	11	0 38		0 38	0 38
70450																							0	22	0 85		0 85	0 85
70460																							0	28	1 13		1 13	1 13
70470					9																		9	9	1 27		1 27	1 27
70480																							0	32	1 28		1 28	1 28
70481																							0	34	1.38		1 38	1 38
70482																							0	36	1 45		1 45	1 45
70486																							0	29	1 14		1 14	1 14
70487																							0	32	1 3		1 3	1 30
70488																							0	35	1 42		1.42	1 42
70490																							0	32	1 28		1 28	1 28
70491																							0	34	1 38		1.38	1 38
70492																							0	36	1 45		1 45	1 45
70496				8	20		10																38	38	1 75		1 75	1 75
70498				7	20		10																37	37	1 75		1 75	1 75
70540																							0	36	1 35		1 35	1 35
70542				8	15		10																33	33	1 62		1 62	1 62
70543				8	15		10																33	33	2 15		2 15	2 15
70544				5	10		10																25	25	1.2		1.2	1 20
70545				5	15		10																30	30	1 2		1 2	1.20
70546				6	15		10																31	31	1.8		1 8	1 80
70547				5	10		10																25	25	1 2		1.2	1 20
70548				10	15		10																35	35	1 2		1 2	1 20
70549				10	20		10																40	40	1 8		1 8	1 80
70551				10	25				10														45	45	1 48		1 48	1 48
70552																							0	43	1 78		1 78	1 78
70553																							0	56	2 36		2.36	2.36
70554	15				35				10														60	60		2 11	2 11	2 11
70555	10				45				10														65	65		2 54	2 54	2 54
70557	30				120				15														165	165	0		0	-
70558	30				120				15														165	165	0		0	-
70559	30				120				15														165	165	0		0	-
71010	1				3				1														5	5	0 18	0 18	0 18	0 18
71015																							0	8	0 21		0.21	0.21
71020	1				3				1														5	5	0 22	0 22	0 22	0 22
71021																							0	9	0.27		0 27	0 27
71022																							0	10	0 31		0 31	0 31
71023																							0	11	0 38		0 38	0 38

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
71030																							0	10	0 31		0 31	0 31
71034																							0	13	0 46		0 46	0 46
71035																							0	7	0 18		0 18	0 18
71040																							0	17	0 58		0 58	0 58
71060																							0	20	0 74		0 74	0 74
71090																							0	16	0 54		0.54	0 54
71100																							0	8	0 22		0 22	0.22
71101																							0	9	0 27		0 27	0 27
71110																							0	9	0 27		0 27	0 27
71111					5																		5	5	0 32		0 32	0 32
71120																							0	7	0 2		0.2	0 20
71130																							0	8	0 22		0 22	0 22
71250																							0	29	1 16		1.16	1 16
71260	3				15				5														23	23	1 24	1 24	1 24	1 24
71270																							0	34	1 38		1 38	1 38
71275				9 5	30			10															49 5	49 5	1 92		1 92	1 92
71550																							0	39	1 46		1.46	1 46
71552				7 5	24				10														41 5	41 5	2 26		2 26	2 26
71555				5	30			8															43	43	1 81		1.81	1 81
72010																							0	13	0 45		0 45	0 45
72020																							0	6	0 15		0.15	0 15
72040																							0	8	0 22		0 22	0 22
72050																							0	10	0 31		0.31	0 31
72052																							0	11	0 36		0 36	0 36
72069																							0	8	0 22		0 22	0 22
72070																							0	8	0 22		0 22	0 22
72072																							0	8	0 22		0 22	0 22
72074																							0	8	0 22		0 22	0 22
72080																							0	8	0 22		0 22	0 22
72090																							0	9	0 28		0 28	0.28
72100																							0	8	0 22		0 22	0 22
72110					6																		6	6	0 31		0 31	0 31
72114																							0	11	0 36		0 36	0 36
72120																							0	8	0 22		0 22	0 22
72125																							0	29	1 16		1 16	1 16
72126																							0	30	1 22		1 22	1 22
72127																							0	32	1 27		1 27	1 27
72128																							0	29	1 16		1 16	1 16
72129																							0	30	1 22		1 22	1 22
72130																							0	32	1 27		1 27	1 27
72131																							0	29	1 16		1 16	1 16
72132																							0	30	1 22		1 22	1 22
72133																							0	32	1 27		1 27	1.27
72141																							0	39	1 6		1 6	1 60
72142																							0	47	1 92		1 92	1 92
72146																							0	39	1 6		1 6	1 60
72147																							0	47	1 92		1 92	1 92
72148																							0	36	1 48		1 48	1 48
72149																							0	43	1 78		1 78	1 78
72156																							0	61	2 57		2 57	2 57
72157																							0	61	2.57		2 57	2 57
72158																							0	56	2 36		2 36	2 36
72159				5	28			8															41	41	1 8		1 8	1.80
72170																							0	7	0.17		0 17	0 17
72190																							0	8	0 21		0 21	0 21
72191				9	30			10															49	49	1 81		1 81	1.81
72192	3				10				5														18	18	1 09	1 09	1 09	1 09
72193	3				10				5														18	18	1 16	1 16	1 16	1 16

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
72194																							0	30	1 22		1 22	1.22
72196				12 5	20				10														42.5	42 5	1 73		1 73	1.73
72197				10	25				10														45	45	2 26		2 26	2 26
72198				5	25			8															38	38	1 8		1.8	1 80
72200																							0	7	0.17		0 17	0 17
72202																							0	7	0 19		0.19	0 19
72220																							0	7	0 17		0 17	0 17
72240																							0	24	0 91		0 91	0 91
72255																							0	24	0 91		0 91	0 91
72265																							0	22	0 83		0 83	0 83
72270																							0	33	1 33		1 33	1 33
72275				12 5	30	2																	44.5	44 5	0 76		0 76	0 76
72285																							0	22	1 16		1 16	1 16
72295																							0	22	0 83		0 83	0.83
73000																							0	6	0 16		0.16	0 16
73010																							0	7	0.17		0 17	0 17
73020																							0	6	0 15		0.15	0 15
73030																							0	7	0.18		0 18	0 18
73040																							0	16	0 54		0 54	0 54
73050																							0	7	0.2		0 2	0 20
73060																							0	7	0 17		0.17	0 17
73070																							0	6	0 15		0 15	0 15
73080					5																		5	5	0 17		0 17	0 17
73085																							0	16	0 54		0 54	0 54
73090																							0	6	0 16		0 16	0 16
73092																							0	6	0 16		0 16	0 16
73100	1				3				1														5	5	0 16	0 16	0 16	0 16
73110	1				3				1														5	5	0 17	0.17	0 17	0 17
73115																							0	16	0 54		0 54	0 54
73120	1				3				1														5	5	0 16	0 16	0 16	0 16
73130	1				3				1														5	5	0 17	0 17	0 17	0 17
73140	1				2				1														4	4	0 13	0.13	0 13	0 13
73200																							0	28	1 09		1 09	1 09
73201																							0	29	1 16		1 16	1 16
73202																							0	30	1 22		1 22	1 22
73206				10	30			10															50	50	1 81		1 81	1 81
73219				10	20				10														40	40	1 62		1 62	1 62
73220				10	25				10														45	45	2.15		2 15	2 15
73221					20																		20	20	1 35		1 35	1 35
73222				5	20				8														33	33	1 62		1 62	1 62
73223				10	30				10														50	50	2 15		2 15	2 15
73225				5	28			8															41	41	1 73		1 73	1 73
73500																							0	7	0 17		0 17	0 17
73510					5																		5	5	0.21		0 21	0.21
73520																							0	9	0 26		0 26	0 26
73525																							0	16	0 54		0 54	0.54
73530																							0	9	0 29		0 29	0 29
73540																							0	7	0.2		0 2	0 20
73542				10	20	5																	35	35	0 59		0 59	0 59
73550																							0	7	0 17		0 17	0 17
73560					3																		3	3	0.17		0 17	0 17
73562					4																		4	4	0 18		0 18	0 18
73564					5																		5	5	0.22		0 22	0 22
73565																							0	7	0 17		0 17	0 17
73580																							0	16	0 54		0 54	0 54
73590																							0	7	0 17		0 17	0 17
73592																							0	6	0 16		0 16	0 16
73600																							0	6	0 16		0.16	0.16

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
73610					3																		3	3	0 17		0 17	0 17
73615																							0	16	0 54		0 54	0 54
73620																							0	6	0 16		0.16	0 16
73630					5																		5	5	0 17		0.17	0.17
73650																							0	6	0 16		0 16	0 16
73660																							0	6	0.13		0 13	0.13
73700																							0	28	1 09		1 09	1 09
73701																							0	29	1 16		1 16	1 16
73702																							0	30	1 22		1 22	1 22
73706				10	30			10															50	50	1 9		1 9	1 90
73719				10	20				10														40	40	1 62		1 62	1 62
73720				10	25				10														45	45	2.15		2 15	2 15
73721					20																		20	20	1 35		1 35	1 35
73722				8.5	20		15		10														53 5	53 5	1.62		1 62	1.62
73723				10	26 5				10														46 5	46 5	2 15		2.15	2 15
73725				5	30			8															43	43	1 82		1 82	1 82
74000	1				3				1														5	5	0 18	0 18	0 18	0.18
74010																							0	8	0 23		0 23	0 23
74020	1				3				1														5	5	0 27	0.27	0 27	0 27
74022	1				5				1														7	7	0 32	0 32	0 32	0.32
74150	3				12				5														20	20	1 19	1 19	1.19	1 19
74160	3				15				5														23	23	1 27	1 27	1 27	1 27
74170																							0	34	1 4		1 4	1 40
74175				10	30			10															50	50	1.9		1 9	1 90
74181																							0	39	1 46		1 46	1.46
74182				15	20				10														45	45	1.73		1.73	1 73
74183				10	30				10														50	50	2 26		2 26	2 26
74185				5	30			8															43	43	1 8		1.8	1 80
74190				2	28			2															32	32	0 48		0 48	0 48
74210																							0	11	0 36		0.36	0 36
74220																							0	13	0 46		0 46	0 46
74230																							0	14	0 53		0 53	0 53
74240																							0	19	0 69		0 69	0 69
74241																							0	19	0 69		0 69	0 69
74245																							0	24	0 91		0 91	0 91
74246																							0	19	0 69		0.69	0 69
74247					17																		17	17	0 69		0 69	0 69
74249																							0	24	0.91		0 91	0 91
74250																							0	13	0 47		0 47	0 47
74251				2	32			4															38	38	0 69		0 69	0 69
74260																							0	14	0 5		0 5	0 50
74270																							0	19	0 69		0 69	0 69
74280					24																		24	24	0 99		0 99	0 99
74283																							0	49	2 02		2 02	2 02
74290																							0	10	0 32		0 32	0 32
74291																							0	7	0.2		0 2	0 20
74305																							0	12	0 42		0 42	0 42
74320																							0	16	0 54		0 54	0 54
74327																							0	19	0 7		0 7	0 70
74328																							0	19	0 7		0 7	0 70
74330					30																		30	30	0.9		0 9	0 90
74340				2	30			2															34	34	0 54		0 54	0 54
74350																							0	20	0 76		0.76	0 76
74355																							0	20	0 76		0 76	0 76
74360																							0	16	0 54		0 54	0 54
74400					23																		23	23	0 49		0 49	0.49
74410																							0	14	0 49		0 49	0 49
74415																							0	14	0 49		0.49	0 49

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
74420																							0	11	0.36		0 36	0 36
74425																							0	11	0 36		0 36	0.36
74430																							0	10	0 32		0 32	0 32
74440																							0	11	0 38		0 38	0 38
74445																							0	29	1 14		1 14	1.14
74450																							0	10	0 33		0 33	0 33
74455																							0	10	0 33		0 33	0 33
74470																							0	16	0 54		0 54	0 54
74475																							0	16	0 54		0 54	0 54
74480																							0	16	0 54		0 54	0 54
74485																							0	16	0 54		0 54	0 54
74710																							0	10	0 34		0 34	0 34
74740																							0	11	0 38		0 38	0 38
74775																							0	17	0 62		0 62	0 62
75552				1	144			1															146	146	1 6		1 6	1.60
75553				5	98			5															108	108	2		2	2 00
75554				4	63			7															74	74	1 83		1 83	1 83
75555				7	64			10															81	81	1 74		1 74	1.74
75556				5	70			8															83	83	0		0	-
75600																							0	14	0 49		0.49	0 49
75605																							0	29	1.14		1 14	1.14
75625																							0	29	1 14		1 14	1.14
75630																							0	32	1 79		1.79	1 79
75635				10 5	45			15															70.5	70 5	2 4		2 4	2 40
75650																							0	36	1 49		1 49	1 49
75658																							0	32	1.31		1 31	1 31
75660																							0	32	1 31		1 31	1 31
75662																							0	40	1 66		1 66	1 66
75665																							0	32	1 31		1 31	1 31
75671																							0	40	1 66		1.66	1 66
75676																							0	32	1 31		1 31	1 31
75680																							0	40	1 66		1 66	1 66
75685																							0	32	1 31		1.31	1 31
75705																							0	52	2 18		2 18	2 18
75710																							0	29	1 14		1 14	1 14
75716																							0	32	1 31		1.31	1 31
75722																							0	29	1 14		1 14	1 14
75724																							0	36	1 49		1 49	1.49
75726																							0	29	1 14		1.14	1.14
75731																							0	29	1 14		1 14	1 14
75733																							0	32	1.31		1 31	1 31
75736																							0	29	1 14		1.14	1 14
75741																							0	32	1 31		1 31	1 31
75743																							0	40	1 66		1 66	1 66
75746																							0	29	1 14		1.14	1 14
75756																							0	29	1 14		1 14	1 14
75774																							0	11	0 36		0 36	0 36
75790																							0	45	1 84		1 84	1.84
75801																							0	22	0 81		0 81	0 81
75803																							0	29	1.17		1 17	1.17
75805																							0	22	0 81		0 81	0 81
75809																							0	13	0 47		0 47	0 47
75810																							0	29	1 14		1.14	1 14
75820																							0	19	0.7		0 7	0.70
75822																							0	27	1 06		1 06	1 06
75825																							0	29	1 14		1 14	1 14
75827																							0	29	1 14		1 14	1 14
75831																							0	29	1 14		1 14	1 14

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
75833																							0	36	1 49		1 49	1 49
75840																							0	28	1 14		1 14	1 14
75842																							0	35	1 49		1 49	1 49
75860																							0	29	1 14		1.14	1 14
75870																							0	29	1 14		1 14	1 14
75872																							0	29	1 14		1.14	1 14
75880																							0	19	0 7		0 7	0 70
75885																							0	34	1.44		1 44	1.44
75887																							0	35	1 44		1 44	1 44
75889																							0	29	1.14		1 14	1 14
75891																							0	29	1 14		1 14	1 14
75893																							0	16	0 54		0 54	0 54
75894																							0	32	1 31		1 31	1 31
75896																							0	32	1 31		1 31	1.31
75898																							0	40	1 65		1 65	1 65
75900				3	38			3															44	44	0		0	-
75901				4	9				5														18	18	0 49		0 49	0 49
75902				5	10				5														20	20	0 39		0 39	0.39
75940																							0	16	0 54		0 54	0 54
75945				5	20			4															29	29	0 4		0.4	0 40
75946					20																		20	20	0		0	-
75952				20	60			15															95	95	0		0	-
75953				20	45		30																95	95	0		0	-
75956	30				90				20														140	140	0		0	-
75957	30				60				20														110	110	0		0	-
75958	30				60				20														110	110	0		0	-
75959	20				45				20														85	85	0		0	-
75960																							0	22	0 82		0 82	0 82
75961																							0	98	4.24		4 24	4 24
75962																							0	16	0 54		0.54	0 54
75964																							0	11	0 36		0 36	0 36
75966																							0	32	1 31		1.31	1 31
75968																							0	11	0 36		0 36	0 36
75970																							0	22	0 83		0 83	0 83
75978																							0	16	0 54		0 54	0 54
75980																							0	35	1.44		1 44	1 44
75984																							0	20	0 72		0 72	0 72
75989																							0	30	1 19		1 19	1 19
75992																							0	16	0 54		0 54	0 54
75998					9				4														13	13	0 38		0 38	0 38
76000																							0	7	0.17		0 17	0 17
76001																							0	19	0 67		0 67	0 67
76003																							0	16	0 54		0.54	0 54
76005				10	20	5																	35	35	0 6		0 6	0 60
76006					11																		11	11	0 41		0 41	0 41
76010																							0	7	0 18		0 18	0 18
76012				45	60		15																120	120	0		0	-
76013				37 5	60		15																112 5	112.5	0		0	-
76020																							0	7	0.19		0 19	0 19
76040																							0	9	0 27		0 27	0 27
76061																							0	13	0 45		0 45	0 45
76062																							0	16	0 54		0 54	0 54
76065				3	10				5														18	18	0 7		0 7	0 70
76066																							0	10	0 31		0 31	0 31
76070																							0	8	0 25		0 25	0 25
76071				3	12				5														20	20	0 22		0 22	0.22
76075	1				4				1														6	6	0 3	0 2	0 2	0 20
76076				5	5			10															20	20	0 22		0 22	0 22

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
76077	1				5				1														7	7	0 17		0.17	0 17
76078					10																		10	10	0 2		0 2	0 20
76080																							0	16	0 54		0 54	0 54
76082					1																		1	1	0 06		0 06	0.06
76083					1																		1	1	0 06		0 06	0 06
76086																							0	11	0 36		0 36	0 36
76088																							0	13	0 45		0 45	0 45
76090				4 5	7				8														19 5	19 5	0 7		0 7	0 70
76091				5	10				8														23	23	0 87		0 87	0 87
76092				2	5				5														12	12	0 7		0 7	0 70
76093					50																		50	50	1 63		1 63	1 63
76094					55																		55	55	1.63		1.63	1 63
76095				2	45			2															49	49	1 59		1 59	1 59
76096																							0	16	0 56		0 56	0 56
76098																							0	6	0 16		0 16	0.16
76100																							0	17	0 58		0 58	0 58
76101																							0	17	0 58		0 58	0 58
76102																							0	17	0 58		0 58	0 58
76120																							0	11	0 38		0 38	0 38
76125																							0	9	0 27		0 27	0 27
76355																							0	30	1 21		1 21	1 21
76360																							0	29	1.16		1.16	1 16
76362				20	120				15														155	155	3 99		3 99	3 99
76370																							0	22	0 85		0 85	0 85
76376	5				5				5														15	15	0 2		0 2	0 20
76377	5				17				8														30	30	0.79		0 79	0 79
76380																							0	25	0 98		0 98	0 98
76390					28																		28	28	1 4		1 4	1.40
76393				20	42 5		15																77 5	77.5	1 5		1.5	1 50
76394				20	165				15														200	200	4 24		4 24	4 24
76400																							0	39	1 6		1 6	1 60
76506																							0	25	0 63		0 63	0 63
76510	5				30				10														45	45	1 55		1 55	1 55
76511	5				15				10														30	30	0 94		0 94	0 94
76512	10				15				10														35	35	0 94		0 94	0 94
76513																							0	25	0 66		0 66	0 66
76514	5				5				5														15	15	0 17		0 17	0 17
76516					17																		17	17	0 54		0 54	0 54
76519	5	7			5																		17	17	0 54	0.54	0 54	0 54
76529																							0	23	0 57		0.57	0 57
76536																							0	23	0.56		0 56	0.56
76604																							0	23	0 55		0 55	0 55
76645																							0	23	0.54		0 54	0 54
76700	3				10				4														17	17	0 81	0 81	0 81	0 81
76705																							0	24	0 59		0 59	0 59
76770																							0	27	0.74		0 74	0 74
76775																							0	24	0 58		0 58	0 58
76776	5				10				5														20	20		0 76	0 76	0 76
76778																							0	27	0 74		0 74	0 74
76800																							0	36	1 13		1 13	1 13
76801				5	15				7														27	27	0 99		0 99	0 99
76802					10																		10	10	0 83		0 83	0 83
76805				5	15				6														26	26	0 99		0 99	0.99
76810					20																		20	20	0 98		0 98	0 98
76811				10	30				12														52	52	1 9		1.9	1 90
76812					25																		25	25	1 78		1 78	1 78
76813	5				20				10														35	35		1 18	1.18	1 18
76814					20																		20	20		0 99	0 99	0 99

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
76815				5	5 5				5														15 5	15 5	0 65		0.65	0 65
76816				6	15				10														31	31	0 85		0 85	0 85
76817				5	10				8														23	23	0 75		0 75	0 75
76818				10	30		8																48	48	1 05		1.05	1 05
76819				10	22 5		7																39 5	39 5	0 77		0 77	0 77
76820	5				10				5														20	20	0 5		0 5	0 50
76821	5				10				5														20	20	0 7		0 7	0.70
76825				10	40			20															70	70	1 67		1.67	1 67
76826																							0	29	0 83		0 83	0 83
76827																							0	24	0 58		0.58	0 58
76828																							0	23	0 56		0 56	0 56
76830	3				12				5														20	20	0 69	0 69	0.69	0 69
76831				15	22			10															47	47	0 72		0 72	0 72
76856																							0	26	0 69		0 69	0 69
76857																							0	19	0 38		0 38	0 38
76870																							0	25	0 64		0 64	0 64
76872																							0	26	0 69		0 69	0 69
76873				20	30	10																	60	60	1 55		1 55	1 55
76880																							0	24	0 59		0 59	0 59
76885					20																		20	20	0 74		0 74	0 74
76886					15																		15	15	0 62		0 62	0 62
76930																							0	26	0 67		0 67	0 67
76932																							0	26	0 67		0 67	0 67
76936				5	68			4															77	77	1 99		1.99	1.99
76937					10				4														14	14	0 3		0 3	0 30
76940				20	120				15														155	155	2		2	2 00
76941					68																		68	68	1 34		1.34	1 34
76942					30																		30	30	0 67		0 67	0 67
76945																							0	26	0 67		0 67	0 67
76946																							0	19	0 38		0 38	0.38
76948																							0	19	0 38		0 38	0.38
76950																							0	24	0 58		0 58	0 58
76965				25	62			11															98	98	1 34		1 34	1 34
76970																							0	20	0 4		0 4	0 40
76975					34																		34	34	0 81		0 81	0 81
76977					5																		5	5	0 05		0 05	0 05
76986																							0	37	1 2		1 2	1 20
77261																							0	56	1 39		1.39	1 39
77262																							0	72	2 11		2 11	2 11
77263					75																		75	75	3 14	3 14	3 14	3 14
77280					23																		23	23	0 7	0 7	0.7	0 70
77285					46																		46	46	1 05		1 05	1 05
77290					70																		70	70	1 56	1 56	1.56	1.56
77295																							0	127	4 56		4 56	4 56
77300					15																		15	15	0 62	0 62	0 62	0 62
77301				30	131		35																196	196	7 99		7 99	7 99
77305																							0	40	0 7		0 7	0 70
77310																							0	49	1.05		1 05	1 05
77315					45																		45	45	1 56	1 56	1 56	1 56
77321																							0	46	0 95		0 95	0 95
77326																							0	46	0 93		0 93	0 93
77327																							0	56	1 39		1 39	1 39
77328																							0	71	2 09		2.09	2 09
77331					30																		30	30	0 87	0 87	0 87	0 87
77332																							0	37	0 54		0 54	0.54
77333																							0	43	0 84		0 84	0 84
77334					35																		35	35	1 24	1 24	1 24	1 24
77421					9																		9	9	0 39		0 39	0 39

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
77427				20	40	20						1			1				1				158	161	3 31		3.31	3 70
77431																							0	65	1 81		1 81	1 81
77432																							0	203	7.92		7 92	7.92
77435	20				230				20														270	270		13 00	13.00	13 00
77470					55																		55	55	2.09	2 09	2 09	2 09
77600																							0	60	1 56		1 56	1 56
77605																							0	71	2 09		2.09	2.09
77610																							0	60	1.56		1 56	1 56
77615																							0	71	2 09		2 09	2 09
77620																							0	58	1 56		1 56	1 56
77750				8	40	20												2					98	100	4 9		4 9	4 94
77761				11	45	10												1					81	82	3 8		3 8	3 82
77762				18	60	19												1					112	113	5 71		5 71	5 73
77763				20	80	28												2					158	160	8 56		8 56	8 60
77776				10	60	15												1					100	101	4 65		4.65	4.67
77777				18	60	19												1					112	113	7 47		7 47	7 49
77778				35	90	30												3					200	203	11 17		11 17	11 23
77781				6	15	10												1					46	47	1.66		1.66	1 68
77782				9	25	10												1					59	60	2 49		2 49	2 51
77783				14	40	10												1					79	80	3.72		3 72	3 74
77784				20	60	15												1					110	111	5 6		5 6	5 62
77789				12	20	5												1					52	53	1.12		1.12	1 14
77790																							0	49	1 05		1 05	1.05
78000					14																		14	14	0 19		0 19	0 19
78001					17																		17	17	0 26		0 26	0 26
78003					19																		19	19	0 33		0 33	0.33
78006					20																		20	20	0 49		0 49	0 49
78007					24																		24	24	0 5		0 5	0 50
78010					17																		17	17	0 39		0 39	0 39
78011					20																		20	20	0 45		0 45	0 45
78015					31																		31	31	0 67		0 67	0.67
78016					49																		49	49	0 82		0 82	0 82
78018					29																		29	29	0 86		0 86	0 86
78020					20																		20	20	0 6		0 6	0.60
78070					15																		15	15	0 82		0.82	0 82
78075					38																		38	38	0.74		0 74	0 74
78102					18																		18	18	0 55		0 55	0 55
78103					22																		22	22	0 75		0 75	0 75
78104					20																		20	20	0 8		0 8	0 80
78110					9																		9	9	0 19		0 19	0 19
78111					10																		10	10	0 22		0.22	0 22
78120					10																		10	10	0 23		0 23	0 23
78121					12																		12	12	0 32		0.32	0 32
78122					19																		19	19	0 45		0 45	0 45
78130					24																		24	24	0 61		0 61	0 61
78135					48																		48	48	0 64		0 64	0 64
78140					40																		40	40	0 61		0 61	0 61
78185					16																		16	16	0 4		0 4	0 40
78190					40																		40	40	1.09		1.09	1 09
78191					25																		25	25	0 61		0 61	0 61
78195					30																		30	30	1.2		1 2	1 20
78201					16																		16	16	0 44		0 44	0 44
78202					20																		20	20	0 51		0 51	0 51
78205					20																		20	20	0 71		0 71	0 71
78206					25																		25	25	0 96		0 96	0 96
78215					13																		13	13	0 49		0 49	0 49
78216					22																		22	22	0 57		0 57	0 57
78220					26																		26	26	0 49		0 49	0 49

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
78223					22																		22	22	0 84		0 84	0 84
78230					19																		19	19	0 45		0 45	0 45
78231					23																		23	23	0 52		0 52	0 52
78232					28																		28	28	0 47		0 47	0 47
78258					27																		27	27	0 74		0 74	0 74
78261					21																		21	21	0 69		0 69	0 69
78262					25																		25	25	0 68		0 68	0 68
78264					20																		20	20	0 78		0 78	0 78
78268				3	4		5																12	12	0		0	-
78270					12																		12	12	0 2		0 2	0 20
78271					10																		10	10	0 2		0 2	0 20
78272					12																		12	12	0 27		0 27	0 27
78278					28																		28	28	0 99		0 99	0 99
78290					18																		18	18	0 68		0 68	0 68
78291					31																		31	31	0 88		0 88	0.88
78300					15																		15	15	0 62		0 62	0 62
78305					22																		22	22	0 83		0 83	0 83
78306	5				8				5														18	18	0 86	0 86	0 86	0 86
78315	5				10				5														20	20	1 02	1.02	1 02	1 02
78320					24																		24	24	1 04		1 04	1 04
78350					15																		15	15	0 22		0 22	0 22
78351																							0	16	0 3		0 3	0 30
78428					33																		33	33	0 78		0 78	0 78
78445					17																		17	17	0.49		0 49	0 49
78456					30																		30	30	1		1	1 00
78457					32																		32	32	0 77		0.77	0 77
78458					24																		24	24	0.9		0 9	0 90
78459					65																		65	65	0		0	-
78460					30																		30	30	0 86		0 86	0 86
78461					29																		29	29	1 23		1 23	1.23
78464					32																		32	32	1 09		1 09	1 09
78465	5				20				5														30	30	1.46	1 46	1 46	1.46
78466					17																		17	17	0 69		0 69	0.69
78468					26																		26	26	0 8		0 8	0 80
78469					26																		26	26	0 92		0 92	0.92
78472					23																		23	23	0 98		0 98	0.98
78473					33																		33	33	1.47		1 47	1.47
78478					10				1														11	11	0 62	0 5	0 5	0.50
78480					5				1														6	6	0 62	0 3	0 3	0.30
78481					21																		21	21	0 98		0 98	0 98
78483					27																		27	27	1 47		1 47	1 47
78491					45																		45	45	0		0	-
78492					55																		55	55	0		0	-
78494				3	23																		26	26	1 19		1 19	1.19
78496					19																		19	19	0 5		0 5	0 50
78580					16																		16	16	0 74		0 74	0.74
78584					20																		20	20	0 99		0 99	0 99
78585					22																		22	22	1 09		1 09	1 09
78586					15																		15	15	0 4		0 4	0 40
78587					18																		18	18	0 49		0 49	0 49
78588					24																		24	24	1 09		1 09	1 09
78591					11																		11	11	0 4		0 4	0.40
78593					14																		14	14	0 49		0 49	0 49
78594					17																		17	17	0 53		0 53	0 53
78596					23																		23	23	1 27		1 27	1 27
78600					16																		16	16	0 44		0.44	0 44
78601					18																		18	18	0 51		0 51	0 51
78605					21																		21	21	0 53		0 53	0 53

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
78606					22																		22	22	0 64		0.64	0 64
78607					29																		29	29	1 23		1 23	1 23
78608					56																		56	56	0		0	-
78609					55																		55	55	0		0	-
78610					10																		10	10	0 3		0.3	0 30
78615					12																		12	12	0.42		0 42	0.42
78630					24																		24	24	0 68		0 68	0 68
78635					36																		36	36	0.61		0 61	0 61
78645					32																		32	32	0 57		0.57	0 57
78647																							0	37	0 9		0 9	0 90
78650					40																		40	40	0 61		0 61	0 61
78660					16																		16	16	0 53		0 53	0 53
78700					17																		17	17	0.45		0 45	0 45
78701					18																		18	18	0 49		0 49	0 49
78704					21																		21	21	0 74		0 74	0.74
78707					22																		22	22	0 96		0 96	0 96
78708					32																		32	32	1 21		1 21	1.21
78709					40																		40	40	1 41		1 41	1 41
78710					21																		21	21	0.66		0 66	0 66
78715					15																		15	15	0 3		0.3	0 30
78725					21																		21	21	0.38		0 38	0 38
78730					16																		16	16	0 36		0.36	0 36
78730					5																		5	5		0 15	0 15	0 15
78740					30																		30	30	0 57		0 57	0 57
78760					20																		20	20	0 66		0 66	0.66
78761					22																		22	22	0 71		0 71	0 71
78800					28																		28	28	0 66		0 66	0 66
78801					32																		32	32	0 79		0 79	0 79
78802	12 5				17 5				10														40	40	0.86		0 86	0 86
78803					43																		43	43	1 09		1.09	1 09
78804	30				20				20														70	70	1.07		1 07	1 07
78805					25																		25	25	0 73		0 73	0 73
78806					23																		23	23	0 86		0 86	0 86
78807					37																		37	37	1 09		1 09	1 09
78811	10				20				10														40	40	0		0	-
78812	10				30				10														50	50	0		0	-
78813	15				30				10														55	55	0		0	-
78814	15				30				15														60	60	0		0	-
78815	15				35				15														65	65	0		0	-
78816	15				40				15														70	70	0		0	-
78890																							0	20	0 05		0 05	0 05
78891																							0	39	0 1		0 1	0 10
79005	20				15				10														45	45	1 8		1 8	1.80
79101	30				30				20														80	80	1 96		1 96	1 96
79200					75																		75	75	1 99		1 99	1 99
79403	30				30				15														75	75	2 25		2 25	2 25
79440																							0	63	1 99		1.99	1.99
79445	30				45				20														95	95	0		0	-
80500																							0	16	0.37		0 37	0 37
80502																							0	52	1 33		1 33	1 33
83020				3	7			5															15	15	0		0	-
83912				5	10			5															20	20	0		0	-
84165				3	5			5															13	13	0		0	-
84166	3				5				5														13	13	0		0	-
84181				8	7			5															20	20	0		0	-
84182				5	10			5															20	20	0		0	-
85060																							0	19	0.45		0 45	0 45
85097																							0	38	0 94		0 94	0 94

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
85390				8	17			10															35	35	0		0	-
85396	10				12 5				12 5														35	35	0 37		0 37	0 37
85576				5	8			6															19	19	0		0	-
86077					40																		40	40	0 94		0 94	0.94
86078																							0	38	0 94		0 94	0 94
86079					30																		30	30	0 94		0.94	0 94
86255				3	5			5															13	13	0		0	-
86256				3	5			5															13	13	0		0	-
86320				5	9			3															17	17	0		0	-
86325				3	8			3															14	14	0		0	-
86327				5	14			8															27	27	0		0	-
86334				4	6			5															15	15	0		0	-
86335	4				6				5														15	15	0		0	-
88104					21																		21	21	0 56		0 56	0 56
88106																							0	23	0 56		0 56	0 56
88107																							0	31	0 76		0.76	0 76
88108																							0	23	0 56		0 56	0 56
88112	8				25				10														43	43	1 18		1 18	1 18
88125																							0	12	0.26		0 26	0 26
88141																							0	16	0 42		0 42	0 42
88160					22																		22	22	0 5		0 5	0.50
88161																							0	21	0 5		0 5	0 50
88162																							0	31	0 76		0 76	0.76
88172				10	19			10															39	39	0 6		0 6	0 60
88173				15	25			10															50	50	1.39		1 39	1 39
88182				4	10			6															20	20	0 77		0.77	0 77
88187	5				30				3														38	38	1 36		1 36	1 36
88188	5				35				3														43	43	1 69		1 69	1 69
88189	5				40				5														50	50	2.23		2 23	2 23
88291					20																		20	20	0 52		0 52	0 52
88300					4																		4	4	0 08		0 08	0 08
88302					7																		7	7	0 13		0 13	0 13
88304					11																		11	11	0 22		0 22	0 22
88305					24																		24	24	0 75		0 75	0 75
88307					48																		48	48	1 59		1 59	1 59
88309					90																		90	90	2 28	2 8	2 8	2 80
88311					5			2															7	7	0 24		0 24	0 24
88312					22																		22	22	0 54		0 54	0 54
88313					11																		11	11	0 24		0 24	0 24
88314																							0	19	0 45		0 45	0 45
88318																							0	18	0 42		0 42	0 42
88319																							0	22	0 53		0 53	0 53
88321					50																		50	50	1 3	1 63	1 63	1 63
88323					56																		56	56	1 35	1 83	1 83	1 83
88325					80																		80	80	2 22	2 5	2 5	2 50
88329																							0	27	0 67		0 67	0 67
88331					23																		23	23	1 19		1.19	1 19
88332					15																		15	15	0 59		0 59	0 59
88333					25																		25	25	1.2		1 2	1 20
88334					20																		20	20	0 59		0 59	0.59
88342																							0	34	0 85		0 85	0 85
88346																							0	35	0 86		0 86	0 86
88347																							0	35	0 86		0.86	0 86
88348																							0	59	1 51		1 51	1 51
88349																							0	31	0.76		0 76	0 76
88355																							0	72	1 85		1 85	1 85
88356																							0	117	3 02		3 02	3 02
88358	8				20				10														38	38	0 95		0 95	0 95

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
88360					35																		35	35	1 1		1 1	1 10
88361					40																		40	40	1 18		1 18	1 18
88362																							0	84	2.17		2 17	2.17
88365					40																		40	40	1 2		1 2	1 20
88367					42																		42	42	1 3		1.3	1.30
88368					45																		45	45	1 4		1 4	1 40
88385					59																		59	59	1 5		1 5	1 50
88386					95																		95	95	1 88		1.88	1 88
89049	5								40														45	45	1 4		1 4	1 40
89060				3	10			3															16	16	0		0	-
89100																							0	25	0 6		0 6	0 60
89105																							0	21	0.5		0 5	0 50
89130																							0	19	0 45		0 45	0 45
89132																							0	9	0 19		0 19	0 19
89135																							0	32	0 79		0 79	0.79
89136																							0	10	0 21		0 21	0 21
89140																							0	38	0 94		0 94	0 94
89141																							0	34	0 85		0 85	0 85
90465					7																		7	7	0 17		0 17	0 17
90466					7																		7	7	0 15		0 15	0 15
90467					7																		7	7	0 17		0.17	0 17
90468					7																		7	7	0 15		0 15	0 15
90471					7																		7	7	0 17		0.17	0.17
90472					7																		7	7	0 15		0 15	0 15
90473					7																		7	7	0 17		0 17	0 17
90474					7																		7	7	0 15		0 15	0 15
90760	2				3				2														7	7	0 17		0 17	0.17
90761					3																		3	3	0 09		0 09	0 09
90765	2				5				2														9	9	0 21		0 21	0 21
90766					3																		3	3	0 18		0.18	0 18
90767	1				5																		6	6	0 19		0 19	0.19
90768	1				3																		4	4	0 17		0 17	0 17
90772	2				3				2														7	7	0 17		0.17	0 17
90774	2				5				2														9	9	0 18		0 18	0 18
90775	1				3																		4	4	0 1		0 1	0 10
90801				10	60			55															125	125	2 8		2 8	2 80
90802				15	75			80															170	170	3 01		3 01	3 01
90804					30																		30	30	1 21		1 21	1 21
90805					30																		30	30	1 37		1 37	1 37
90806					50																		50	50	1 86		1 86	1 86
90807					50																		50	50	2 02		2 02	2 02
90808					80																		80	80	2 79		2 79	2 79
90809					80																		80	80	2 95		2 95	2 95
90810																							0	55	1 32		1 32	1 32
90811																							0	62	1 48		1 48	1.48
90812																							0	78	1 97		1 97	1 97
90813																							0	85	2 13		2 13	2 13
90814																							0	110	2 9		2.9	2 90
90815																							0	117	3 06		3 06	3 06
90816					28 5																		28 5	28 5	1 25		1 25	1 25
90817					25																		25	25	1 41		1 41	1 41
90818					47																		47	47	1 89		1 89	1 89
90819					45																		45	45	2 05		2 05	2 05
90821					80																		80	80	2 83		2 83	2 83
90822					78 5																		78 5	78 5	2 99		2 99	2 99
90823					30																		30	30	1 36		1 36	1 36
90824					25																		25	25	1 52		1 52	1 52
90826																							0	76	2 01		2 01	2 01

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
90827					50																		50	50	2 16		2 16	2 16
90828																							0	110	2.94		2 94	2 94
90829																							0	119	3 1		3 1	3.10
90845				5	45			11															61	61	1 79		1 79	1 79
90846					50																		50	50	1 83		1 83	1 83
90847				5	50			21															76	76	2 21		2 21	2 21
90849				11	84			14															109	109	0 59		0 59	0 59
90853				10	80			44															134	134	0 59		0 59	0 59
90857				15	50			58															123	123	0 63		0 63	0 63
90862				5	25			23															53	53	0 95		0 95	0.95
90865					90																		90	90	2.84		2 84	2 84
90870					23																		23	23	1 88		1 88	1.88
90875				10	25			10															45	45	1.2		1 2	1 20
90876				10	50			10															70	70	1 9		1 9	1.90
90880				8	50			40															98	98	2 19		2 19	2 19
90885																							0	60	0 97		0 97	0 97
90887				10	50			28															88	88	1 48		1.48	1 48
90901				5	45			10															60	60	0 41		0.41	0 41
90911				30	60			30															120	120	0 89		0.89	0 89
90918				30	185			45															260	260	11 16		11 16	11 16
90919				28	148			35															211	211	8 53		8 53	8 53
90920				22	140			45															207	207	7 26		7.26	7 26
90921					182																		182	182	4 46		4.46	4.46
90922					6																		6	6	0 37		0.37	0 37
90923																							0	5	0 28		0 28	0 28
90924																							0	5	0 24		0 24	0 24
90925					6																		6	6	0 15		0 15	0 15
90935					21																		21	21	1 22		1 22	1 22
90937					55																		55	55	2.11		2 11	2.11
90940				20	2		5																27	27	0		0	-
90945					23																		23	23	1 28		1 28	1 28
90947					49																		49	49	2.16		2 16	2 16
90997																							0	59	1 84		1 84	1 84
91000					29																		29	29	0 73		0 73	0 73
91010					36																		36	36	1 25		1 25	1 25
91011					45																		45	45	1 5		1 5	1 50
91012					50																		50	50	1 46		1.46	1 46
91020					48																		48	48	1.44		1 44	1.44
91022	15				30				16														61	61	1 44		1 44	1 44
91030					30																		30	30	0 91		0 91	0 91
91034	15								16														31	31	0 97		0 97	0 97
91035	15				20				16														51	51	1 59		1.59	1 59
91037	15								16														31	31	0 97		0.97	0 97
91038	15								26														41	41	1 1		1 1	1.10
91040	8	4	3		15				15														45	45	0 97		0 97	0 97
91052					32																		32	32	0 79		0 79	0 79
91055					29																		29	29	0 94		0 94	0 94
91060																							0	23	0 45		0 45	0 45
91065					19																		19	19	0 2		0 2	0 20
91100																							0	38	1 08		1 08	1.08
91105																							0	21	0 37		0 37	0 37
91110	5				80				15														100	100	3 64		3 64	3 64
91111	5				15				15														35	35		1 00	1 00	1.00
91120	7	4	4		15				15														45	45	0 97		0 97	0 97
91122				20	30			15															65	65	1 77		1 77	1 77
91132				11	25			12.5															48.5	48 5	0		0	-
91133				11	60			15															86	86	0		0	-
92002				5	20			2															27	27	0 88		0 88	0 88

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
92004				5	30			6															41	41	1 67		1 67	1 67
92012				5	16			4															25	25	0 67		0 67	0 67
92014				5	25			9															39	39	1.1		1 1	1 10
92015				4	14			4															22	22	0 38		0 38	0 38
92018				35	25				15														75	75	2.5		2 5	2 50
92019				30	30			20															80	80	1 31		1 31	1 31
92020				5	10			5															20	20	0 37		0.37	0 37
92025	5				12																		17	17		0 35	0 35	0 35
92060				5	30			5															40	40	0 69		0 69	0 69
92065					17																		17	17	0 37		0 37	0.37
92070					33																		33	33	0 7		0 7	0 70
92081					13																		13	13	0 36		0 36	0 36
92082					15																		15	15	0.44		0 44	0 44
92083	3				10																		13	13	0 5	0 5	0 5	0.50
92100					22																		22	22	0 92		0.92	0 92
92120					22																		22	22	0 81		0 81	0 81
92130					33																		33	33	0 81		0.81	0 81
92135				10	11			5															26	26	0 35		0 35	0 35
92136					17																		17	17	0 54		0.54	0 54
92140					30																		30	30	0 5		0 5	0 50
92225				9	20			11															40	40	0 38		0 38	0 38
92226	5				10				5														20	20	0 33	0 33	0 33	0 33
92230					21																		21	21	0 6		0 6	0 60
92235					28																		28	28	0 81	0 81	0.81	0.81
92240				30	30			20															80	80	1 1		1 1	1 10
92250					9				5														14	14	0 44	0 44	0 44	0 44
92260				5	12			5															22	22	0.2		0 2	0 20
92265					36																		36	36	0 81		0 81	0 81
92270					36																		36	36	0 81		0 81	0 81
92275				10	45			16															71	71	1 01		1 01	1 01
92283					22																		22	22	0 17		0 17	0 17
92284					36																		36	36	0 24		0 24	0 24
92285					16																		16	16	0 2		0 2	0 20
92286					18																		18	18	0 66		0 66	0.66
92287					23																		23	23	0 81		0 81	0 81
92310				8	25			24															57	57	1 17		1 17	1 17
92311					39																		39	39	1 08		1 08	1 08
92312					48																		48	48	1 26		1 26	1 26
92313					43																		43	43	0 92		0 92	0 92
92314				5	20			10															35	35	0 69		0 69	0 69
92315					31																		31	31	0 45		0 45	0 45
92316					41																		41	41	0 68		0 68	0 68
92317					33																		33	33	0 45		0 45	0 45
92340				5	10			3															18	18	0.37		0 37	0 37
92341				2	14			5															21	21	0 47		0 47	0 47
92342				3	15			5															23	23	0 53		0 53	0 53
92352																							0	29	0 37		0 37	0 37
92353																							0	32	0 5		0 5	0 50
92370				1	10			1															12	12	0 32		0 32	0 32
92502					21																		21	21	1 51		1 51	1.51
92504					8																		8	8	0 18		0 18	0 18
92506					21																		21	21	0 86		0 86	0 86
92507					13																		13	13	0 52		0 52	0.52
92508					7																		7	7	0 26		0.26	0 26
92511					20																		20	20	0 84		0 84	0 84
92512																							0	17	0 55		0 55	0 55
92516																							0	14	0 43		0 43	0 43
92520	10				11				10														31	31	0 75		0 75	0 75

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
92526				10	45			15															70	70	0.55		0 55	0 55
92541					13																		13	13	0 4		0 4	0 40
92542																							0	11	0 33		0 33	0 33
92543																							0	13	0 1		0 1	0 10
92544																							0	10	0 26		0.26	0 26
92545																							0	9	0 23		0 23	0 23
92546																							0	11	0.29		0.29	0 29
92548				10	15			15															40	40	0.5		0 5	0 50
92585																							0	16	0 5		0.5	0 50
92587																							0	7	0 13		0 13	0 13
92588																							0	12	0 36		0 36	0 36
92597				30	65			30															125	125	0 86		0.86	0 86
92612				10	15				7														32	32	1 27		1 27	1 27
92613				3	10				10														23	23	0 71		0 71	0.71
92614				8	15				5														28	28	1 27		1 27	1 27
92615				2	10				10														22	22	0 63		0 63	0 63
92616				10	25				10														45	45	1 88		1 88	1 88
92617				3	15				10														28	28	0 79		0 79	0.79
92950	1				51				51														103	103	3 79		3 79	3 79
92953	24				29				31														84	84	0 23		0 23	0 23
92960	29				31				24														84	84	2 25		2 25	2 25
92961				60	53	20																	133	133	4.59		4 59	4.59
92970	40		25		47				48														160	160	3 51		3 51	3 51
92971	30		15		49				21														115	115	1 77		1 77	1.77
92973					40																		40	40	3 28		3.28	3 28
92974					42 5																		42 5	42.5	3		3	3 00
92975	31		25		101				39														196	196	7 24		7 24	7.24
92978					25																		25	25	1 8		1 8	1 80
92979					25																		25	25	1 44		1 44	1 44
92980				45	120			60															225	225	14 82		14 82	14 82
92981					60																		60	60	4 16		4 16	4.16
92982	38		25		80				36														179	179	10 96		10 96	10 96
92984																							0	97	2.97		2.97	2 97
92986				98	113				135			1			1				3				470	473	21 77		21 77	22 70
92987				60	150	60													3				339	339	22 67		22 67	23 48
92990				79	126				119										3				393	393	17 31		17 31	18.12
92995																							0	322	12 07		12 07	12 07
92996																							0	102	3 26		3 26	3 26
92997				60	155			60															275	275	11 98		11 98	11 98
92998					58																		58	58	5 99		5 99	5 99
93000					5			2															7	7	0 17		0.17	0.17
93010					5				2														7	7	0 17	0 17	0 17	0 17
93014				10	20			12															42	42	0 52		0 52	0 52
93015	2				15				4														21	21	0.75	0 75	0.75	0.75
93016				10	38			10															58	58	0 45		0 45	0 45
93018	2				5				5														12	12	0 3	0 3	0 3	0 30
93024					34																		34	34	1 17		1.17	1 17
93025				5	25				10														40	40	0 75		0 75	0 75
93040					3																		3	3	0 16		0 16	0 16
93042					3																		3	3	0 16		0 16	0 16
93224					16																		16	16	0.52		0 52	0 52
93227					16																		16	16	0 52		0 52	0 52
93230					16																		16	16	0 52		0 52	0 52
93233					16																		16	16	0 52		0 52	0 52
93235					14																		14	14	0 45		0 45	0 45
93237					14																		14	14	0 45		0 45	0 45
93268				30	30			15															75	75	0 52		0 52	0 52
93272																							0	22	0 52		0 52	0 52

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
93278				2	4			5															11	11	0 25		0.25	0 25
93303																							0	39	1 3		1 3	1 30
93304																							0	34	0 75		0 75	0 75
93307				5	18			5															28	28	0 92		0 92	0 92
93308					18																		18	18	0 53		0 53	0 53
93312				15	13			15															43	43	2 2		2.2	2 20
93313																							0	33	0.95		0 95	0 95
93314																							0	33	1.25		1 25	1 25
93316																							0	33	0.95		0 95	0 95
93320					15																		15	15	0 38		0 38	0 38
93321					15																		15	15	0 15		0 15	0.15
93325																							0	11	0 07		0 07	0 07
93350					40																		40	40	1 48		1 48	1 48
93501	23		15		23				20														81	81	3 02		3.02	3 02
93503				20	30			45															95	95	2 91		2 91	2 91
93505	27		15		38				20														100	100	4 37		4 37	4 37
93508				45	30			32															107	107	4 09		4 09	4 09
93510	28		15		27				24														94	94	4 32		4 32	4 32
93511	28		15		48				25														116	116	5 02		5.02	5 02
93524	28		15		69				31														143	143	6 94		6 94	6 94
93526	28		15		45				24														112	112	5 98		5 98	5 98
93527	29		15		70				28														142	142	7.27		7 27	7 27
93528	28		15		67				30														140	140	8 99		8 99	8 99
93529	24		15		56				27														122	122	4 79		4 79	4 79
93530				48	95			52															195	195	4 22		4 22	4 22
93531				60	120			60															240	240	8.34		8 34	8 34
93532				60	175			60															295	295	0		0	-
93533				60	120			60															240	240	0		0	-
93539					10																		10	10	0 4		0 4	0 40
93540					20																		20	20	0 43		0 43	0 43
93541	11				14				12														37	37	0 29		0 29	0 29
93542	11				12				11														34	34	0 29		0 29	0 29
93543	10				11				11														32	32	0 29		0 29	0 29
93544					5																		5	5	0 25		0 25	0 25
93545					25																		25	25	0 4		0 4	0 40
93555																							0	43	0 81		0.81	0 81
93556																							0	44	0 83		0 83	0 83
93561	20		15		29				19														83	83	0 5		0 5	0 50
93562	7		15		16				11														49	49	0 16		0 16	0 16
93571					20																		20	20	1 8		1.8	1 80
93572					15																		15	15	0		0	-
93580				30	120				60														210	210	17 97		17.97	17 97
93581				30	180				60														270	270	24 39		24 39	24 39
93600					29																		29	29	2.12		2 12	2 12
93602					21																		21	21	2 12		2 12	2 12
93603					22																		22	22	2 12		2.12	2.12
93609					90																		90	90	4 99		4 99	4 99
93610					28																		28	28	3 02		3 02	3 02
93612					30																		30	30	3 02		3 02	3 02
93613					120																		120	120	6.99		6 99	6 99
93615					27																		27	27	0 99		0 99	0 99
93618					90																		90	90	4 25		4 25	4 25
93619				60	90			53															203	203	7 31		7.31	7 31
93620				60	120			60															240	240	0		0	-
93621																							0	0	0		0	-
93622																							0	0	0		0	-
93624				30	60			38															128	128	4 8		4 8	4 80
93640				70	90			60															220	220	3 51		3 51	3 51

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
93641				75	120			60															255	255	5 92		5.92	5 92
93642				30	60			30															120	120	4 88		4 88	4 88
93650				60	120			60															240	240	10 49		10 49	10 49
93651				120	285			60															465	465	16 23		16 23	16 23
93652				120	300			60															480	480	17 65		17.65	17 65
93660				15	50			15															80	80	1 89		1 89	1 89
93662				5	55		10																70	70	0		0	-
93668				15	10		10																35	35	0		0	-
93720																							0	14	0 17		0 17	0 17
93722					26																		26	26	0 17		0 17	0.17
93724				15	40			10															65	65	4 88		4 88	4 88
93727					20																		20	20	0 52		0 52	0 52
93731				5	15			5															25	25	0 45		0 45	0 45
93732				10	40			5															55	55	0 92		0 92	0 92
93733				5	10			5															20	20	0.17		0 17	0 17
93734				5	17			5															27	27	0 38		0 38	0 38
93735				5	25			8															38	38	0 74		0 74	0 74
93736				5	10			10															25	25	0 15		0.15	0 15
93740																							0	28	0 16		0 16	0 16
93741				5	23	5																	33	33	0 8		0 8	0 80
93742				5	30	3																	38	38	0 91		0 91	0 91
93743				5	25			5															35	35	1.03		1.03	1 03
93744				5	33	5																	43	43	1 18		1 18	1 18
93770																							0	13	0.16		0 16	0.16
93784					15																		15	15	0 38		0 38	0 38
93790					15																		15	15	0 38		0 38	0 38
93797				2	6			3															11	11	0.18		0 18	0.18
93798				2	7			3															12	12	0 28		0 28	0 28
93875																							0	15	0 22		0 22	0 22
93880																							0	24	0 6		0 6	0 60
93882																							0	19	0 4		0 4	0 40
93886																							0	32	0 94		0 94	0.94
93888																							0	25	0 62		0 62	0 62
93890	10				15				10														35	35	1		1	1.00
93892	10				20				10														40	40	1 15		1 15	1 15
93893	10				20				10														40	40	1 15		1 15	1 15
93922				7	18			7															32	32	0.25		0 25	0 25
93923				14	39			7															60	60	0 45		0 45	0 45
93924				10	38			8															56	56	0 5		0.5	0 50
93925																							0	24	0.58		0 58	0 58
93926																							0	19	0 39		0 39	0 39
93930																							0	21	0.46		0 46	0 46
93931																							0	17	0 31		0 31	0 31
93965																							0	18	0 35		0.35	0 35
93970																							0	26	0 68		0 68	0 68
93971																							0	21	0.45		0.45	0 45
93975																							0	53	1.8		1 8	1 80
93976																							0	39	1 21		1 21	1 21
93978																							0	25	0 65		0 65	0 65
93979																							0	20	0.44		0.44	0 44
93980																							0	54	1 25		1 25	1 25
93981																							0	25	0 44		0 44	0.44
93990					20																		20	20	0.25		0 25	0 25
94002	15				30				15														17	60		1 99	1 99	1 99
94003	10				20				10														40	40		1 37	1 37	1 37
94004	10				15				10														35	35		1 00	1 00	1 00
94005	15				25				15														55	55		1 50	1 50	1.50
94010					5				2														7	7	0 17	0 17	0 17	0 17

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walt Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
94016				2	20																		22	22	0 52		0 52	0 52
94060				5	10			5															20	20	0 31		0 31	0.31
94070					15																		15	15	0 6		0 6	0 60
94150				5	4			3															12	12	0 07		0 07	0 07
94200																							0	20	0 11		0 11	0 11
94240				5	5			5															15	15	0 26		0 26	0 26
94250																							0	20	0 11		0 11	0 11
94260																							0	21	0 13		0 13	0 13
94350				5	8			5															18	18	0 26		0 26	0 26
94360				5	10			5															20	20	0 26		0 26	0 26
94370																							0	24	0 26		0.26	0 26
94375				5	7			5															17	17	0 31		0 31	0.31
94400																							0	27	0 4		0 4	0 40
94450																							0	27	0 4		0 4	0 40
94452	10				10				10														30	30	0 31		0 31	0.31
94453	5				6				12														23	23	0 4		0 4	0 40
94610					20																		20	20		1.16	1 16	1 16
94620				15	15			10															40	40	0.64		0 64	0 64
94621				15	30			20															65	65	1 42		1 42	1 42
94656					41																		41	41	1 22		1 22	1 22
94657					22																		22	22	0 83		0 83	0 83
94660					43																		43	43	0.76		0 76	0 76
94662					47																		47	47	0 76		0 76	0 76
94680																							0	24	0.26		0 26	0.26
94681																							0	23	0 2		0 2	0 20
94690																							0	19	0 07		0 07	0 07
94720				4	9			5															18	18	0 26		0 26	0 26
94725				5	8			5															18	18	0 26		0 26	0 26
94750																							0	23	0.23		0 23	0.23
94770				5	5			3															13	13	0 15		0.15	0 15
95010				10	25			5															40	40	0 15		0 15	0 15
95015				10	30			12															52	52	0 15		0 15	0 15
95075				15	30			15															60	60	0 95		0 95	0 95
95144					3																		3	3	0 06	0 06	0 06	0 06
95145					2																		2	2	0 06		0 06	0 06
95146					2																		2	2	0 06		0 06	0 06
95147					2																		2	2	0.06		0 06	0 06
95148					2																		2	2	0 06		0.06	0 06
95149					2																		2	2	0 06		0 06	0 06
95165					3																		3	3	0 06	0 06	0.06	0 06
95170					2																		2	2	0 06		0 06	0 06
95180																							0	66	2 01		2 01	2 01
95251					30																		30	30	0 52		0.52	0 52
95805																							0	60	1 88		1 88	1 88
95806				10	25			10															45	45	1 66		1 66	1 66
95807				10	20			20															50	50	1 66		1 66	1 66
95808				15	30			20															65	65	2.65		2 65	2 65
95810				15	60			20															95	95	3 52		3 52	3 52
95811				15	35																		50	50	3 79		3 79	3 79
95812				5	55			5															65	65	1.08		1 08	1 08
95813				15	30			15															60	60	1 73		1 73	1 73
95816	5				15				10														30	30	1 08	1.08	1 08	1 08
95819	5				20				10														35	35	1 08	1 08	1 08	1.08
95822					14																		14	14	1 08		1 08	1 08
95827																							0	40	1 08		1 08	1 08
95829					87																		87	87	6 2		6 2	6 20
95830					19																		19	19	1 7		1 7	1 70
95831																							0	21	0 28		0.28	0 28

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
95832																							0	21	0 29		0 29	0.29
95833																							0	25	0 47		0.47	0 47
95834																							0	29	0 6		0 6	0 60
95851																							0	21	0 16		0 16	0 16
95852																							0	18	0 11		0 11	0 11
95857					24																		24	24	0 53		0 53	0 53
95860					34																		34	34	0 96		0 96	0 96
95861	15				25				10														50	50	1 54	1.54	1 54	1 54
95863					57																		57	57	1 87		1 87	1 87
95864					68																		68	68	1 99		1 99	1 99
95865	12 5				15				10														37 5	37 5	1 57		1 57	1 57
95866	10				15				10														35	35	1 25		1 25	1 25
95867					23																		23	23	0 79		0 79	0 79
95868					35																		35	35	1.18		1.18	1 18
95869					23																		23	23	0 37		0 37	0 37
95870																							0	30	0 37		0 37	0 37
95872	15				60				20														95	95	1 5	3	3	3 00
95873					20																		20	20	0 37		0 37	0 37
95874					20																		20	20	0 37		0 37	0 37
95875				10	30		10																50	50	1 1		1 1	1 10
95900	4				6				4														14	14	0 42	0 42	0 42	0 42
95903				8	10			10															28	28	0 6		0 6	0 60
95904	4				5				3														12	12	0 34	0 34	0 34	0.34
95920																							0	65	2 11		2 11	2 11
95921				10	15			10															35	35	0.9		0 9	0.90
95922				10	25			10															45	45	0 96		0 96	0 96
95923				10	15			10															35	35	0 9		0 9	0 90
95925	6.5				15				10														31 5	31 5	0 54	0 54	0 54	0 54
95926	6 5				15				10														31 5	31 5	0 54	0.54	0 54	0 54
95927	6.5				15				10														31 5	31 5	0 54	0 54	0 54	0 54
95928	15				60				15														90	90	1 5		1 5	1.50
95929	15				55				15														85	85	1 5		1 5	1 50
95930				5	10			10															25	25	0 35		0.35	0 35
95933					25																		25	25	0 59		0.59	0 59
95934																							0	26	0 51		0 51	0 51
95936																							0	27	0 55		0 55	0 55
95937				5	12			5															22	22	0 65		0 65	0 65
95950					40																		40	40	1 51		1 51	1 51
95951				30	60			60															150	150	0		0	-
95953	10				60				15														85	85	3 08	3 3	3 3	3 30
95954				5	60			5															70	70	2 45		2 45	2 45
95955					35																		35	35	1 01		1 01	1 01
95956																							0	89	3.08		3.08	3 08
95957					60																		60	60	1.98		1 98	1 98
95958					79																		79	79	4.24		4 24	4 24
95961																							0	86	2.97		2 97	2 97
95962																							0	92	3 21		3 21	3 21
95965				20	180				30														230	230	0		0	-
95966				15	75																		90	90	0		0	-
95967					60																		60	60	0		0	-
95971				3	20			3															26	26	0 78		0 78	0 78
95972				3	60			5															68	68	1.5		1 5	1 50
95973					30																		30	30	0 92		0.92	0 92
95974				30	60	20		20															130	130	3		3	3 00
95975					30																		30	30	1 7		1 7	1 70
95978	5				60				5														70	70	3 5		3 5	3 50
95979					30																		30	30	1 64		1 64	1 64
95990																							0	0	0		0	-

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
95991	10				20				7														37	37	0.77		0 77	0 77
96000				30	129				157.5														38	316 5	2.15		2.15	2 15
96001				30	150				170														39	350	0 41		0 41	0 41
96002				15	60				42 5														40	117 5	0 37		0 37	0 37
96003				15	35				30														41	80	2 14		2 14	2.14
96004					70																		70	70	2 14		2 14	2 14
96020	10				60				10														80	80		3 43	3 43	3 43
96101	7				60																		67	67	1 86		1 86	1 86
96102	3				15				5														23	23	0 5		0 5	0 50
96103	8				8				14														30	30	0 51		0 51	0 51
96111	5				60				30														95	95	2 6		2 6	2 60
96116	7				60																		67	67	1.86		1 86	1 86
96118	7				60																		67	67	1 86		1 86	1 86
96119	3				15				5														23	23	0 55		0 55	0.55
96120	8				8				14														30	30	0 51		0 51	0 51
96150				3	15		5																23	23	0.5		0 5	0 50
96151				4	15		5																24	24	0 48		0 48	0 48
96152				4	15		5																24	24	0 46		0 46	0 46
96153				4	15		5																24	24	0 1		0.1	0 10
96154				4	15		20																39	39	0 45		0 45	0 45
96155				4	15		5																24	24	0 44		0 44	0 44
96401	4				3				2														9	9	0 21		0 21	0 21
96402	4				3				2														9	9	0 19		0 19	0 19
96405				15	10			5															30	30	0 52		0 52	0 52
96406				10	15			5															30	30	0 8		0 8	0 80
96409	4				5				2														11	11	0 24		0 24	0 24
96411	3				4																		7	7	0.2		0 2	0 20
96413	4				7				2														13	13	0 28		0 28	0 28
96415					5																		5	5	0 19		0 19	0 19
96416	4				4				2														10	10	0 21		0 21	0 21
96417	2				6																		8	8	0 21		0 21	0.21
96420					5				2														7	7	0 17		0 17	0 17
96422					5				2														7	7	0 17		0 17	0 17
96423					5				2														7	7	0 17		0 17	0 17
96425					5				2														7	7	0 17		0.17	0 17
96440	21		25		38				18														102	102	2.37		2 37	2 37
96445	21		25		44				18														108	108	2 2		2 2	2 20
96450	20		25		33				18														96	96	1 53		1 53	1 53
96521	4				4				2														10	10	0.21		0 21	0 21
96522	4				4				2														10	10	0 21		0 21	0 21
96523	2																						2	2	0 04		0 04	0 04
96542																							0	88	0 75		0 75	0 75
96570					50																		50	50	1 1		1 1	1.10
96571					25																		25	25	0 55		0.55	0 55
96902				5	8																		13	13	0.41		0.41	0 41
96904	10				60				10														80	80		0.00	0 00	-
96913				45	25			20															90	90	0		0	-
96920				5	17				5														27	27	1 15		1 15	1 15
96921				5	20				5														30	30	1 17		1.17	1 17
96922				5	30				5														40	40	2 1		2 1	2 10
97001				4	30		8																42	42	1 2		1 2	1 20
97002				2	18		5																25	25	0 6		0 6	0 60
97003				7	45		5																57	57	1 2		1 2	1 20
97004				3	30		2																35	35	0 6		0 6	0 60
97010				1	3		1																5	5	0 06		0 06	0 06
97012				1	13		1																15	15	0 25		0.25	0 25
97014				1	11		1																13	13	0 18		0 18	0 18
97016				2	14		2																18	18	0 18		0 18	0 18

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
97018				1	11		1																13	13	0 06		0 06	0.06
97022				1	13		1																15	15	0 17		0 17	0 17
97024				1	13		1																15	15	0 06		0 06	0 06
97026				1	8		1																10	10	0 06		0 06	0 06
97028				2	14		2																18	18	0 08		0 08	0.08
97032					15																		15	15	0 25		0 25	0 25
97033					15																		15	15	0 26		0 26	0 26
97034					15																		15	15	0 21		0 21	0 21
97035					15																		15	15	0 21		0 21	0 21
97036					15																		15	15	0 28		0 28	0.28
97110					15																		15	15	0 45		0 45	0 45
97112					15																		15	15	0.45		0 45	0.45
97113					15																		15	15	0 44		0 44	0 44
97116					15																		15	15	0.4		0 4	0.40
97124					15																		15	15	0 35		0 35	0 35
97140					15																		15	15	0 43		0 43	0 43
97150																							0	15	0 27		0 27	0 27
97530					15																		15	15	0 44		0 44	0 44
97532					15																		15	15	0 44		0 44	0 44
97533					15																		15	15	0.44		0.44	0 44
97535					15																		15	15	0 45		0 45	0 45
97537					15																		15	15	0.45		0 45	0.45
97542					15																		15	15	0 45		0 45	0 45
97545					120																		120	120	0		0	-
97597				10	30				10														50	50	0.58		0 58	0.58
97598	15				40				15														70	70	0 8		0 8	0 80
97602				5 5	20		10																35 5	35 5	0		0	-
97605	10				30				10														50	50	0 55		0 55	0 55
97606	10				30				10														50	50	0 6		0 6	0 60
97750					15																		15	15	0 45		0 45	0.45
97755	4 5				15				12														31 5	31 5	0.62		0 62	0 62
97760				2	14		2																18	18	0 45		0 45	0 45
97761				2	14		2																18	18	0 45		0 45	0 45
97762				2	14		2																18	18	0 25		0 25	0 25
97802					15																		15	15	0		0	-
97803					15																		15	15	0		0	-
97810	3				15				3														21	21	0 6		0 6	0 60
97811					15																		15	15	0 5		0 5	0 50
97813	3				15				3														21	21	0 65		0 65	0 65
97814					15																		15	15	0 55		0 55	0.55
98925					13																		13	13	0 45		0 45	0 45
98926					18																		18	18	0 65		0 65	0 65
98927					25																		25	25	0 87		0.87	0 87
98928					29																		29	29	1 03		1 03	1 03
98929					33																		33	33	1 19		1 19	1 19
98940				2	7			3															12	12	0 45		0 45	0 45
98941				3	10			4															17	17	0 65		0 65	0 65
98942				4	12			5															21	21	0 87		0 87	0 87
98943				3	8			3															14	14	0 4		0 4	0 40
99091				5	30		5																40	40	0		0	-
99143	15				30				10														55	55	0		0	-
99144	15				20				10														45	45	0		0	-
99145					15																		15	15	0		0	-
99148	20				30				15														65	65	0		0	-
99149	15				20				11														46	46	0		0	-
99150					15																		15	15	0		0	-
99170					50																		50	50	1 75		1 75	1 75
99183																							0	78	2 34		2 34	2 34

RUC Physician Time Recommendations - May 25, 2006																									5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
99201	2				10				5														17	17	0 45	0 45	0 45	0 45
99202	2				15				5														22	22	0 88	0 88	0 88	0 88
99203	4				20				5														29	29	1 34	1 34	1 34	1 34
99204	5				30				10														45	45	2	2 3	2 3	2 30
99205	7				45				15														67	67	2 67	3	3	3 00
99211					5				2														7	7	0 17	0 17	0 17	0 17
99212	2				10				4														16	16	0 45	0 45	0 45	0 45
99213	3				15				5														23	23	0 67	0 92	0 92	0 92
99214	5				25				10														40	40	1 1	1 42	1 42	1 42
99215	5				35				15														55	55	1.77	2	2	2 00
99217				10	30			15															55	55	1 28		1 28	1 28
99218					40																		40	40	1 28		1 28	1 28
99219					67																		67	67	2 14		2 14	2 14
99220					90																		90	90	2 99		2 99	2 99
99221	10				30				10														50	50	1 28	1 88	1 88	1 88
99222	15				40				20														75	75	2 14	2 56	2 56	2 56
99223	15				55				20														90	90	2 99	3 78	3 78	3 78
99231	5				10				5														20	20	0 64	0 76	0 76	0 76
99232	10				20				10														40	40	1 06	1 39	1.39	1 39
99233	10				30				15														55	55	1.51	2	2	2 00
99234				10	60			15															85	85	2 56		2 56	2 56
99235				10	75			15															100	100	3 41		3.41	3 41
99236					110																		110	110	4 26		4 26	4.26
99238	8				20				10														38	38	1 28	1.28	1 28	1 28
99239	10				30				15														55	55	1 75	1 9	1 9	1 90
99241	5				15				5														25	25	0 64	0 64	0 64	0 64
99242	5				25				10														40	40	1 29	1.34	1 34	1 34
99243	5				28				7														40	40	1 72	1 88	1 88	1 88
99244	10				40				15														65	65	2 58	3 02	3 02	3 02
99245	10				60				20														90	90	3 42	3 77	3 77	3 77
99251	5				10				5														20	20	0 66	1	1	1 00
99252	5				25				10														40	40	1 32	1 5	1 5	1.50
99253	10				30				15														55	55	1 82	2.27	2.27	2 27
99254	15				45				20														80	80	2 64	3 29	3.29	3 29
99255	20				60				25														105	105	3 64	4	4	4 00
99281	2				7				4														13	13	0 33	0 45	0.45	0.45
99282	3				10				5														18	18	0 55	0 88	0 88	0 88
99283	5				18				7														30	30	1 24	1 34	1 34	1 34
99284	5				25				10														40	40	1 95	2 56	2 56	2 56
99285	8				40				15														63	63	3 06	3 8	3 8	3 80
99289				15	60				20														95	95	4 79		4 79	4.79
99290					30																		30	30	2 4		2 4	2 40
99291	15				40				15														70	70	3.99	4 5	4.5	4.50
99292					30																		30	30	2	2 25	2 25	2 25
99293				30	180				30														240	240	15 98		15 98	15 98
99294				20	90				30														140	140	7 99		7.99	7 99
99295				45	180				48 75														273.75	273 75	18 46		18 46	18 46
99296					128																		128	128	7 99		7 99	7 99
99298				10	30			20															60	60	2.75		2 75	2 75
99299				10	30				15														55	55	2.5		2 5	2 50
99300	15				30				15														60	60	2 4		2 4	2 40
99304	10				30				10														50	50	1 2		1 2	1.20
99305	15				30				15														60	60	1 61		1.61	1 61
99306	15				40				20														75	75	2 01		2 01	2 01
99307	5				10				5														20	20	0 6		0 6	0.60
99308	5				15				10														30	30	1		1	1 00
99309	10				20				10														40	40	1 42		1 42	1 42
99310	10				20				15														45	45	1 77		1 77	1 77

RUC Physician Time Recommendations - May 25, 2006																								5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Wait Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
99315				5	15			10															30	30	1 13		1 13	1 13
99316				10	30			15															55	55	1 5		1 5	1 50
99318	10				25				10														45	45	1 2		1 2	1 20
99324	6 5				20				10														36 5	36 5	1 01		1.01	1 01
99325	10				30				12														52	52	1 52		1 52	1 52
99326	15				45				17														77	77	2 27		2.27	2.27
99327	15				60				25														100	100	3 03		3 03	3 03
99328	15				75				30														120	120	3 78		3 78	3.78
99334	5				15				10														30	30	0 76		0 76	0 76
99335	9				25				10														44	44	1 26		1 26	1.26
99336	10				40				15														65	65	2 02		2 02	2 02
99337	15				60				20														95	95	3 03		3 03	3 03
99339	10				20				10														40	40	0		0	-
99340	15				30				15														60	60	0		0	-
99341				6	20			10															36	36	1 01		1 01	1 01
99342				10	30			12															52	52	1 52		1.52	1 52
99343				15	45			17															77	77	2 27		2 27	2 27
99344				15	60			25															100	100	3 03		3 03	3 03
99345				15	75			30															120	120	3 78		3.78	3 78
99347				5	15			10															30	30	0 76		0 76	0 76
99348				9	25			10															44	44	1 26		1 26	1.26
99349				10	40			15															65	65	2 02		2 02	2 02
99350				15	75			20															110	110	3 03		3 03	3 03
99354					60																		60	60	1 77		1 77	1 77
99355					30																		30	30	1 77		1 77	1 77
99356					60																		60	60	1 71		1 71	1.71
99357					30																		30	30	1 71		1 71	1 71
99358					60																		60	60	0		0	-
99359					30																		30	30	0		0	-
99360				30																			30	30	0		.0	-
99374				5	20			9															34	34	1 1		1 1	1.10
99375				10	32			15															57	57	1 73		1.73	1 73
99377				5	15			5															25	25	1 1		1 1	1 10
99378				10	38			10															58	58	1 73		1 73	1 73
99379				5	20			10															35	35	1 1		1 1	1 10
99380				8 5	36			10															54 5	54 5	1 73		1 73	1 73
99381				3	20			5															28	28	1 19		1 19	1.19
99382				5	25			5															35	35	1.36		1 36	1 36
99383				5	30			5															40	40	1 36		1 36	1 36
99384				5	30			5															40	40	1 53		1 53	1 53
99385				5	30			10															45	45	1 53		1 53	1 53
99386				5	40			10															55	55	1 88		1 88	1 88
99387				5	45			10															60	60	2.06		2.06	2 06
99391				2	20			4															26	26	1 02		1 02	1 02
99392				3	20			5															28	28	1 19		1 19	1 19
99393				3	20			5															28	28	1 19		1.19	1 19
99394				5	25			5															35	35	1 36		1 36	1 36
99395				5	25			5															35	35	1 36		1 36	1 36
99396				5	30			10															45	45	1 53		1 53	1 53
99397				5	35			10															50	50	1 71		1 71	1 71
99401					15																		15	15	0.48		0 48	0 48
99402					30																		30	30	0 98		0 98	0.98
99403					45																		45	45	1 46		1 46	1 46
99404					60																		60	60	1 95		1 95	1 95
99411				10	30			5															45	45	0 15		0 15	0.15
99412				19	60			10															89	89	0 25		0 25	0 25
99431				5	25			5															35	35	1.17		1 17	1 17
99432				2	28			3															33	33	1 26		1 26	1 26

RUC Physician Time Recommendations - May 25, 2006																							5 Year Review E/M Adjustments					
CPT Code	Pre Evaluation Time	Pre Positioning Time	Pre Service Scrub Dress Walk Time	Median Pre Service Time	Median Intra Service Time	Post Day of Proc 090 010	Median Post Service Time	Med Post 000 XXX	Immediate Post Service Time	992 91	992 92	992 31	992 32	992 33	9923 8	992 39	992 11	992 12	9921 3	992 14	992 15	992 96	Unadjusted Total Time	RUC Recommended Adjusted Time	2006 work rvu	RUC rec Work RVU	2006 work and ruc rec WRVUs	RUC Recommended Adjusted Work RVU
99433				3	15			2															20	20	0 62		0 62	0 62
99435				7	20			10															37	37	1 5		1.5	1 50
99436				15	25			15															55	55	1 5		1 5	1 50
99440				5	45			10															60	60	2 93		2 93	2.93
99605					50																		50	50		1 65	1 65	1 65
99606					20																		20	20		0 63	0 63	0 63

AMA/Specialty Society RVS Update Committee
Summary of Recommendations
April 2006

Anterior Spine Anesthesia

The CPT Editorial Panel met in February 2006 to discuss creating two new codes to provide specificity to anesthesia services performed via a transthoracic approach. Existing anesthesia codes that cover anesthesia for procedures on the thoracic spine had not taken into account the additional factors involved when the thoracic cavity is invaded as it is when surgical procedures are performed via an anterior/transthoracic approach. These procedures may or may not require one lung ventilation, and existing anesthesia codes that encompass one-lung ventilation are limited by descriptor to procedures involving the lungs, pleura, diaphragm and mediastinum.

New CPT codes **00625** *Anesthesia for procedures on the thoracic spine and cord; via an anterior transthoracic approach, not utilizing one lung ventilation* and **00626** *Anesthesia for procedures on the thoracic spine and cord; via an anterior transthoracic approach, utilizing one lung ventilation* were reviewed by the RUC and it was understood that these procedures were previously reported through one of the three following codes:

00620 *Anesthesia for procedures on thoracic spine and cord; not otherwise specified* (Base Units = 10.00),
00670 *Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)* (Base Units = 13.00),
00541 *Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation* (Base Units = 15.00).

The RUC believed that anesthesia for the transthoracic spine cases are more complex than anesthesia for the thoracotomy cases that are reported with 00540 *Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified* (Base Units = 12.00). Both procedures are open thoracotomy, cases but 00625 typically has more intraservice time and complexity which leads to more risks associated with intraoperative and postoperative hypoxemia and atelectasis. In addition, 00625 has increased work associated with an anesthetic technique that must be tailored and adjusted to allow for accurate neurophysiologic monitoring. While both 00540 and 00625 can have significant blood loss, 00625 typically has greater blood loss risks than 00540.

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The RUC believed that the physician work of code 00625 was similar to code 00622 *Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy* (Base Units = 13.00). In addition, the work of code 006216 was similar in complexity and intensity to code 00541. **The RUC recommends a relative base unit value of 13.00 for code 00625 and 15.00 for 00626.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●00625	R1	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation	XXX	13.00
●00626	R2	utilizing one-lung ventilation (For anesthesia for thoracotomy procedures other than spinal, see 00540-00541)	XXX	15.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00625 Tracking Number: R1 Global Period:XXX **Recommended Base Unit Value: 13**

CPT Descriptor: Anesthesia for procedures on the thoracic spine and cord; via an anterior transthoracic approach, not utilizing one lung ventilation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old man undergoes anterior arthrodesis of the thoracic spine for degenerative disc disease. Using a transthoracic apporach, excision of the disc and preparation of the end-plates for fusion is performed. Decision is made to proceed using two lung ventilation

Percentage of Survey Respondents who found Vignette to be Typical: 65.00%

Description of Pre-Service Work:
- The patient is seen in the pre-operative clinic the day prior to surgery.
- The anesthesiologist records a history (including significant past medical and surgical history and a review of systems with emphasis on the cardiovascular, respiratory and neurological systems). Any clinically indicated laboratory studies are ordered.
- The anesthesiologist performs a physical examination to evaluate the patient's airway, neck range of motion, heart, and lungs.
- General anesthesia with its options and associated risks including potential complications, the possibility of prolonged ventilation and intensive care stay, as well as post-operative pain management options are discussed with the patient. The patient's questions are answered and informed consent is obtained

On the day of surgery:
- The anesthesiologist reviews the chart and evaluates any additional lab studies.
- Suitable monitoring equipment is prepared and calibrated.
- Anesthetic drugs are selected and prepared as appropriate for intraoperative evoked potential monitoring.
- The anesthesia machine and circuit are prepared and checked for correct operation following manufacturer's guidelines.

Description of Intra-Service Work:
- In the preanesthesia holding area, intravenous access is established and the patient receives sedation.
- The patient is transferred to the operating room and appropriate monitoring devices are applied. (Placement of invasive monitoring devices such as an arterial and/or central venous catheter is separately reportable)
- The JCAHO mandated "pause and reflect" confirmation of right patient, right side, right surgery is performed.
- Anesthesia is induced and once adequate neuromuscular blockade is established, the anesthesiologist performs direct laryngoscopy and intubates the trachea.
- Proper tracheal placement is confirmed and tube is secured.
- The patient is placed in the lateral position for the surgical procedure. Bilateral breath sounds are auscultated, proper functioning of the monitors and vascular access is confirmed, and pressure points are padded. A warm air heating blanket is positioned.
- During the procedure, the anesthesiologist adjusts the ventilator to assure adequate ventilation without compromising the surgical field. Since the lung is retracted and packed off so that the vertebral body elements are exposed, the

anesthesiologist carefully monitors the patient's oxygenation status with pulse oximetry and obtains serial arterial blood samples as indicated.
- As these procedures can result in significant blood loss, the anesthesiologist carefully monitors the central venous pressure and urine output and initiates blood transfusions as needed, after verifying the blood products are appropriate and intended for the patient.
- During that portion of the surgical procedure that involves manipulation of the spinal elements, the anesthetic technique is adjusted to facilitate neurophysiologic monitoring. This requires close communication between the anesthesiologist and the individual performing the neuromonitoring.
- At the conclusion of the vertebral element manipulation and instrumentation, the lung retractors and packs are removed and the anesthesiologist adjusts the ventilation to assure complete re-expansion of the compressed lung.
- The patient is hand ventilated to facilitate closure of the chest wall.
- At the conclusion of the procedure, the patient is returned to the supine position. Anesthetic agents are discontinued and any residual neuromuscular blockade is reversed with a combination of anticholinesterase and anticholinergic agents as prepared by the anesthesiologist.
- The anesthesiologist evaluates the patient's respiratory effort, oxygenation, level of consciousness and the reversal of neuromuscular agents. If the patient meets acceptable criteria, the anesthesiologist extubates the patient's trachea. If the patient cannot tolerate early extubation, the patient is taken to the PACU (or intensive care unit) while intubated and will be ventilated en route by the anesthesiologist. Careful monitoring of the patient's vital signs is continuously performed during transport.

Description of Post-Service Work:
- The patient is transported to the recovery room.
- Cardiovascular and respiratory status is monitored very closely.
- If the patient remains intubated, the anesthesiologist provides initial ventilator settings.
- The anesthesiologist provides a report of the patient's history and anesthetic course to the post-anesthesia nurse.
- The anesthesiologist orders analgesics and anti-emetics as indicated.
-The patient's care is transferred to recovery room personnel.
- The anesthesiologist receives reports as to the patient's condition and makes appropriate medical decisions regarding pain control, adequacy of respiration, control of mechanical ventilation, fluid management and discharge to the intensive care unit.
- The anesthesiologist's interpretation of arterial blood samples and regulation of blood pressure and circulation may be required in the immediate post-operative period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	James D Grant, MD, Brenda S Lewis, DO, Tripti C Kataria, MD					
Specialty(s):	Anesthesiology					
CPT Code:	00625					
Sample Size:	135	**Resp n:**	46	**Resp %:** 34.0%		
Sample Type:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey Base Unit Values:	10	12	**13**	13	17	
Pre-Anesthesia Time:	**15.00**	**21.00**	**30.00**	**44.00**	**85.00**	
Intra-op Anesthesia Time:	120.00	188.00	**240.00**	300.00	480.00	
Post-Anesthesia Time:			**30.00**			

To calculate above and below time recommendations, tab here

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value
00540	XXX	12

CPT Descriptor Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value
00670	XXX	13

CPT Descriptor Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21

TIME ESTIMATES (Median)	New/Revised CPT Code: 00625	Key Reference CPT Code: 00540
Median Pre-Service Time	30.00	30.00
Median Intra-Service Time	240.00	150.00
Median Post-service Time	30.00	25.00
Median Total Time	**300.00**	**205.00**

CPT Code: 00625

INTENSITY/COMPLEXITY MEASURES (Mean)	Calculate reference tab	total time here
Mental Effort and Judgement (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.90	3.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.95	3.76
Urgency of medical decision making	4.00	3.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.10	3.90
Physical effort required	4.10	3.86
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.19	4.00
Outcome depends on the skill and judgement of physician	4.10	4.10
Estimated risk of malpractice suit with poor outcome	4.43	4.05

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Anesthesia intensity/complexity	3.90	3.86
Intra-Op Anesthesia intensity/complexity	4.19	4.00
Post-Anesthesia intensity/complexity	3.95	3.86

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*
Our recommended base unit value of 13 is based on several factors:

* The current base unit value for the reference service code, 00540 - Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscpy); not otherwise specified is 12 units. Prior to 2003, the code had 13 units. The value was decreased to account for budget neutrality concerns when

code 00541 - Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation- was approved at 15 units as anesthesia for so many of the procedures reported under 00540 would now be reported with 00541.

Anesthesia for the transthoracic spine cases that will be reported with new code 00625 is more complex than anesthesia for the thoracotomy cases that is reported with 00540. Both are open thoracotomy cases but 00625 typically has more intraservice time which leads to more risks associated with intraoperative and postoperative hypoxemia and atelectasis. In addition, 00625 has increase work associated with an anesthetic technique that must be tailored and adjusted to allow for accurate neurophysiologic monitoring. While both 00540 and 00625 can have significant blood loss, 00625 typically has greater blood loss risks than 00540. Examples of procedures reported under 00540 include lung biopsies, lung wedge resections, excision of mediastinal cysts and tumors and diaphragm repairs and resections.

* Thirty-five percent of our survey respondents did not agree that the patient described in the vignette was similar to their typical patient. These respondents cited additional comorbidities such as hypertension, COPD, coronary disease, obesity, smoking and diabetes. They noted that extensive blood loss was common in these patients and that the surgical procedure involved multiple spinal levels.

* The survey results support 13 base units. The Intensity/Complexity means are higher for the new code (00625) than for the reference service (00540)

* This service is typically reported with either code 00670 - Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) - which has 13 base units or code 00620 - Anesthesia for procedures on thoracic spine and cord; not otherwise specified - which has 10 base units. Code 00620 does not capture the additional work and risk factors associated with a spinal instrumentation requiring a thoracotomy. The work and risk are comparable to that encompassed in 00670. The anesthetic implications associated with neurologic monitoring are a part of both 00625 and 00670. Blood loss can be significant with both 00625 and 00670 and require increased work relavent to fluid management. Both 00625 and 00670 have respiratory consequences. 00625 can have intraoperative hypoxemia from lung compression/retraction and atelectasis. The procedures associated with 00670 involved prolonged surgery with the patient in the prone posistion with fluid shifts, atelectasis and ventilation/perfusion mismatch. Both require attention to the respiratory status postoperatively and some require post op ventilation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interpretation of the data obtained from central venous catheters, art lines and other forms of invasive monitoring is included in the anesthesia work but placement of these devices is not as the need for invasive forms of monitoring is driven by patient condition rather than by the surgical procedure.

   Codes an anesthesiologist could report in addition to 00625 are:
   36556 - Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
   Global period: 000
   Work RVUs: 2.50

Pre-service Time: 25 min
Intra-Service Time: 15 min
Post-Service Time: 10 min

36620 - Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
Global period: 000
Work RVUs: 1.15
Pre-Service Time: 8 min
Intra-Service Time: 20 min
Post-Service Time: 10 min

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
00620 - Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00670 - Anestehsia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15,690
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Anesthesiology Frequency 15,690 Percentage 100%

Specialty Frequency Percentage

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,569 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Anesthesiology Frequency 1,569 Percentage 100.00%

Specialty Frequency Percentage

Specialty Frequency Percentage

CPT Code: 00625

Do many physicians perform this service across the United States? No

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00626 Tracking Number: R2 Global Period:XXX **Recommended Base Unit Value: 15**

CPT Descriptor: Anesthesia for procedures on the thoracic spine and cord; via an anterior transthoracic approach, utilizing one lung ventilation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female presents with severe degenerative thoracic scolioisis. Using a transthoracic approach, diskectomies are performed and screws are placed through 3 vertebral bodies. Decision is made to proceed using one lung ventilation

Percentage of Survey Respondents who found Vignette to be Typical: 65.00%

Description of Pre-Service Work:
The patient is seen in the pre-operative clinic the day prior to surgery.
- The anesthesiologist records a history (including significant past medical and surgical history and a review of systems with emphasis on the cardiovascular, respiratory and neurological systems). Any clinically indicated laboratory studies are ordered.
- The anesthesiologist performs a physical examination to evaluate the patient's airway, neck range of motion, heart and lungs.
- As the procedure requires the use of one lung ventilation, the anesthesiologist must evaluate the patient's ability to tolerate the stress of selective ventilation.
- General anesthesia with its options and associated risks including potential complications, the possibility of prolonged ventilation and intensive care stay, as well as post-operative pain management options are discussed with the patient. The patient's questions are answered and informed consent is obtained.

.
On the day of surgery:
- The anesthesiologist reviews the chart and evaluates any additional lab studies.
- Suitable monitoring equipment is prepared and calibrated.
- Anesthetic drugs are selected and prepared as appropriate for intraoperative evoked potential monitoring.
- The anesthesia machine and circuit are prepared and checked for correct operation following manufacturer's guidelines.
- Selective lung ventilation requires placement of a double lumen endobronchial tube (or less commonly, a bronchial blocker). The anesthesiologist determines the appropriate size tube based on the height and gender of the patient. The tube is assembled and cuffs are tested. A fiberoptic bronchoscope will be used to confirm correct positioning. The bronchoscopic equipment is assembled and tested.

Description of Intra-Service Work:
- In the preanesthesia holding area, intravenous access is established and the patient receives sedation.
- The patient is transferred to the operating room and appropriate monitoring devices are applied. (Placement of invasive monitoring devices such as an arterial and/or central venous catheter is separately reportable.)
- The JCAHO mandated "pause and reflect" confirmation of right patient, right side, right surgery is performed.
- Anesthesia is induced and once adequate neuromuscular blockade is established, the anesthesiologist performs a direct laryngoscopy.

- A double lumen endotracheal tube is passed into the trachea using the appropriate technique.
- The double lumen ET placement is confirmed by passing a fiberoptic bronchoscope down the trachea portion and the bronchial portion. The double lumen tube is manipulated and adjusted to insure proper placement. The tube is secured with tape.
- The patient is placed in the lateral position for the surgical procedure. Bilateral breath sounds are auscultated, proper functioning of the monitors and vascular access confirmed, and pressure points are padded. A warm air heating blanket is positioned.
- A repeat bronchoscopic examination is performed to confirm that the tube has remained in the correct position. The breath sounds are auscultated as well to confirm selective ventilation. Tube placement must be constantly monitored and adjusted based on surgical needs.
- Once the thoracic cavity is entered, the anesthesiologist initiates one-lung ventilation by clamping the lumen to the operative lung.
- As these procedures can result in significant blood loss, the anesthesiologist carefully monitors the central venous pressure and urine output and initiates blood transfusions as needed, after verifying the blood products are appropriate and intended for the patient.
- During the period of single lung ventilation, the anesthesiologist carefully monitors the patient's oxygenation status with pulse oximetry and, if indicated, with serial ABGs. Should the patient become hypoxemic during the period of one lung ventilation, the anesthesiologist initiates procedures to increase oxygenation (eg selective lung CPAP or intermittent manual ventilation).
- During that portion of the surgical procedure that involves manipulation of the spinal elements, the anesthetic technique is adjusted to facilitate neurophysiologic monitoring. This requires close communication between the anesthesiologist and the individual performing the neuromonitoring.
- At the conclusion of the spinal instrumentation, the anesthesiologist resumes two lung ventilation adjusting ventilation to assure complete re-expansion of the operative lung.
- The patient is hand ventilated to facilitate closure of the chest wall.
- At the conclusion of the procedure, the patient is returned to the supine position. Anesthetic agents are discontinued and any residual neuromuscular blockade is reversed with a combination of anticholinesterase and anticholinergic agents as prepared by the anesthesiologist.
- The anesthesiologist evaluates the patient's respiratory effort, oxygenation, level of consciousness and the reversal of neuromuscular agents. If the patient meets acceptable criteria, the anesthesiologist extubates the patient's trachea. If the patient cannot tolerate early extubation, the anesthesiologist will perform a direct laryngoscopy and exchange the double-lumen tube for a single-lumen tube and the patient will be transferred to the PACU (or intensive care unit) while intubated and will be ventilated en route by the anesthesiologist. Careful monitoring of the patient's vital signs is continuously performed during transport.

Description of Post-Service Work:
- The patient is transported to the recovery room.
- The patient who has undergone a procedure that isolated one lung from another is at greater risk for atalectasis, lung consolidation and impaired gas exchange necessitating extremely close monitoring of cardiovascular and respiratory status.
- If the patient remains intubated, the anesthesiologist provides initial ventilator settings.
- The anesthesiologist provides a report of the patient's history and anesthetic course to the post-anesthesia nurse.
- The anesthesiologist orders analgesics and anti-emetics as indicated.
- The patient's care is transferred to recovery room personnel.
- The anesthesiologist receives reports as to the patient's condition and makes appropriate medical decisions regarding pain control, adequacy of respiration, control of mechanical ventilation, fluid management and discharge to the intensive care unit.
- The anesthesiologist's interpretation of arterial blood samples and regulation of blood pressure and circulation may be required in the immediate post-operative period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s).	James D Grant, MD, Brenda S Lewis, DO, Tripti C Kataria, MD				
Specialty(s):	Anesthesiology				
CPT Code:	00626				
Sample Size:	135	**Resp n:** 46	**Resp %:** 34.0%		
Sample Type:	Panel				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey Base Unit Values:	14	15	**15**	16	20
Pre-Anesthesia Time:	**15.00**	**26.00**	**40.00**	**45.00**	**110.00**
Intra-op Anesthesia Time:	130.00	243.00	**300.00**	360 00	510.00
Post-Anesthesia Time:			**30.00**		

To calculate above and below time recommendations, tab here

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value
00541	XXX	15

CPT Descriptor Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracosocpy); utilizing one lung ventilation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Base Unit Value
00670	XXX	13

CPT Descriptor Anesthesia for extensive spine and spinal cord procedures (eg spinal insturmentation or vascular procedures

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 39

TIME ESTIMATES (Median)	New/Revised CPT Code: 00626	Key Reference CPT Code: 00541
Median Pre-Service Time	40.00	30.00
Median Intra-Service Time	300.00	150.00
Median Post-service Time	30.00	22.50
Median Total Time	**370.00**	**202.00**
		Calculate total reference time tab here
INTENSITY/COMPLEXITY MEASURES (Mean)		
Mental Effort and Judgement (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.44	4.23
Urgency of medical decision making	4.33	4.23
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.64	4.49
Physical effort required	4 41	4.26
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.62	4.41
Outcome depends on the skill and judgement of physician	4.59	4.44
Estimated risk of malpractice suit with poor outcome	4.51	4.28

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Anesthesia intensity/complexity	4.31	4.18

Intra-Op Anesthesia intensity/complexity	4.74	4.64
Post-Anesthesia intensity/complexity	4.23	4.10

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*
Our recommendation for 15 base units {the 25 and the 50th percentile} is based on the following factors:
* Thirty-five precent of our sruvey respondents did not agree that the patient described in the vignette was similar to their typical patient. These respondents cited additioanl comorbidities such as hypertension, COPD, coronary disease, obesity, smoking and diabetes. They noted that extensive blood loss was commen in these patients and that the surgical procedure often involved more spinal levels. This is similar to the typical patient described under the reference servcie code 00541 - Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation/ 15 base units.

* We agree that the work involved in 00626 is comparable to that of 00541. We brought this new code forward simply because the descriptor for 00541 precludes its use for procedures on the anterior spine via a transthoracic approach.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The interpretation of the data obtained from central venous catheters, art lines and other forms of invasive monitoring is included in the anesthesia work but placement of these devices is not as the need for invasive forms of monitoring is driven by patient condition rather than by the surgical procedure.

   Codes an anesthesiologist could report in addition to 00626 are:
   36556 - Insertion of non-tunnelled centrally inserted central venous catheter; age 5 years or older
   Global Period: 000
   Work RVUs: 2.50
   Pre-Service Time: 25 min
   Intra-Service Time: 15 min
   Post-Service Time: 10 min

   36620 - Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Global Perıor: 000
Work RVUs: 1.15
Pre-Servıce Tıme: 8 mın
Intra-service Tıme: 20 mın
Post-Servıce Tıme: 10 mın

2. Please provıde a table lıstıng the typical scenarıo where this new/revısed code ıs reported wıth multıple codes. Include the CPT codes, global perıod, work RVUs, pre, ıntra, and post-tıme for each, summıng all of these data and accountıng for relevant multıple procedure reduction polıcies. If more than one physıcıan is involved ın the provısıon of the total servıce, please ındıcate whıch physıcian is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00541 - Anesthesia for thoracotomy procedures involving luntgs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 62,790
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Anesthesiology Frequency 62,790 Percentage 100.00%

Specialty Frequency Percentage

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,279 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Anesthesiology Frequency 6,279 Percentage 100.00%

Specialty Frequency Percentage

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

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AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Skin Graft Recipient Site Preparation

The CPT Editorial Panel deleted two codes and created four new codes to describe excision of hidradentitis suppurativa lesions that are able to be closed primarily, whether by simple, intermediate or complex closure. The existing codes do not adequately describe the physician work and technical difficulty involved in the excision of diffuse and extensive disease that precludes primary closure.

15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children

15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and children

The RUC reviewed the service times that the specialty society recommended for code 15002 and 15004. The RUC discussed the intra-service times associated with 15002 and determined that the intra-service time be reduced to 20 minutes as this more accurately reflects the procedure. After amending the intra-service time, the RUC reviewed the reference code 15000 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children* (Work RVU=3.99) in comparison to the surveyed code and agreed that due to the increased total time of the surveyed code in comparison to the reference code (115 and 90 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code, the median RVU of 3.99 seemed appropriate.

The RUC discussed the intra-service times associated with 15004 and determined that the intra-service time be reduced to 45 minutes as this more accurately reflects the procedure. The RUC noted that there was additional intra-service allocated to this code in comparison to 15002 because of the location of where the procedure is taking place. After amending the intra-service time, the RUC reviewed the reference code 15000 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including*

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subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children (Work RVU=3.99) in comparison to the surveyed code and agreed that due to the increased total time of the surveyed code in comparison to the reference code (150 and 90 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code, the median RVU of 5.00 seemed appropriate.

However, when the RUC reviewed this procedure it had to review the recommendations of all of these codes as a group to determine if the recommendations were work neutral. The specialty society, during its consensus panel discussion to value the codes used the survey data and then had to scale it to account for work neutrality. Therefore, the specialty society established a ratio of how these procedures would be performed by analyzing their survey data. It was determined that the utilization from 15000, which the CPT editorial panel has now deleted, would be divided in a 64:36 split between 15002 and 15004, respectively. It was also determined from the survey that in terms of work there is a 1:1.25 ratio between 15002 and 15004. Therefore, to account for the work neutrality and maintain these two ratios, the specialty society decreased the work RVU recommendations from the median 3.99 RVUs to 3.65 RVUs for 15002 and from the median 5.00 to 4.58 RVUs for 15004. **The RUC agreed with the adjustment and recommends 3.65 RVUs for 15002 and 4.58 RVUs or 15004.**

15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)

15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)

The RUC reviewed the service times that the specialty society recommended for code 15003 and 15005. The RUC discussed the intra-service times associated with 15003 and determined that the intra-service time be reduced to 15 minutes as this more accurately reflects the procedure. In addition, the RUC determined that the pre-service time for this codes should be zero as there is no additional pre-service work associated with this code as it is billed in addition to 15002. Furthermore, the post-service time recommended by the specialty society was reduced to 1 minute to apply additional dressing as the wound would be larger in the instances where this procedure would be used. After amending the pre-,intra- and post-service times, the RUC reviewed the reference code 15001 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area of infants and children* (Work RVU=1.00) in

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comparison to the surveyed code and agreed that due to similar total service times of the surveyed code and the reference code (16 and 15 minutes, respectively), as well as the similar intensity and complexity measures, the median of 1.50 seemed appropriate.

The RUC discussed the service times associated with 15005 and determined that the intra-service time be reduced to 20 minutes as this more accurately reflects the procedure. The RUC noted that there was additional intra-service allocated to this code in comparison to 15003 because of the location of where the procedure is taking place. In addition, the RUC determined that the pre-service time for this codes should be zero as there is no additional pre-service work associated with this code as it is billed in addition to 15004. Furthermore, the post-service time recommended by the specialty society was reduced to 1 minute to apply additional dressing as the wound would be larger in the instances where this procedure would be used. After amending the pre-, intra-, and post-service times, the RUC reviewed the reference code 15001 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area of infants and children* (Work RVU=1.00) in comparison to the surveyed code and agreed that due to the increased total time of the surveyed code in comparison to the reference code (22 and 15 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code, the median RVU of 3.00 seemed appropriate.

However, when the RUC reviewed this procedure it had to review the recommendations of all of these codes as a group to determine if the recommendations were work neutral. The specialty society, during its consensus panel discussion to value the codes used the survey data and then had to scale it to account for work neutrality. Therefore, the specialty society established a ratio of how these procedures would be performed by analyzing their survey data. It was determined that the utilization from 15001, which the CPT Editorial Panel has now deleted, would be divided in a 76:24 split between 15003 and 15005, respectively. It was also determined from the survey that in terms of work there is a 1:2 ratio between 15003 and 15005. Therefore, to account for the work neutrality and maintain these two ratios, the specialty society decreased the work RVU recommendations from the median 1.50 RVUs to 0.80 RVUs for 15003 and from the median 3.00 to 1.60 RVUs for 15004. **The RUC agreed with the adjustment and recommends 0.80 RVUs for 15003 and 1.60 RVUs or 15004.**

Practice Expense:
The RUC reviewed the recommendations made by the specialty society and determined that the practice expense inputs for the new codes (15002, 15003, 15004 and 15005) have been crosswalked from the deleted codes (15000 and 15001) which were approved by the RUC with one exception the addition of 10 minutes for cleaning the surgical pack which was not allocated to the deleted codes during their review. All clinical staff intra-service times will be modified to reflect the modified physician intra-service times. The practice expense inputs as modified were approved.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 15000		~~Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children~~ ~~*(For appropriate skin grafts or replacements, see 15050-15261, 15330-15336. List the graft or replacement separately by its procedure number when the graft, immediate or delayed, is applied)*~~	000	N/A
D +15001		~~each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)~~ ~~*(Use 15001 in conjunction with 15000)*~~ (15000, 15001 have been deleted. To report, see 15002-15005)	ZZZ	N/A
●15002	S1	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children	000	3.65
+●15003	S2	each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure) (Use 15003 in conjunction with 15002)	ZZZ	0.80
●15004	S3	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and children	000	4.58

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
+● 15005	S4	each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure) (Use 15005 in conjunction with 15004 (For excision of benign lesions, see 11400-11471) (For excision of malignant lesions, see 11600-11646) (For excision to prepare or create recipient site with dressings or materials not listed in 15040-15431, use 15002-15005 only) (For excision with immediate skin grafting use 15002-15005 in conjunction with 15050-15261) (For excision with immediate allograft skin placement, use 15002-15005 in conjunction with 15300-15336 and 15360-15366) (For excision with immediate xenogeneic dermis placement use 15002-15005 in conjunction with 15400-15421)	ZZZ	1.60

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:15002 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **3.65**
RUC RVU: **3.65**

CPT Descriptor: Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old cook was admitted to the burn center with grease scald burns involving the left shoulder, chest, and arm. A total of 25% body surface area was burned full thickness. Under general anesthesia, the left shoulder, arm and chest burns were excised down to viable subcutaneous tissue; the first 100 sq cm of a planned total of 500 sq cm was excised.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Preoperative work includes an interval history and physical exam; reviewing the previous work-up and preoperative laboratory test results; consulting with the referring physician, if necessary, and other health care professionals; and communicating with the patient (and/or the patient's family) to explain the operative risks and benefits and to obtain informed consent. Other preoperative services include type & crossmatch for blood to be administered during the procedure, the administration of preoperative antibiotics, dressing, scrubbing, and waiting to begin the operation; supervising the positioning, prepping, and draping of the patient; and ensuring that the necessary surgical instruments and supplies are present and available in the operative suite.

Description of Intra-Service Work: After the induction of anesthesia, the subcutaneous tissue beneath the full-thickness burn is infiltrated with crystalloid solution containing epinephrine in order to minimize blood loss. The eschar involving the left arm & anterior torso is excised down to viable subcutaneous tissue. Hemostasis is obtained with electrocautery, epinephrine soaked laparotomy pads and/or topical thrombin. A total of 100 sq cm is excised in preparation for immediate or staged skin grafting and/or application of a skin substitute/replacement.

Description of Post-Service Work: Postoperative work begins after the application of the wound dressing in the operating room and includes monitoring the patient's stability in the recovery room; writing orders; communicating with the family and other health care professionals (including written and oral reports and orders); and all hospital visits and services performed by the surgeon in the ICU or on a suitable nursing floor. Discharge management includes the surgeon's final examination of the patient, instructions for continuing care of the operative sites, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Richard J. Kagan, MD FACS Keith Brandt, MD FACS Scott Oates, MD Charles Mabry, MD FACS Chad Rubin, MD FACS
Specialty(s):	plastic surgery, general surgery

CPT Code:	15002		
Sample Size:	170	Resp n: 35	Response: 20.5 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	1.00	3.99	**3.99**	4.00	6.10
Pre-Service Evaluation Time:			**45.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	5.00	20.00	**20.00**	60.00	120.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	20.00	
Critical Care time/visit(s):	0.0	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	0.0	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	0.0	99238x **0.00** 99239x **0.00**
Office time/visit(s):	0.0	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
15000	000	3.99

CPT Descriptor Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 **% of respondents:** 85.7 %

TIME ESTIMATES (Median)

	CPT Code: 15002	**Key Reference CPT Code: 15000**
Median Pre-Service Time	75.00	40.00
Median Intra-Service Time	20.00	30.00
Median Immediate Post-service Time	20.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**115.00**	**90.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.77	2.72
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.37	2.34
Urgency of medical decision making	3.00	2.90

Technical Skill/Physical Effort (Mean)

Technical skill required	2.87	2.83
Physical effort required	2.97	2.90

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.07	3.03
Outcome depends on the skill and judgment of physician	3.37	3.34
Estimated risk of malpractice suit with poor outcome	2.83	2.79

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.70	2.72
Intra-Service intensity/complexity	2.87	2.86
Post-Service intensity/complexity	2.50	2.52

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See Attachment

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15000 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty plastic surgery How often? Commonly

Specialty general surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,413 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty General Surgery	Frequency 7697	Percentage 25.30 %
Specialty Plastic Surgery	Frequency 13735	Percentage 45.16 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:15003 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **0.80**
RUC RVU: **0.80**

CPT Descriptor: Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old cook was admitted to the burn center with grease scald burns involving the left shoulder, chest, and arm. A total of 25% body surface area was burned full thickness. Under general anesthesia, the left shoulder, arm and chest burns were excised down to viable subcutaneous tissue; a total of 100 sq cm has already been excised, the procedure continues for a planned 500 sq cm total excision.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After the induction of anesthesia, the subcutaneous tissue beneath the full-thickness burn is infiltrated with crystalloid solution containing epinephrine in order to minimize blood loss. The eschar involving the left arm & anterior torso is excised down to viable subcutaneous tissue. Hemostasis is obtained with electrocautery, epinephrine soaked laparotomy pads and/or topical thrombin. An additional 400 sq cm is excised in preparation for immediate or staged skin grafting and/or application of a skin substitute/replacement.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Richard J. Kagan, MD FACS Keith Brandt, MD FACS Scott Oates, MD Charles Mabry, MD FACS Chad Rubin, MD FACS					
Specialty(s):	plastic surgery, general surgery					
CPT Code:	15003					
Sample Size:	170	**Resp n:** 41		**Response:** 24.1 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		1.00	1.00	**1.50**	2.50	6.00
Pre-Service Evaluation Time:				**0.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		

code: 15003

Intra-Service Time:		5.00	10.00	**15.00**	31.00	120.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**1.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
15001	ZZZ	1.00

CPT Descriptor Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous issues); each additional 100 sq cm or each additional one percent of body area of infants and children

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 75.6 %

TIME ESTIMATES (Median)

	CPT Code: 15003	**Key Reference CPT Code: 15001**
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	15.00	15.00
Median Immediate Post-service Time	1.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**16.00**	**15.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.68	2.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.23	2.17
Urgency of medical decision making	2.71	2.70

Technical Skill/Physical Effort (Mean)

Technical skill required	3.10	2.93
Physical effort required	2.97	2.83

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.10	3.03
Outcome depends on the skill and judgment of physician	3.39	3.30
Estimated risk of malpractice suit with poor outcome	2.68	2.57

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.70	2.66
Intra-Service intensity/complexity	2.90	2.87
Post-Service intensity/complexity	2.53	2.48

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See Attachment

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15001 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous issues); each additional 100 sq cm or each additional one percent of body area of infants and children

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty General Surgery How often? Commonly

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26,952 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty General Surgery Frequency 15203 Percentage 56.40 %

Specialty Plastic Surgery Frequency 13133 Percentage 48.72 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:15004 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **4.58**
RUC RVU: **4.58**

CPT Descriptor: Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and children

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old cook was admitted to the burn center with grease scald burns involving the left neck, scalp and face. A 500 sq cm total body surface area was burned full thickness. Under general anesthesia, the neck, scalp and face burns were excised down to viable subcutaneous tissue; the first 100 sq cm of a planned total of 500 sq cm was excised.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Preoperative work includes an interval history and physical exam; reviewing the previous work-up and preoperative laboratory test results; consulting with the referring physician, if necessary, and other health care professionals; and communicating with the patient (and/or the patient's family) to explain the operative risks and benefits and to obtain informed consent. Other preoperative services include type & crossmatch for blood to be administered during the procedure, the administration of preoperative antibiotics, dressing, scrubbing, and waiting to begin the operation; supervising the positioning, prepping, and draping of the patient; and ensuring that the necessary surgical instruments and supplies are present and available in the operative suite.

Description of Intra-Service Work: After the induction of anesthesia, the subcutaneous tissue beneath the full-thickness burn is infiltrated with crystalloid solution containing epinephrine in order to minimize blood loss. The eschar involving the face and bilateral hands is excised down to viable subcutaneous tissue. Hemostasis is obtained with electrocautery, epinephrine soaked laparotomy pads and/or topical thrombin. A total of 100 sq cm is excised in preparation for immediate or staged skin grafting and/or application of a skin substitute/replacement.

Description of Post-Service Work: Postoperative work begins after the application of the wound dressing in the operating room and includes monitoring the patient's stability in the recovery room; writing orders; communicating with the family and other health care professionals (including written and oral reports and orders); and all hospital visits and services performed by the surgeon in the ICU or on a suitable nursing floor. Discharge management includes the surgeon's final examination of the patient, instructions for continuing care of the operative sites, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Richard J. Kagan, MD FACS Keith Brandt, MD FACS Scott Oates, MD Charles Mabry, MD FACS Chad Rubin, MD FACS
Specialty(s):	plastic surgery, general surgery

CPT Code:	15004					
Sample Size:	170	Resp n: 35		Response: 20.5 %		
Sample Type:	Panel					
		Low	25th pctl	Median*	75th pctl	High
Survey RVW:		1.00	5.00	**5.00**	7.00	8.00
Pre-Service Evaluation Time:				**45.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		8.00	30.00	**45.00**	68.00	220.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	30.00	
Critical Care time/visit(s):	0.0	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	0.0	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	0.0	99238x **0.00** 99239x **0.00**
Office time/visit(s):	0.0	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
15000	000	3.99

CPT Descriptor Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 65.7 %

TIME ESTIMATES (Median)

	CPT Code: 15004	**Key Reference CPT Code: 15000**
Median Pre-Service Time	75.00	40.00
Median Intra-Service Time	45.00	30.00
Median Immediate Post-service Time	30.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**150.00**	**90.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.52	2.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.61	2.50
Urgency of medical decision making	3.39	3.05

Technical Skill/Physical Effort (Mean)

Technical skill required	4.13	3.27
Physical effort required	3.35	3.05

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.87	3.23
Outcome depends on the skill and judgment of physician	4.43	3.77
Estimated risk of malpractice suit with poor outcome	3.43	3.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.35	2.91
Intra-Service intensity/complexity	4.17	3.41
Post-Service intensity/complexity	3.04	2.68

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See Attachment

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15000 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty American Burn Association How often? Commonly

Specialty American Society of Plastic Surgeons How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17,090 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty General Surgery	Frequency 7697	Percentage 17.59 %
Specialty Plastic Surgery	Frequency 13735	Percentage 31.39 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States?

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:15005 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **1.60**
RUC RVU: **1.60**

CPT Descriptor: Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 27-year-old cook was admitted to the burn center with grease scald burns involving the left neck, scalp and face. A total 500 sq cm surface area was burned full thickness. Under general anesthesia, the left neck, scalp and face burns were excised down to viable subcutaneous tissue. The first 100 sq cm has already been excised, the procedure continues for a planned total of 500 sq cm.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After the induction of anesthesia, the subcutaneous tissue beneath the full-thickness burn is infiltrated with crystalloid solution containing epinephrine in order to minimize blood loss. The eschar involving the face and bilateral hands is excised down to viable subcutaneous tissue. Hemostasis is obtained with electrocautery, epinephrine soaked laparotomy pads and/or topical thrombin. An additional 400 sq cm is excised in preparation for immediate or staged skin grafting and/or application of a skin substitute/replacement.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Richard J. Kagan, MD FACS Keith Brandt, MD FACS Scott Oates, MD Charles Mabry, MD FACS Chad Rubin, MD FACS					
Specialty(s):	plastic surgery, general surgery					
CPT Code:	15005					
Sample Size:	170	**Resp n:** 41		**Response:** 24.1 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		1.00	2.00	**3.00**	4.00	7.50
Pre-Service Evaluation Time:				**0.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		

code: 15005

Intra-Service Time:		10.00	20.00	**20.00**	75.00	190.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**1.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
15001	ZZZ	1.00

CPT Descriptor Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous issues); each additional 100 sq cm or each additional one percent of body area of infants and children

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
	000	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU
	000	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 56.0 %

TIME ESTIMATES (Median)	**CPT Code: 15005**	**Key Reference CPT Code: 15001**
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	20.00	15.00
Median Immediate Post-service Time	1.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**21.00**	**15.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.52	2.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.48	2.32
Urgency of medical decision making	3.22	2.77

Technical Skill/Physical Effort (Mean)

Technical skill required	4.26	3.45
Physical effort required	3.48	3.05

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.32
Outcome depends on the skill and judgment of physician	4.35	3.59
Estimated risk of malpractice suit with poor outcome	3.57	2.91

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.26	2.86
Intra-Service intensity/complexity	4.13	3.23
Post-Service intensity/complexity	3.13	2.73

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See Attachment

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15001 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous issues); each additional 100 sq cm or each additional one percent of body area of infants and children

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty General Surgery How often? Commonly

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,525 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty General Surgery Frequency 15203 Percentage 178.33 %

Specialty Plastic Surgery Frequency 13133 Percentage 154.05 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

Attachment 15002-15005

S1	**15002**	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children	**000**
S2	**15003**	each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)	**ZZZ**
S3	**15004**	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and childre	**000**
S4	**15005**	each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)	**ZZZ**

Rationale - Primary procedures 15002 and 15004:

The RUC survey indicates that new code 15004 is 25% greater work than new code 15002 (both codes have a 000-global period). The RUC survey indicates that experience for each new code is 64:36 for 15002:15004 (Cols B and C). Using the 2004 Medicare frequency, this equates to a frequency of 30,413 for 15002 and 17,090 for 15004 (Col D). The current RVW for 15000 of 3.99 multiplied by the 2004 Medicare frequency of 47,503 results in 189,538 RVUs (Col E). Any recommendation for the two new codes should equal approximately 189,538 RVUs.

We recommend 3.65 RVUs for 15002 and 4.58 RVUs for 15004 (Col J). The value for 15004 is 25% greater than the value for 15002 (Col K)

Using 2004 frequency with a 64:36 survey ratio estimation (Col D) and maintaining a 1.00:1.25 ratio for the RVWs, the values of 3.65 and 4.58 (Col J) result in 189,280 RVUs (Col I), which is slightly less than the current total RVUs for 15000.

Rationale – Add-on procedures 15003 and 15005:

The RUC survey indicates that new code 15003 is 100% greater work than new code 15005 (both codes have a ZZZ-global period). This is not surprising because these codes represent all intra-work, whereas codes 15003 and 15005 include pre- and post-work. The RUC survey indicates that experience for each new code is 76:26 for 15003:15005 (Cols B and C). This is expected because it is more likely that additional 100 sq cm would more frequently apply to larger body surface areas. Using the 2004 Medicare frequency, this equates to a frequency of 26,952 for 15003 and 8,525 for 15005 (Col D). The current RVW for 15001 of 1.00 multiplied by the 2004 Medicare frequency of 35,477 results in 35,477 RVUs (Col E). Any recommendation for the two new codes should equal approximately 35,477 RVUs.

We recommend 0.80 RVUs for 15003 and 1.60 RVUs for 15005 (Col J). The value for 15005 is 100% greater than the value for 150015003 (Col K).

Using 2004 frequency with a 76:24 survey ratio estimation (Col D) and maintaining a 1.00:2.00 ratio for the RVWs, the values of 0.80 and 1.60 (Col J) result in 35,202 RVUs (Col I), which is slightly less than the current total RVUs for 15001.

Goals:

1. **Maintain work ratio by survey.**
2. **Maintain family neutral work RVUs**

A	B	C	D	E	F	G	H	I	J	K
	RUC Survey Exper	Ratio of 15002 to 15004 per RUC survey	2004 **freq** & split for 15000	**Survey data shows split of 64% 15002 to 36% 15004 and 1.00:1.25 ratio of RVW (TOTAL 2004 RVWs = 189,537)**				Survey data shows split of 64% 15002 to 36% 15004 and 1.00:1.25 ratio of RVW		
	7,035		**47,503**	189,537	←	→		189,280		
15002 (S1)	4,504	64%	30,413	121,347	64%	3.99	1.00	111,006	**3.65**	1.00
15004 (S3)	2,531	36%	17,090	68,190	36%	5.00	1.25	78,273	**4.58**	1.25

Reccomendations

A	B	C	D	E	F	G	H	I	J	K
	RUC Survey Exper	Ratio of 15003 to 15005 per RUC survey	2004 **freq** & split for 15001	**Survey data shows split of 76% 15003 to 24% 15005 and 1.00:2.00 ratio of RVW (TOTAL 2004 RVWs = 35,477)**				Survey data shows split of 64% 15002 to 36% 15004 and 1.00:1.25 ratio of RVW		
	9,122		**35,477**	35,477	←	→		35,202		
15003 (S2)	6,930	76%	26,952	26,952	76%	1.50	1.00	21,562	**0.80**	1.00
15005 (S4)	2,192	24%	8,525	8,525	24%	3.00	2.00	13,640	**1.60**	2.00

Reccomendations

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 and ZZZ Global Period
Direct Inputs

Track	CPT	DESCRIPTION	GLOB
S2	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children	000
S3	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)	ZZZ
S4	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and children	000
S5	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)	ZZZ

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ABA, ASPS, and ACS. Basically, the previously reviewed and PEAC approved details for 15000 and 15001 have been crosswalked to the corresponding 000-day global codes and ZZZ-add-on codes. Exceptions (additions or deletions) are noted below.

CLINICAL STAFF TIME:
Pre-service period clinical staff time:
Previously approved times have been crosswalked from 15000 and 15001.

Service period clinical staff time: Previously approved times have been crosswalked from 15000 and 15001 with two exceptions. (1) The intra-service times reflect the current survey. (2) Ten minutes has been added for cleaning the surgical instrument package. This time was not developed when these codes were reviewed.

Post-service period clinical staff time: Previously approved times have been crosswalked from 15000 and 15001.

SUPPLIES AND EQUIPMENT:
Supplies and equipment have been crosswalked from 15000 and 15001 with one exception. Because the suturing tray includes a fenestrated drape, the separate line item for fenestrated drape has been changed to zero quantity.

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		15000 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children		15001 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body		15002 SS1 Surgical preparation or creation .... trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children		15003 SS2 Surgical preparation or creation .... trunk, arms, legs; each additional 100 sq cm or each additional one percent of body area of infants and children	
			000		ZZZ		000		ZZZ	
	Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	69	33	10	0	69	33	15	0
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18	30	0	0	18	30	0	0
TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	48	0	10	0	48	0	15	0
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
PRE-SERVICE										
Start: After visit for procedure/service										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	0	0	5	5	0	0
Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	0	0	3	10	0	0
Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	5	0	0	0	5	0	0
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7	0	0	7	7	0	0
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
End: Pt. enters site for procedure/service										
SERVICE PERIOD										
Start: Pt. enters site for procedure/service										
Pre-service services										
Review charts	L037D	RN/LPN/MTA								
Greet patient and provide gowning	L037D	RN/LPN/MTA	3				3			
Obtain vital signs	L037D	RN/LPN/MTA	3				3			
Provide pre-service education/obtain consent										
Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2				2			
Setup scope (non facility setting only)										
Prepare and position pt/ monitor pt/ set up IV	L037D	RN/LPN/MTA	2				2			
Sedate/apply anesthesia	L037D	RN/LPN/MTA	2				2			
Intra-service										
Staff 1 - Assist MD in performing procedure (100%)	L037D	RN/LPN/MTA	30		10		20		15	
Post-Service										
Monitor pt following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3			
Clean Scope										
Clean Surgical Instrument Package							10			
Check dressings & wound/ home care instructions/ coordinate office visits/ prescriptions	L037D	RN/LPN/MTA	3				3			
Dischg day mgmt 99238 --12 min, 99239 --15 min	L037D	RN/LPN/MTA								
End: Patient leaves site of procedure/service										
POST-SERVICE Period										
End: Patient leaves site of procedure/service										
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
Total Office Visit Time			0	0	0	0	0	0	0	0
End: Last office visit in global period										

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		15000 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children		15001 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body		15002 SS1 Surgical preparation or creation .... trunk, arms, legs; first 100 sq cm or one percent of body area of infants and children		15003 SS2 Surgical preparation or creation .... trunk, arms, legs; each additional 100 sq cm or each additional one percent of body area of infants and children	
			000		ZZZ		000		ZZZ	
	Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
MEDICAL SUPPLIES	**Code**	**Unit**								
pack, minimum multi-specialty visit	SA048	pack	1				1			
gloves, sterile	SB024	pair	2				2			
cap, surgical	SB001	item	2				2			
mask, surgical	SB033	item	2				2			
gown, staff, impervious	SB027	item	2				2			
shoe covers, surgical	SB039	pair	1				1			
drape, sterile barrier 16in x 29in	SB007	item	1		1		1		1	
drape, sterile, fenestrated 16in x 29in	SB011	item	1				0			
hydrogen peroxide	SJ028	ml	20		10		20		10	
povidone soln (Betadine)	SJ041	ml	10				10			
lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20		20		20		20	
syringe-needle 3ml 22-26g	SC064	item	4		4		4		4	
scalpel with blade, surgical (#10-20)	SF033	item	1				1			
cautery, monopolar, electrode tip	SF016	item	1				1			
cautery, patient ground pad w-cord	SF021	item	1				1			
tray, suturing*	SA069	tray	1				1			
suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	3				3			
dressing, 12-7mm (Gelfoam)	SG033	item	1		1		1		1	
dressing, 3in x 4in (Telfa, Release)	SG035	item	1		1		1		1	
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1				1			
tape, surgical paper 1in (Micropore)	SG079	inch	18		18		18		18	
pack, cleaning, surgical instruments	SA043	pack	1				1			
Equipment	**Code**									
light, surgical	EF014		48	0	10	0	48	0	15	0
table, power	EF031		48	0	10	0	48	0	15	0
electrocautery-hyfrecator, up to 45 watts	EQ110		48	0	10	0	48	0	15	0
instrument pack, basic ($500-$1499)	EQ137		48	0	10	0	48	0	15	0

*Contains: (1) CSR overwrap, (1) Halsey floor grade 5" needle holder, (1) floor grade straight 4>5" ins scissors, (1) adson tissue forceps, (2) medicine cups 2oz., (8) 4" x 4" gauze sponges, (5) 2" x 2" gauze sponges, (1) polylined fenstrated drape, (1)

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		15000 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children		15001 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body		15004 SS3 Surgical preparation or creation ... face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and		15005 SS4 Surgical preparation or creation ... face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional one percent of	
			000		ZZZ		000		ZZZ	
	Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	69	33	10	0	94	33	20	0
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18	30	0	0	18	30	0	0
TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	48	0	10	0	73	0	20	0
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
PRE-SERVICE										
Start: After visit for procedure/service										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	0	0	5	5	0	0
Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	0	0	3	10	0	0
Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	5	0	0	0	5	0	0
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7	0	0	7	7	0	0
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
End: Pt. enters site for procedure/service										
SERVICE PERIOD										
Start: Pt. enters site for procedure/service										
Pre-service services										
Review charts	L037D	RN/LPN/MTA								
Greet patient and provide gowning	L037D	RN/LPN/MTA	3				3			
Obtain vital signs	L037D	RN/LPN/MTA	3				3			
Provide pre-service education/obtain consent										
Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2				2			
Setup scope (non facility setting only)										
Prepare and position pt/ monitor pt/ set up IV	L037D	RN/LPN/MTA	2				2			
Sedate/apply anesthesia	L037D	RN/LPN/MTA	2				2			
Intra-service										
Staff 1 - Assist MD in performing procedure (100%)	L037D	RN/LPN/MTA	30		10		45		20	
Post-Service										
Monitor pt following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3			
Clean Scope										
Clean Surgical Instrument Package							10			
Check dressings & wound/ home care instructions/ coordinate office visits/ prescriptions	L037D	RN/LPN/MTA	3				3			
Dischg day mgmt 99238 --12 min, 99239 --15 min	L037D	RN/LPN/MTA								
End: Patient leaves site of procedure/service										
POST-SERVICE Period										
End: Patient leaves site of procedure/service										
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	0	0	3	3	0	0
Total Office Visit Time			0	0	0	0	0	0	0	0
End: Last office visit in global period										

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		15000 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children		15001 peac - 2002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, each additional 100 sq cm or each additional one percent of body		15004 SS3 Surgical preparation or creation ... face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or one percent of body area of infants and		15005 SS4 Surgical preparation or creation ... face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional one percent of	
			000		ZZZ		000		ZZZ	
	Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
MEDICAL SUPPLIES	Code	Unit								
pack, minimum multi-specialty visit	SA048	pack	1				1			
gloves, sterile	SB024	pair	2				2			
cap, surgical	SB001	item	2				2			
mask, surgical	SB033	item	2				2			
gown, staff, impervious	SB027	item	2				2			
shoe covers, surgical	SB039	pair	1				1			
drape, sterile barrier 16in x 29in	SB007	item	1		1		1		1	
drape, sterile, fenestrated 16in x 29in	SB011	item	1				0			
hydrogen peroxide	SJ028	ml	20		10		20		10	
povidone soln (Betadine)	SJ041	ml	10				10			
lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20		20		20		20	
syringe-needle 3ml 22-26g	SC064	item	4		4		4		4	
scalpel with blade, surgical (#10-20)	SF033	item	1				1			
cautery, monopolar, electrode tip	SF016	item	1				1			
cautery, patient ground pad w-cord	SF021	item	1				1			
tray, suturing*	SA069	tray	1				1			
suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	3				3			
dressing, 12-7mm (Gelfoam)	SG033	item	1		1		1		1	
dressing, 3in x 4in (Telfa, Release)	SG035	item	1		1		1		1	
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1				1			
tape, surgical paper 1in (Micropore)	SG079	inch	18		18		18		18	
pack, cleaning, surgical instruments	SA043	pack	1				1			
Equipment	Code									
light, surgical	EF014		48	0	10	0	73	0	20	0
table, power	EF031		48	0	10	0	73	0	20	0
electrocautery-hyfrecator, up to 45 watts	EQ110		48	0	10	0	73	0	20	0
instrument pack, basic ($500-$1499)	EQ137		48	0	10	0	73	0	20	0

*Contains: (1) CSR overwrap, (1) Halsey floor grade 5" needle holder, (1) floor grade straight 4>5" ins scissors, (1) adson tissue forceps, (2) medicine cups 2oz., (8) 4" x 4" gauze sponges, (5) 2" x 2" gauze sponges, (1) polylined fenstrated drape, (1)

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Axial Pattern Forehead Flap

The CPT Editorial Panel created one new code, based on the RUC's Five-Year Review recommendation, to more accurately describe axial pattern forehead flap procedures and differentiate from the original coding which described the procedure on any area. These procedures represent regional vascularized fasciocutaneous flaps for coverage of Mohs defects, coverage of small traumatic defects and reconstruction of contractures from the forehead.

The RUC reviewed the survey results from 35 plastic surgeons regarding 15731 *Forehead flap with preservation of vascular pedicle (eg axial pattern flap, paramedian forehead flap)* noting its relation to the key reference service code, 14300 *Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area* (work RVU = 11.74). The RUC agreed with the specialty society that the work for 15731 is greater than 14300 due to the high level of intensity/complexity of performing this new service as compared to the reference code. The surveyed code was rated higher than the reference code in intensity/complexity in every measurable category by survey respondents. The RUC also noted that the physician intra-service time for 15731 is greater than the reference service code (120 minutes and 102 minutes, respectively). Further, the specialty noted that the procedure is so intense due to its location and visibility. Any mistake will cause problems for the patient in two areas of their face, where the section was taken from and the area that the section was to cover. The RUC also considered the appropriateness of a 99214 office visit. It was decided that due to the variability of the section, the medical decision making involved, the potential for serious complications, and the time spent with the patient, a 99214 office visit is appropriate. Due to the high intensity/complexity of the procedure, the RUC agreed the 25th percentile work RVU of 12.95 for 15731 was appropriate. **The RUC recommends a work RVU of 12.95 for code 15731.**

Practice Expense

The standard inputs for 090 day global period were applied and 15731 was also priced in the non-facility setting. Due to the introduction of 15731, the RUC further recommended that 15732 be priced in the facility setting only. **The RUC recommends that 15732 be priced in the facility setting only.**

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Regions listed refer to recipient area... *Regions listed refer to donor site...* *Procedures 15570-15738 do not include extensive...* *Repair of donor site requiring skin...* *(For microvascular flaps, see 15756-15758)* (For flaps without inclusion of a vascular pedicle, see 15570-15576) (For adjacent tissue transfer flaps, see 14000-14300) *(Procedures 15732-15738 are described by donor site of the muscle, myocutaneous, or fasciocutaneous flap)*				
● 15731	T1	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap) (For muscle, myocutaneous, or fasciocutaneous flap of the head or neck, use 15732)	090	12.95
15732		*Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)* (For forehead flap with preservation of vascular pedicle, use 15731)	090	17.81 (No Changes)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:15731 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **12.95**
RUC RVU: **12.9512.95**

CPT Descriptor: Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents with a 2 x 2 cm nasal tip defect after Mohs resection of a basal cell carcinoma. At operation, reconstruction of the defect is achieved with a forehead flap based on the supratrochlear vessels.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 17%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work begins on the day before surgery and includes: obtaining and reviewing pre-procedural laboratory and imaging studies; reviewing findings at the prior operation; consulting with the referring physician and if necessary other health care professionals; and communicating with the patient (and/or patient's family) to explain operative risks and benefits and to obtain informed consent. Additional pre-operative services include dressing, scrubbing, and waiting for surgery; supervision of the positioning, prepping, and draping of the patient; and ensuring that surgical instruments and supplies that are necessary are present and available in the operative suite. .

Description of Intra-Service Work: After the ablative part of the procedure has been completed, appropriate measurements of the defect are obtained and planning for the size of the flap is done. The supratrochlear vessels are identified intra-operatively utilizing a doppler. The flap is then designed centered over the vessels chosen for reconstruction. Flap elevation begins distally. The vessel is identified in the subdermal plane and the flap design modified if not centered over the pedicle. As dissection continues the vessel penetrates the frontalis muscle therefore a portion of the muscle must be harvested with the flap. As dissection approaches the root of the nose, special care must be taken to identify and preserve the supratrochlear vessel deeply where it passes over the supraorbital rim.

The nasal defect is freshened by removing any residual necrotic debri or granulation tissue. The forehead flap is transferred to the defect by rotating the flap 180 degrees pivoting at the base. Care is taken to insure no kinking or excessive twisting of the pedicle occurs. Additional dissection may be required to alleviate problems with the pedicle. The flap is carefully evaluated for viability, and is inset into the defect with fine sutures. The donor defect is closed primarily in a layered fashion.

Description of Post-Service Work: Post-service work begins with communication with the family and other health care professionals (including written and oral reports and orders). All hospital visits and services are performed by the surgeon, including monitoring and care of the flap, monitoring and care of the donor incision; monitoring, care, and removal of drains, if used; and antibiotic and pain medication; examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records. Additionally, all post-discharge office visits for this procedure for 90 days after the day of the operation are considered part of the post-operative work: including removal of sutures: evaluation of periodic imaging, pathology, and laboratory reports, if needed; and antibiotic and pain medication adjustements.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006

Presenter(s):	Keith Brandt, MD, FACS, and Scott Oates, MD					
Specialty(s):	Plastic Surgery					
CPT Code:	15731					
Sample Size:	66	**Resp n:** 35		**Response:** 53 0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		11.60	12.95	**15.00**	17.00	26.00
Pre-Service Evaluation Time:				**50.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		40.00	90.00	**120.00**	145.00	210.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**
Office time/visit(s):	**122.0**	99211x **0.0** 12x **1.0** 13x **3.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
14300	090	11.74

CPT Descriptor Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 42.8 %

TIME ESTIMATES (Median)

	CPT Code: 15731	**Key Reference CPT Code: 14300**
Median Pre-Service Time	75.00	69.00
Median Intra-Service Time	120.00	102.00
Median Immediate Post-service Time	30.00	34.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	47.50
Median Discharge Day Management Time	18.0	36.00
Median Office Visit Time	122.0	103.50
Median Total Time	**365.00**	**392.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.47	3.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.87
Urgency of medical decision making	3.33	3.07

Technical Skill/Physical Effort (Mean)

Technical skill required	4.00	3.33
Physical effort required	3.27	3.07

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.07	3.53
Outcome depends on the skill and judgment of physician	4.13	3.73
Estimated risk of malpractice suit with poor outcome	3.67	3.53

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.40	3.14
Intra-Service intensity/complexity	3.87	3.29
Post-Service intensity/complexity	3.33	2.79

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Code 15732 was placed in the 2005 five-year review by CMS because there seemed to be a shift towards performing this code as an outpatient procedure. Further investigation identified the forehead flap as a vascularized flap that is commonly performed as an outpatient procedure, thus this new code 15731 was created.

The survey results show a lesser intraservice time of 120 minutes versus 150 minutes for the current 15732 and no hospital visits were included except for discharge day management.

The society recommends the 25th percentile Work Reative Value of 12.95 and the median intraservice time of 120 minutes. This results in an IWPUT calculation of 0.051.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A skin graft code is sometimes used to improve care of open wound portion of flap; excision of malignant lesion code is sometimes used when defect is created by same operating surgeon on same date. CPT 15120 - 90 days - 9.81 RVWs; CPT 11643, 11644, and 11646 - 10 days - 3.10 to 5.94 RVWs

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15732

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,060 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Plastic Surgery	Frequency 3530	Percentage 50.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Direct Inputs

CPT	DESCRIPTION	GLOB
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	090

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ASPS.

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. Thirty-five minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work for the non-facility setting. These times have been applied.

Service period clinical staff time: The assignment of 6 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for outpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied.

SUPPLIES AND EQUIPMENT:

Standard PEAC minimum multispecialty office visit pack and incision care pack have been applied. Additional supplies are cross-walked from code 15732 with the inclusion of Xeroform dressing for care of the pedicle. A power table, exam light, electrocautery, and digital camera are listed, which is consistent with other plastic surgical codes.

	A	B	C	D	E	F	G
1							
2				15731		15732	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**		**Muscle, myocutaneous or fasciocutaneous flap, head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**	
4		**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**326.0**	**254.0**	N/A	See current CMS/RUC database
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**35.0**	**60.0**		
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**103.0**	**6.0**		
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**188.0**	**188.0**		
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**5**	**5**		
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**	**10**	**20**		
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**8**		
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**10**	**20**		
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**	**10**	**7**		
17	Other Clinical Activity (please specify)						
18	**End:When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning	**L037D**	**RN/LPN/MTA**	**3**			
24	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**3**			
25	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**				
26	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**2**			
27	Setup scope (non facility setting only)	**L037D**	**RN/LPN/MTA**				
28	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**2**			
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**80**			
32	**Post-Service**						
33	Monitor pt. following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**3**			
35	Clean Scope						
36	Clean Surgical Instrument Package			**10**			
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 –12 minutes 99239 –15 minutes	**L037D**	**RN/LPN/MTA**		**6**		
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27	**1**	**1**		
50	99213 36 minutes		36	**3**	**3**		
51	99214 53 minutes		53	**1**	**1**		
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**188**	**188**		
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				15731		15732	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**		**Muscle, myocutaneous or fasciocutaneous flap, head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**	
4		**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	pack, minimum multi-specialty visit	SA048	Unit	**6**	**5**		
60	pack, post-op incision care (suture)	SA054	pack	**1**	**1**		
61	dressing, 5in x 9in (Xeroform)	SG041	item	**1**			
62	suture, nylon, 3-0 to 6-0, c	SF036	item	**2**			
63	cautery, monopolar, electrode, needle	SF018	item	**1**			
64	gown, staff impervious, disposable	SB027	item	**1**			
65	mask, surgical	SB033	item	**2**			
66	disposable scalpel #11, 15, 20 blade	SF033	item	**1**			
67	sterile drape, 22 in x 25 in	SB007	item	**1**			
68	gloves, sterile, 1 pr	SB024	item	**2**			
69	drape, sterile, fenestrated, 16in x 29in	SB011	item	**1**			
70	suture, nylon, 5-0, 6-0 (1 pack)	SF036	item	**2**			
71	Vicryl suture 4-0 and 5-0	SF040	item	**1**			
72	Xylocaine w/ epinephrine 1%, 20ml	SH046	ml	**20**			
73	Betadine	SJ046	ml	**10**			
74	hydrogen peroxide 20 ml	SJ028	ml	**20**			
75	silver nitrate applicator	SJ046	item	**2**			
76	syringe, 3cc, 20 to 25 gauge needle	SC064	item	**3**			
77	Bacitracin oint (15 gm uou)	SJ008	item	**1**			
78	sterile gauze 4 in X 4in (10 pack uou)	SG056	item	**2**			
79	Kling bandage, non-sterile 2 in	SG017	item	**2**			
80	steri-strip (6 strip uou)	SG074	item	**2**			
81	tape, surgical paper 1 in (Micropore)	SG079	inch	**24**			
82	dressing, 12-7 mm (Gelfoam)	SG033	item	**1**			
83	dressing, 3in X 4in (Telfa, Release)	SG035	item	**1**			
84	pack, cleaning, surgical instruments	SA043	pack	**1**			
85	**Equipment**	**CMS Code**	**Unit**				
86	light exam	EQ168		**1**	**1**		
87	table, power	EF031		**1**	**1**		
88	electrocautery-hyfrecator, up to 45 watts	EQ110		**1**			
89	camera, digital system, 12 megapixel	ED005		**1**	**1**		
90	instrument pack, medium ($1500 and up)	EQ138		**1**			

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Panniculectomy

The CPT Editorial Panel created one new code and revised a second code, based on the RUC's Five-Year Review recommendations, to more accurately differentiate between abdominoplasty and panniculectomy. This coding change was necessitated by a recent change in the patient population due to the drastic rise in patients undergoing bariatric surgery and experiencing excessive weight loss. Panniculectomy involves the excision of skin and subcutaneous tissue and is commonly performed to treat recurring rashes, skin maceration, and yeast infections while abdominoplasty includes a whole host of secondary nonfunctional procedures such as transposition of the umbilicus, undermining to the costal region margin, imbrication of rectus diastasis, lateral contouring imbrications, suction assisted liposuction, and others.

Code 15830

The RUC reviewed the survey data for 15830, *Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy* in comparison to the key reference service code 19318 *Reduction mammaplasty* (work RVU = 15.60). The surveyed code very closely compares with the intensity/complexity measures for the key reference service code. However, the RUC assessed the physician time from the specialty society survey and agreed that the one 99214 office visit should be reduced to a 99213 office visit to reflect the typical patient encounter. In addition, the RUC also agreed that the 25th percentile intra-service time (120 minutes) was more appropriate as well. With these reductions in the intra-service time and post-operative office visits, the RUC agreed the specialty's surveyed 25th percentile work RVU of 15.60 accurately reflected the service. **The RUC recommends a work RVU of 15.60 for code 15830.**

Codes 15831 and 15846

The RUC reviewed the specialty society presentation regarding 15831 *Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition, fascial plication and undermining)* (work RVU = 12.38) which was revised due to the creation of 15830. The procedure now accurately reflects an add-on procedure to 15830 typically for morbidly obese patients experiencing excessive weight loss, usually following bariatric surgery. However, the code could be misinterpreted and used to describe a purely cosmetic "tummy-tuck" procedure. Such a procedure should be coded by using an unlisted procedure code, 17999 *Unlisted procedure, skin, mucous membrane and subcutaneous tissue* (work RVU = 0.00). To prevent

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confusion and potential abuse, the RUC recommended that15831 be deleted and renumbered to 15846. Further, the RUC agreed with the presenters that assigning carrier pricing will also reduce the potential for abuse and provide adequate valuation for the service in situations where it should be covered. **The RUC recommends that this procedure now identified with CPT Code 15846 be carrier priced.**

Practice Expense

The RUC reviewed the practice expense inputs for 15830. These inputs were assessed and the RUC removed one minimum multi-specialty visit pack and reflected the changes from the change in post-service office visits. Following these amendments, the RUC agreed that the practice expense inputs met the RUC's standard of clinical labor time, supplies, and equipment.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 15830	U1	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy (Do not report with 12031, 12032, 12034, 12035, 12036, 12037, 13100, 13101, 13102, 14000-14001, 14300)	090	15.60
D +15831		~~Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition, fascial plication and undermining) (List separately in addition to code for primary procedure)~~ ~~(Use 15831 in conjunction with 15830)~~ ~~For abdominal wall hernia repair, see 49491-49587)~~ (15831 has been deleted. To report abdominoplasty with panniculectomy use 15830 with 15846. To report other abdominoplasty, use 17999)	ZZZ	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● +15846	U2	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication (List separately in addition to code for primary procedure) (Use 15846 in conjunction with 15830) For abdominal wall hernia repair, see 49491-49587) (To report other abdominoplasty, use 17999)	ZZZ	Carrier Priced

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:15830 Global Period: 090 Specialty Society RVU: **17.00**

RUC RVU: **15.60**

CPT Descriptor: Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old female, who had gastric bypass surgery for morbid obesity and lost 120 pounds (from 360 down to 240), presents with chronic intertrigo of the abdomino-pelvic fold because of a large overhanging pannus that completely covers the lower abdomen, pubic area and upper thighs. At operation, a panniculectomy is performed. Fascial and skin layers are closed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up, including: History and physical examination, review laboratory results (CBC, electrolytes, renal function); review biopsies, pathology reports
- Review previous operative reports
- Review planned incisions and procedure

Pre-service work – Day of surgery:

- Change into scrub clothes
- Check with lab on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Outline the area to be excised
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that antibiotics and prophylaxis for deep venous thrombosis / pulmonary embolus are provided (e.g. subcutaneous heparin administration, or placement of support stockings, or sequential compression devices on lower extremities).
- Place padding and support beneath head/neck
- Place padding/pillows beneath patient, particularly extremities, to prevent neuropraxia
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown .

Description of Intra-Service Work: • During the operation the lower incision is performed first, extending end to end he length of the abdominal-pelvic fold (typically posterior axillary line to posterior axillary line).

- The dissection is carried down to the anterior abdominal wall.
- The pannus is released enough to allow it to unfurl. The skin and subcutaneous tissue are dissected off the abdominal wall superiorly to the point where the upper incision is to be made.

- The excess skin is then resected full thickness across the length of the fold. Drains are placed. Deep sutures are placed to eliminate dead space. Skin and subcutaneous tissues are closed in layers.

Description of Post-Service Work: Sterile dressings are applied to the incisions

- The suction drains are inspected to ensure that adequate suction is in place and working
- Dictate operative note for patient's chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, medications, diet, and patient activity
- Write brief operative note for patient's chart documenting in the daily progress notes pre-and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, specimens sent to pathology, and condition of patient at the end of the procedure
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians if needed
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Revisit patient to assess progress, pulmonary function, pain control and assess status of dressings

Post-op same day work after discharge from recovery:

- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes

Post-op other hospital work [beginning on post-op day 1 until discharge day]:

- Examine and talk with patient
- Encourage ambulation and vigorous pulmonary physiotherapy
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians (general surgery)
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes

Discharge day work:

- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of wound or any drains, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians (general surgery)
- Coordinate post operative physical therapy
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes

Post-op office work – After discharge from hospital through 90 day global period:

- Examine and talk with patient
- Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Keith Brandt, MD, FACS, Charles Mabry, MD, FACS, Scott Oates, MD, Chad Rubin, MD, FACS		
Specialty(s):	Plastic Surgery, General Surgery		
CPT Code:	15830		
Sample Size: 415	**Resp n:** 78	**Response:** 18.7 %	
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	12.00	15.60	**17.00**	20.00	59.00
Pre-Service Evaluation Time:			**50.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	75.00	120.00	**120.00**	188.00	270.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**49.0**	99231x **1.0** 99232x **1.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**99.0**	99211x **0.0** 12x **2.0** 13x **3.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
19318	090	15.60

CPT Descriptor Reduction mammaplasty

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
	090	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU
19367	090	25.69

CPT Descriptor Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 33 **% of respondents:** 42.3 %

TIME ESTIMATES (Median)

	CPT Code: 15830	**Key Reference CPT Code: 19318**
Median Pre-Service Time	80.00	60.00
Median Intra-Service Time	120.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	49.0	0.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	99.0	60.00
Median Total Time	**414.00**	**336.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.91	2.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.28	2.74
Urgency of medical decision making	2.13	2.06

Technical Skill/Physical Effort (Mean)

Technical skill required	3.34	3.74
Physical effort required	4.13	3.68

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.28	3.39
Outcome depends on the skill and judgment of physician	3.63	3.68
Estimated risk of malpractice suit with poor outcome	3.66	3.87

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.38	3.26
Intra-Service intensity/complexity	3.47	3.42
Post-Service intensity/complexity	3.59	2.87

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Code 15831 was originally presented during the 2005 five-year review because a new patient population requiring panniculectomies had developed due to the considerable increase in bariatric surgical procedures. The code was sent to the CPT Editorial Panel for creation of a new code (15830) that specifically described the panniculectomy procedure alone. This summary of recommendation form presents the survey results for this new code.

Despite significant weight loss, most of these patients remain morbidly obese with multiple medical co-morbidities. Thus extra time is noted in the pre and post operative management, and hospital days are required to appropriately manage the co-morbidities. Also, the intensity/complexity is greater because of these co-morbidities.
42% of the respondents picked the reference code 19318 (Reduction mammoplasty) with an RVW of 15.60. The RVW of the surveyed code 15830 should be higher because the survey code includes two additional hospital visits, one additional office visit, the median intraservice time is longer (165 minutes versus 150 minutes), and 8 of the 11 intensities/complexities are greater than the reference code.
For these reasons the societies are recommending the median RVW of 17.00 and the median intraservice time of 165 minutes. This results in an IWPUT of 0.051 which is still lower than the reference code at 0.071.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15831

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty General Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Plastic Surgery Frequency 0 Percentage 0.00 %

Specialty General Surgery Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,439 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Plastic Surgery Frequency 768 Percentage 53.37 %

Specialty General Surgery Frequency 546 Percentage 37.94 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOB
15830	**Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy**	090

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ASPS and ACS.

CLINICAL STAFF TIME:
Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied.

SUPPLIES AND EQUIPMENT:
Standard PEAC minimum multispecialty office visit pack and incision care pack have been applied. A power table and exam light consistent with other surgical codes are included.

	A	B	C	D	E
1					
2				15830	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**				**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**234.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**162.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**20**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**8**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**20**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**7**
17	Other Clinical Activity (please specify)				
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts				
23	Greet patient and provide gowning				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies				
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV				
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Assist physician in performing procedure				
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains				
34	Clean room/equipment by physician staff				
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes	**L037D**	**RN/LPN/MTA**		**12**
41	Other Clinical Activity (please specify)				
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions				
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		**2**
50	99213 36 minutes		36		**3**
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54					
55	*Total Office Visit Time*			**0**	**162**
56	Other Activity (please specify)				
57	**End. with last office visit before end of global period**				

	A	B	C	D	E
2				15830	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
59	pack, minimum multi-specialty visit	SA048	Unit		**5**
60	pack, post-opincision care (suture)	SA054	pack		**1**
61					
62	**Equipment**	**CMS Code**	**Unit**		
63	light exam	EQ168			**1**
64	table, power	EF031			**1**
65	camera, digital system, 12 megapixal (medical grade)	ED005			**1**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Mohs Surgery

The Centers for Medicare and Medicaid Services (CMS) requested in 2005 that the RUC review the work relative values for the Mohs Surgery family of CPT codes. In this Five-Year Review of the RBRVS, the committee agreed with the prior conclusions of the RUC and was unable to validate the current work relative values absent a fundamental coding change within this section of CPT. The RUC concluded that this section of CPT required review and revision of the descriptors prior to any relative value determinations. This is consistent with the RUC's actions in February 2003, when the RUC recommended the following related to all of Mohs surgery:

> *The code descriptors for these services remain confusing and open to various interpretations. Although the RUC understands that many in the Mohs community and payors had historically interpreted CPT code 17310 as an add-on code to be reported for each additional specimen beyond the first five specimens, concern was expressed regarding the potential for over-utilization of this code. In addition, the workgroup noted that the nomenclature for these services is not consistent with other integumentary coding conventions in CPT, which are based on the size of the lesion and anatomical site, rather than the number of specimens. The RUC, therefore, recommends that the specialty work with the CPT Editorial Panel to re-define the Mohs Micrographic Surgery section in CPT. After this revision is complete, the RUC believes that these codes can be appropriately re-evaluated.*

In February 2006, the CPT Editorial Panel did review the Mohs Surgery section and replaced it with a new section of CPT codes.

The specialty surveyed the new codes in March 2006. The RUC concluded that it could not use the survey work relative value data to determine an appropriate valuation and, therefore, a building block approach was utilized. However, the physician time from the 116 respondents was determined to be appropriate and it is recommended that this data only be slightly revised.

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Building Block Assumptions

Excision Component:

The most appropriate comparison to the work related to the excision element of this service is the shaving of dermal lesion family: 11313 *Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm* (work RVU = 1.62; total time = 42 minutes) and *11312 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm* (work RVU = 1.20; total time = 35 minutes).

Pathology Component:

The pathology work for each individual tissue block was determined to be generally equivalent to CPT code 88332 *Pathology consultation during surgery; each additional tissue block with frozen section(s)* (work RVU = 0.59; intra/total time = 15 minutes). However, it was acknowledged that a small additional increment above the value for 88332 is appropriate for each block as there is additional intensity related to drawing or mapping the tissue and its pieces to correspond to the surgical wound. An additional increment of 0.07 [(50% of 0.59 = 0.295, for four blocks/first stage)/4 blocks = .07 per block]. The total pathology work related to each tissue block is 0.66. The time related to each tissue block pathology service is 15 minutes (same as 88332).

First Stage of Mohs Surgery

The first stage typically includes four tissue blocks.

The Harvard intra-service time of 50 minutes related to the excision work only and this had previously been confirmed by Hsaio. The facilitation committee recommends that 50 and 40 minutes of intra-service time for the excision work for face and trunk respectively, and 60 minutes for pathology work for both (total time = 110/100 minutes) is reasonable as the survey median for intra-service time for the first stage codes (V1/face = 120 and V3/trunk = 111) is similar. The survey pre and post time (total 28 minutes) for the first stage is appropriate.

The first stage includes debulking and is also more intense overall than the subsequent stages. Therefore, the facilitation committee recommends that two increments of 11313 (work RVU = 1.62) are appropriate for the excision work. This corresponds to the total time for the for two, 11313 of 84 minutes and the total excision time for Mohs 78 minutes (50 intra + 28 pre/post).

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Subsequent Stages

Each subsequent stage typically includes three tissue blocks.

The pathology time is 45 minutes (3 x 15 minutes). The excision intra-service time is 20 minutes face and 15 minutes for trunk. An additional increment of 8 minutes of positioning time is appropriate for this ZZZ service as the patient must re-enter the room and be re-draped, etc.

Relativity between anatomical sites

The facilitation committee reviewed the relativity between the following two code families 11601 – 11606 *Excision, malignant lesion including margins, trunk, arms, or legs* and 11641 – 11646 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips* to approximate the relativity differences in the work related to the excision for the face vs. trunk: Excision related to the face is approximately 20% greater work than excision related to the trunk, etc.

Computation/Recommendations

Mohs, First Stage:

Excision:	11313 (work RVU = 1.62) x 2 (debulking and excision) =	3.24
Pathology	[88332 (0.59) + (0.07) = 0.66] x 4 blocks	2.64
Total Work related to first stage		5.88

Note: Original Harvard valuation for 17304 was 5.84.

17311 (V1)	*First stage, face, etc.* [(3.24 x 110% = 3.56) + 2.64] **Time: pre= 20; intra = 110 (50 excision+60 path); post = 8**	**6.20**
17313 (V3)	*First stage, trunk, etc.* [(3.24 x 90% = 2.92) + 2.64] **Time: pre= 20; intra = 100 (40 excision+60 path); post = 8**	**5.56**

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Mohs, Each Subsequent Stage:

Excision	11312 (work RVU = 1.20)	1.20
Pathology	[88332 (0.59) + 0.07) = 0.66] x 3 blocks	1.98
Total Work related to subsequent stage		3.18

17312 (V2)	Subsequent *stage, face, etc.* [(1.20 x 110% = 1.32) + 1.98] **Time: pre= 8; intra = 65 (20 excision+45 path)**	**3.30**
17314 (V4)	*Subsequent stage, trunk, etc.* [(1.20 x 90% = 1.08) + 1.98] **Time: pre= 8; intra = 60 (15 excision+45 path)**	**3.06**

Mohs, Each Additional Block

CPT code 17315 (V5) incorporates additional work related to an excision and pathology services. The RUC agreed that the majority of this service relates to the pathology service and should be valued in comparison to 88332 (0.58), with the 50% intensity adjustment (0.58 x 1.5 = .087). **The RUC recommendation of 0.87 and the survey intra-service time of 30 minutes is appropriate.**

IWPUT Review

CPT Code	Excision IWPUT	Pathology IWPUT	Total IWPUT
17311 (V1)	0.060	0.044	0.050
17312 (V2)	0.057	0.044	0.050
17313 (V3)	0.060	0.044	0.050
17314 (V4)	0.060	0.044	0.050
17315 (V5)	0.014	0.044	0.029

Reference Services

These services are unique and it is difficult to find appropriate reference services. However, the facilitation committee did search the database in its review of the first stage of Mohs, search for 000 day global codes, with at least 60 minutes of intra-service time. This search resulted in the following services:

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Reference services related to generic first stage Mohs (5.88 estimated value):

15776 *Punch graft for hair transplant* (work RVU = 5.53, intra-time = 90 minutes)
31561 *Laryngoscopy* (work RVU = 5.99, intra-time = 90 minutes)
32602 *Thoracoscopy, diagnostic* (work RVU = 5.95; intra-time =75 minutes)

Practice Expense

The RUC agreed that the revised practice expense inputs, as provided by the specialty, and reviewed by the PERC, are appropriate. The clinical staff time related to assisting the physician with the excision service will computed at 2/3 of the physician time for this element.

PLI Crosswalk

The PLI relative values for the new codes should be crosswalked to the existing codes. (ie, 17311 and 17313 – crosswalk to 17304; 17312 and 17314 – crosswalk to 17305; and 17315 – crosswalk to 17310.

CPT Code (•New)	Track-ing #	CPT Descriptor	Global Period	Work RVU Recommendation
Mohs micrographic surgery~~,~~ is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins. ~~for the removal of complex or ill-defined skin cancer,~~ It requires a single physician to act in two integrated, but separate and distinct capacities: surgeon and pathologist. If either of these responsibilities ~~are~~ is delegated to another physician who reports ~~his~~ the services separately, these codes are not appropriate. The Mohs surgeon removes the tumor tissue, maps and divides the tumor specimen into pieces, and each piece is embedded into an individual tissue block for histopathologic examination. Thus a tissue block in Mohs surgery is defined as individual tissue piecesembedded in a mounting medium for sectioning. If repair is performed, use separate repair, flap, or graft codes. If a biopsy of a suspected skin cancer is performed on the same day as Mohs surgery because there was no prior pathology confirmation of a diagnosis, then report diagnostic skin biopsy (11100, 11101) and frozen section pathology (88331) with modifier 59 to distinguish from the subsequent definitive surgical procedure of Mohs surgery.				

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D 17304		~~Chemotherapy (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hemotoxylin and eosin, toluidine blue; first stage, fresh tissue technique, up to 5 specimens~~ ~~(If additional special pathology procedures, stains or immunostains are required, use 88311-88314, 88342~~	000	N/A
D 17305		~~second stage, fixed or fresh tissue, up to 5 specimens~~	000	N/A
D 17306		~~third stage, fixed or fresh tissue, up to 5 specimens~~	000	N/A
D 17307		~~additional stage(s), up to 5 specimens, each stage~~	000	N/A
D +17310		~~each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in additional to code for primary procedure~~ (17304-17310 have been deleted. To report, see 17311-17315)	ZZZ	N/A

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●17311	V1	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage up to five tissue blocks (If additional special pathology procedures, stains or immunostains are required, use 88311-88314, 88342) (Do not report 88314 for routine frozen section stain (eg, hematoxylin and eosin, toluidine blue), performed during Mohs surgery. When a non-routine histochemical stain on frozen tissue is utilized, report with modifier 59) (Do not report 88302-88309 on the same specimen as part of the Mohs surgery)	000	6.20
●+17312	V2	each additional stage after the first stage, up to five tissue blocks (List separately in addition to code for primary procedure) (Use 17312 in conjunction with 17311	ZZZ	3.30

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●17313	V3	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms or legs; first stage, up to five tissue blocks (If additional special pathology procedures, stains or immunostains are required, use 88311-88314, 88342) (Do not report 88314 for routine frozen section stain (eg, hematoxylin and eosin, toluidine blue), performed during Mohs surgery. When a non routine histochemical stain on frozen tissue is utilized, report with modifier 59) (Do not report 88302-88309 on the same specimen as part of the Mohs surgery)	000	5.56
●+17314	V4	each additional stage after the first stage up to five tissue blocks (List separately in addition to code for primary procedure) (Use 17314 in conjunction with 17313	ZZZ	3.06

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+●17315	V5	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first five tissue blocks, any stage (List separately in addition to code for primary procedure) (Use 17315 in conjunction with 17311-17314) (If additional special pathology procedures, stains or immunostains are required, use 88311-88314, 88342) (Do not report 88314 for routine frozen section stain (eg, hematoxylin and eosin, toluidine blue), performed during Mohs surgery. When a non routine histochemical stain on frozen tissue is utilized, report with modifier 59) (Do not report 88302-88309 on the same specimen as part of the Mohs surgery)	ZZZ	0.87
88309		Level VI – Surgical pathology, gross and microscopic examination *(For fine needle aspiration, see 88172-88173)* *(For evaluation of fine needle aspirate, see 88172-88173)* (Do not report 88302-88309 on the same specimen as part of the Mohs surgery)	XXX	2.80 (Five-Year Review Recommendation – October 2006)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:17311 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **8.76**
RUC RVU: **6.20**

CPT Descriptor: Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to five blocks

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49-year-old white male presents with recurrent poorly defined basal cell carcinoma approximately 2.5 cm on the right side of the nose and medial cheek.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The patient is taken to the surgical room, and gowned. The benefits, risks and alternatives to removal are explained. Sun exposure discussed. The procedure is explained, and the healing period with restrictions is reviewed. A fresh history of medications taken, including aspirin, vitamin E, and/or other blood thinners is reviewed along with a review of pertinent problems that may have arisen since the scheduling visit.

Description of Intra-Service Work: The patient is placed on the surgical table and positioned for access. Under surgical lighting and magnification, the clinically obvious extent of the tumor is outlined. The area is cleansed with betadine, a sterile surgical marker is used to delineate the extent of the planned excision. Lidocaine is injected.

The patient is re-prepped and draped, lights are positioned, and a scalpel is used to incise along the planned borders of the excision. The visible cancer is removed first (debulking) without attempting to remove a margin of normal tissue. Hemostasis is achieved with electrocoagulation. After the bulk of the tissue is removed, the first layer or stage is excised as a thin continuous wafer of tissue typically 1-3 mm thick around the sides and base of the wound. Prior to removing the specimen, hatch marks are then incised from the margin of the specimen into the surrounding adjacent normal skin to maintain orientation of the specimen to the defect. Hemostasis is achieved with electrocoagulation and the patient bandaged and discharged to the waiting room.

This thin cup or saucer shaped wafer of tissue is flattened by cutting it into pieces (blocks) or making radial incisions to flatten the tissue. The smallest number of tissue blocks are created that will allow the performance of sectioning in the cryostat. The edges of the tissue are color coded with dyes that persist through histologic tissue processing. Once the wafer is cut into pieces and color-coded, a drawing or map of this tissue and its pieces is made so that it corresponds to the surgical wound. These tissue pieces, disassembled like a puzzle, are processed by frozen section pathology. Each flattened piece (or tissue block) is mounted, frozen, sectioned horizontally and then stained. These frozen sections create an image of 100 percent of the peripheral and deep surgical margin including tissue dyes and hatch marks.. Microscopic examination of this image allows the Mohs surgeon who also functions as the pathologist to identify the location(s) of any remaining tumor. Surgeon examines serial sections of the tissue to evaluate the status of the surgical margin. Residual tumor location(s) as seen through the microscope is marked on the map of the surgical wound.

Following review of the pathology, the patient is returned to the operating room, and outcome of the review is discussed with the patient. After all required Mohs layers have been taken and a tumor free plane is reached the temporary dressing is removed. The wound is re-anesthetized and hemostasis is obtained as needed and the defect is evaluated for wound management. A final dressing is applied.

Description of Post-Service Work: Wound care is reviewed, as well as instructions for problems such as bleeding or pain, and restrictions on motion and activities. Prescriptions for pain and antibiotics, if needed, are given. Arrangements are made for postoperative follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	John A. Zitelli, MD, James A. Zalla, MD, Brett Coldiron, MD					
Specialty(s):	American Academy of Dermatology					
CPT Code:	17311					
Sample Size:	700	**Resp n:** 116		**Response:** 16.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		7.13	10.00	**10.75**	12.00	15.00
Pre-Service Evaluation Time:				**8.0**		
Pre-Service Positioning Time:				**6.0**		
Pre-Service Scrub, Dress, Wait Time:				**6.0**		
Intra-Service Time:		90.00	105.00	**110.00**	125.00	132.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**8.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11644	010	4.02

CPT Descriptor Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 87 **% of respondents:** 75.0 %

TIME ESTIMATES (Median)

	CPT Code: 17311	Key Reference CPT Code: 11644
Median Pre-Service Time	20.00	9.00
Median Intra-Service Time	110.00	57.00
Median Immediate Post-service Time	8.00	9.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	12.00
Median Total Time	**138.00**	**87.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.92	2.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.05	2.81
Urgency of medical decision making	4.31	2.91

Technical Skill/Physical Effort (Mean)

Technical skill required	4.76	2.94
Physical effort required	4.53	2.85

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.20	2.89
Outcome depends on the skill and judgment of physician	4.64	2.95
Estimated risk of malpractice suit with poor outcome	3.94	2.88

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.29	2.55
Intra-Service intensity/complexity	4.55	2.90
Post-Service intensity/complexity	3.19	2.55

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

In addition, as surveyees consistently selected a reference code with a 10 day global period, the specialty society recommended RVU value has been reduced by the value of the simple repair (010) associated with the referenced excision code and its E/M component.

Median RVU 17311	less Simple Repair 12013	= Proposed RVU
10.75	1.99	= 8.76

The 99212 included in the reference code is also subtracted but is re-added as it is also contained in the 12013 repair code which is a 10 day global, cancelling it out of the equation.

The calculated IWPUT for 17311 = 0.068

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported as CPT 17304

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

pecialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 467200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Dermatology Frequency 457856 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 280,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Dermatology Frequency 274400 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:17312 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **6.01**
RUC RVU: **3.30**

CPT Descriptor: each additional stage after the first stage, up to five blocks

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49-year-old white male presents with recurrent poorly defined basal cell carcinoma approximately 2.5 cm on the right side of the nose and medial cheek with tumor positive margins following the first stage of Mohs surgery.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The patient is returned to the surgical room, and gowned. The stage two Mohs procedure is explained. The method and healing period with restrictions is reviewed.

Description of Intra-Service Work: The patient is placed on the surgical table and positioned for access. First stage dressing is removed. The area of histologically positive tumor margin and proposed excision area are marked with a sterile surgical marker to delineate the extent of the planned second stage. The area is cleansed and Lidocaine is injected.

The patient is re-prepped and draped, lights are positioned. Hemostasis is obtained. A scalpel is used to incise along the planned area of the excision. The second layer or stage is excised as a thin continuous wafer of tissue typically 1-3 mm thick around the sides and base of the wound. Prior to removing the specimen, hatch marks are then incised from the margin of the specimen into the surrounding adjacent normal skin, to maintain orientation of the specimen to the defect. Hemostasis is achieved with electrocoagulation and the patient bandaged and discharged to the waiting room.

This thin cup or saucer shaped wafer of tissue is flattened by cutting it into pieces (blocks) or making radial incisions to flatten the tissue. The smallest number of tissue blocks are created that will allow the performance of sectioning in the cryostat. The edges of the tissue are color coded with dyes that persist through histologic tissue processing. Once the wafer is cut into pieces and color-coded, a drawing or map of this tissue and its pieces is made so that it corresponds to the surgical wound. These tissue pieces, disassembled like a puzzle, are processed by frozen section pathology. Each flattened piece (or tissue block) is mounted, frozen, sectioned horizontally and then stained. The Mohs surgeon also acts as pathologist. These frozen sections create an image of 100 percent of the new surgical margin including tissue dyes and hatch marks. Microscopic examination of this image allows the Mohs surgeon who also functions as the pathologist to identify the location(s) of any remaining tumor. The surgeon looks at serial sections of the tissue to evaluate the status of the surgical margin. Residual tumor location(s) as seen through the microscope is marked on the map of the surgical wound.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	John A. Zitelli, MD, James A. Zalla, MD, Brett Coldiron, MD
Specialty(s):	American Academy of Dermatology
CPT Code:	17312

code: 17312

Sample Size: 700	Resp n: 116	Response: 16.5 %
Sample Type: Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	2.90	6.45	**8.00**	8.00	10.00
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**8.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:			**65.00**		

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11644	010	4.02

CPT Descriptor Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 68 **% of respondents:** 58.6 %

TIME ESTIMATES (Median)	**CPT Code: 17312**	**Key Reference CPT Code: 11644**
Median Pre-Service Time	8.00	9.00
Median Intra-Service Time	65.00	57.00
Median Immediate Post-service Time	0.00	9.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	12.00
Median Total Time	**73.00**	**87.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.75	2.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.94	2.55
Urgency of medical decision making	4.13	2.77

Technical Skill/Physical Effort (Mean)

Technical skill required	4.58	2.62
Physical effort required	4.28	2.55

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.19	2.87
Outcome depends on the skill and judgment of physician	4.50	2.84
Estimated risk of malpractice suit with poor outcome	3.90	2.93

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.96	2.26
Intra-Service intensity/complexity	4.50	2.69
Post-Service intensity/complexity	2.96	2.21

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

In addition, as surveyees consistently selected a reference code with a 10 day global period, the specialty society recommended RVU value has been reduced by the value of the simple repair (010) associated with the referenced excision code and its E/M component.

Median RVU 17312	less Simple Repair 12013	= Proposed RVU
8.00	1.99	= 6.01

The 99212 included in the reference code is also subtracted but is re-added as it is also contained in the 12013 repair code which is a 10 day global, cancelling it out of the equation.

The calculated IWPUT for 17312 = 0.094

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported as CPT 17305

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

'pecialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 233600
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty.

code: 17312

Specialty Dermatology Frequency 228928 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 140,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Dermatology Frequency 137200 Percentage %

Specialty Frequency 0 Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:17313 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **7.76**
RUC RVU: **5.56**

CPT Descriptor: Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms or legs; first stage, up to five blocks

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old white male presents with a rapidly growing 2 cm nodule on the dorsum of the forearm and a history of multiple squamous cell carcinomas of the skin complicating his immunosuppression from a kidney transplant 15 years previously.

Percentage of Survey Respondents who found Vignette to be Typical: 36%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The patient is taken to the surgical room, and gowned. The benefits, risks and alternatives to removal are explained. Sun exposure discussed. The procedure is explained, and the healing period with restrictions is reviewed. A fresh history of medications taken, including aspirin, vitamin E, and/or other blood thinners is reviewed along with a review of pertinent problems that may have arisen since the scheduling visit.

Description of Intra-Service Work: The patient is placed on the surgical table and positioned for access. Under surgical lighting and magnification, the clinically obvious extent of the tumor is outlined. The area is cleansed with betadine, and a sterile surgical marker is used to delineate the extent of the planned excision. Lidocaine is injected.

The patient is re-prepped and draped, lights are positioned, and a scalpel is used to incise along the planned borders of the excision. The visible cancer is removed first (debulking) without attempting to remove a margin of normal tissue. Hemostasis is achieved with electrocoagulation. After the bulk of the tissue is removed, the first layer or stage is excised as a thin continuous wafer of tissue typically 1-3 mm thick around the sides and base of the wound. Prior to removing the specimen, hatch marks are then incised from the margin of the specimen into the surrounding adjacent normal skin, to maintain orientation of the specimen to the defect. Hemostasis is achieved with electrocoagulation and the patient bandaged and discharged to the waiting room.

This thin cup or saucer shaped wafer of tissue is flattened by cutting it into pieces (blocks) or making radial incisions to flatten the tissue. The smallest number of tissue blocks are created that will allow the performance of sectioning in the cryostat. The edges of the tissue are color coded with dyes that persist through histologic tissue processing. Once the wafer is cut into pieces and color-coded, a drawing or map of this tissue and its pieces is made so that it corresponds to the surgical wound. These tissue pieces, disassembled like a puzzle, are processed by frozen section pathology. Each flattened piece (or tissue block) is mounted, frozen, sectioned horizontally and then stained. The Mohs surgeon also acts as pathologist. These frozen sections create an image of 100 percent of the peripheral and deep surgical margin including tissue dyes and hatch marks. Microscopic examination of this image allows the Mohs surgeon who also functions as the pathologist to identify the location(s) of any remaining tumor. The surgeon looks at the serial sections of the tissue to evaluate the status of the surgical margin. Residual tumor location(s) as seen through the microscope is marked on the map of the surgical wound.

Following review of the pathology, the patient is returned to the operating room, and outcome of the review is discussed with the patient. After all required Mohs layers have been taken and a tumor free plane is reached, the temporary

dressing is removed. The wound is re-anesthetized and hemostasis is obtained as needed, and the defect is evaluated for wound management. A final dressing is applied.

Description of Post-Service Work: Wound care is reviewed, as well as instructions for problems such as bleeding or pain, and restrictions on motion and activities. Prescriptions for pain and antibiotics, if needed, are given. Arrangements are made for post-operative follw-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	John A. Zitelli, MD, James A. Zalla, MD, Brett Coldiron, MD,					
Specialty(s):	American Academy of Dermatology					
CPT Code:	17313					
Sample Size:	700	**Resp n:** 116		**Response:** 16.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		5.00	8.00	**10.00**	11.00	12.00
Pre-Service Evaluation Time:				**8.0**		
Pre-Service Positioning Time:				**6.0**		
Pre-Service Scrub, Dress, Wait Time:				**6.0**		
Intra-Service Time:		60.00	100.00	**100.00**	120.00	160.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**8.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11626	010	4.29

CPT Descriptor Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 108 **% of respondents:** 93.1 %

TIME ESTIMATES (Median)	**CPT Code: 17313**	**Key Reference CPT Code: 11626**
Median Pre-Service Time	20.00	11.00
Median Intra-Service Time	100.00	45.00
Median Immediate Post-service Time	8.00	11.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	13.00
Median Total Time	**128.00**	**80.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.88	2.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.02	2.69
Urgency of medical decision making	4.31	2.85

Technical Skill/Physical Effort (Mean)

Technical skill required	4.65	2.81
Physical effort required	4.46	2.84

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.07	2.74
Outcome depends on the skill and judgment of physician	4.56	2.76
Estimated risk of malpractice suit with poor outcome	3.94	2.76

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.47	2.52
Intra-Service intensity/complexity	4.42	2.81
Post-Service intensity/complexity	3.26	2.51

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

In addition, as surveyees consistently selected a reference code with a 10 day global period, the specialty society recommended RVU value has been reduced by the value of the simple repair (010) associated with the referenced excision code and its E/M component.

Median RVU 17313	less	Simple Repair 12013	=	Proposed RVU
10.00		2.24	=	7.76

The 99212 included in the reference code is also subtracted but is re-added as it is also contained in the 12013 repair code which is a 10 day global, cancelling it out of the equation.

The calculated IWPUT for 17313 = 0.064

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported under CPT 17304

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

'pecialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 116800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

code: 17313

Specialty Dermatology Frequency 114464 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Dermatology Frequency 68600 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:17314 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **5.01**
RUC RVU: **3.06**

CPT Descriptor: each additional stage after the first stage, up to five blocks (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The same 75-year-old white male with a rapidly growing 2 cm nodule on the dorsum of his forearm and a history of multiple squamous cell carcinomas of the skin complicating his immunosuppression from a kidney transplant 15 years previously, has a positive deep margin in the subcutaneous tissue after the first layer (stage) of Mohs surgery.

Percentage of Survey Respondents who found Vignette to be Typical: 35%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The patient is returned to the surgical room, and gowned. The stage two Mohs procedure is explained. The method and healing period with restrictions is reviewed.

Description of Intra-Service Work: The patient is placed on the surgical table, positioned for access and stage one dressing removed. The area of histologically-positive tumor margin and the proposed excision are marked with a sterile surgical marker to delineate the extent of the planned second stage. The area is cleansed and Lidocaine is injected.

The patient is re-prepped and draped, lights are positioned. Hemostasis is obtained. A scalpel is used to incise along the planned area of the excision. The second layer or stage is excised as a thin continuous wafer of tissue typically 1-3 mm thick around the sides and base of the wound. Prior to removing the specimen, hatch marks are then incised from the margin of the specimen into the surrounding adjacent normal skin, to maintain orientation of the specimen to the defect.. Hemostasis is achieved and the patient bandaged and discharged to the waiting room.

This thin cup or saucer shaped wafer of tissue is flattened by cutting it into pieces (blocks) or making radial incisions to flatten the tissue. The smallest number of tissue blocks are created that will allow the performance of sectioning in the cryostat. The edges of the tissue are color coded with dyes that persist through histologic tissue processing. Once the wafer is cut into pieces and color-coded, a drawing or map of this tissue and its pieces is made so that it corresponds to the surgical wound. These tissue pieces, disassembled like a puzzle, are processed by frozen section pathology. Each flattened piece (or tissue block) is mounted, frozen, sectioned horizontally and then stained. The Mohs surgeon also acts as pathologist. These frozen sections create an image of 100 percent of the new surgical margin. Microscopic examination of this image allows the Mohs surgeon who also functions as the pathologist to identify the location(s) of any remaining tumor. The surgeon looks at the serial sections of the tissue to evaluate the status of the surgical margin. Residual tumor location(s) as seen through the microscope is marked on the map of the surgical wound.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	John A. Zitelli, MD, James A. Zalla, MD, Brett Coldiron, MD
Specialty(s):	American Academy of Dermatology
CPT Code:	17314

code: 17314

Sample Size: 700	**Resp n:** 116	**Response:** 16.5 %
Sample Type: Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	2.50	6.00	**7.25**	7.75	8.00
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**8.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	20.00	58.00	**60.00**	70.00	90.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11626	010	4.29

CPT Descriptor Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 97 **% of respondents:** 83.6 %

TIME ESTIMATES (Median)	**CPT Code: 17314**	**Key Reference CPT Code: 11626**
Median Pre-Service Time	8.00	11.00
Median Intra-Service Time	60.00	45.00
Median Immediate Post-service Time	0.00	11.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	13.00
Median Total Time	**68.00**	**80.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.53	2.66
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.77	2.65
Urgency of medical decision making	4.14	2.84

Technical Skill/Physical Effort (Mean)

Technical skill required	4.42	2.88
Physical effort required	4.28	2.73

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.79	2.75
Outcome depends on the skill and judgment of physician	4.43	2.88
Estimated risk of malpractice suit with poor outcome	3.78	2.79

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.14	2.57
Intra-Service intensity/complexity	4.23	2.80
Post-Service intensity/complexity	3.11	2.58

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

In addition, as surveyees consistently selected a reference code with a 10 day global period, the specialty society recommended RVU value has been reduced by the value of the simple repair (010) associated with the referenced excision code and its E/M component.

Median RVU 17314	less	Simple Repair 12013	=	Proposed RVU
7.25		2.24	=	5.01

The 99212 included in the reference code is also subtracted but is re-added as it is also contained in the 12013 repair code which is a 10 day global, cancelling it out of the equation.

The calculated IWPUT for 17314 = 0.078

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported under CPT 17305

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

pecialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 58400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

code: 17314

Specialty Dermatology Frequency 57232 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Dermatology Frequency 34300 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:17315 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **0.95**
RUC RVU: **0.87**

CPT Descriptor: Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first five tissue blocks, any stage (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old white male with a 4 cm squamous cell carcinoma of the scalp. First stage is cut into six specimens, reported as 1730X1 + 1730X5 x 1.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: .

Description of Intra-Service Work: The layer or stage is excised as a thin continuous wafer of tissue typically 1-3 mm thick around the sides and base of the wound. Hemostasis is achieved and the patient bandaged and discharged to the waiting room.

This thin cup or saucer shaped wafer of tissue is flattened by cutting it into pieces (blocks) or making radial incisions to flatten the tissue. The smallest number of tissue blocks are created that will allow the performance of sectioning in the cryostat. The edges of the tissue are color coded with dyes that persist through histologic tissue processing. Once the wafer is cut into pieces and color-coded, a drawing or map of this tissue and its pieces is made so that it corresponds to the surgical wound. These tissue pieces, disassembled like a puzzle, are processed by frozen section pathology. Each flattened piece (or tissue block) is mounted, frozen, sectioned horizontally and then stained. The Mohs surgeon also acts as pathologist. These frozen sections create an image of 100 percent of the new surgical margin. Microscopic examination of this image allows the Mohs surgeon who also functions as the pathologist to identify the location(s) of any remaining tumor. The surgeon looks at serial sections of the tissue to evaluate the status of the surgical margin. Residual tumor location(s) as seen through the microscope is marked on the map of the surgical wound.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	John A. Zitelli, MD, James A. Zalla, MD, Brett Coldiron, MD					
Specialty(s):	American Academy of Dermatology					
CPT Code:	17315					
Sample Size:	700	**Resp n:** 116		**Response:** 16.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		1.00	2.00	**2.75**	4.50	5.20

Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
ntra-Service Time:	10.00	25.00	**30.00**	33.00	40.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11643	010	3.10

CPT Descriptor Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 101 **% of respondents:** 87.0 %

TIME ESTIMATES (Median)	CPT Code: 17315	Key Reference CPT Code: 11643
Median Pre-Service Time	0.00	11.00
Median Intra-Service Time	30.00	47.00
Median Immediate Post-service Time	0.00	12.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	13.00
Median Total Time	**30.00**	**83.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.82	2.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	2.68
Urgency of medical decision making	4.22	2.84

Technical Skill/Physical Effort (Mean)

Technical skill required	4.42	2.74
Physical effort required	4.27	2.74

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.98	2.64
Outcome depends on the skill and judgment of physician	4.43	2.66
Estimated risk of malpractice suit with poor outcome	3.82	2.69

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	4.47	2.71
Post-Service intensity/complexity	0.00	0.00

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees. The higher work RVU supported by the survey responses was disproportionate to those suggested for the other codes in this family. Therefore the joint recommendation is to retain the current work RVU value.

The IWPUT for 17315 = 0.032

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported as CPT 17310

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 58400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Dermatology Frequency 53144 Percentage %

Specialty Frequency Percentage %

pecialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 32,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Dermatology Frequency 29120 Percentage %

Specialty Frequency 0 Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

``AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 Day Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to five blocks

Sample Size:_700_____ Response Rate: (%):__16.5____ Global Period:_000____

Geographic Practice Setting %: Rural_7___ Suburban__41___ Urban__52___

Type of Practice %: _18____Solo Practice
__56___Single Specialty Group
_13____Multispecialty Group
_13____Medical School Faculty Practice Plan

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

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
ZZZ Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 17312 each additional stage after the first stage, up to five blocks

Sample Size: 700 Response Rate: (%): 16.5 Global Period: ZZZ

Geographic Practice Setting %: Rural 6.9 Suburban 41 Urban 52

Type of Practice %:
- 18 Solo Practice
- 56 Single Specialty Group
- 13 Multispecialty Group
- 13 Medical School Faculty Practice Plan

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

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

Please describe the clinical activities of your staff:

Intra-Service Clinical Labor Activities:

``AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 Day Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 17313 Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms or legs; first stage, up to five blocks

Sample Size:__700____ Response Rate: (%): 16.5_____ Global Period:_000____

Geographic Practice Setting %: Rural__7__ Suburban_41____ Urban__52___

Type of Practice %:
__18___Solo Practice
__56___Single Specialty Group
__13___Multispecialty Group
__13___Medical School Faculty Practice Plan

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

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
ZZZ Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 17314 each additional stage after the first stage, up to five blocks (List separately in addition to code for primary procedure)

Sample Size:_700_____ Response Rate: (%):_16.5_____ Global Period:_ZZZ____

Geographic Practice Setting %: Rural_7___ Suburban__41___ Urban_52____

Type of Practice %:
_18____Solo Practice
_56____Single Specialty Group
_13____Multispecialty Group
_13____Medical School Faculty Practice Plan

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

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees and is presented here as a joint recommendation.

Please describe the clinical activities of your staff:
Intra-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
ZZZ Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first five blocks, any stage (List separately in addition to code for primary procedure)

Sample Size:__700____ Response Rate: (%):__16.5____ Global Period:_ZZZ____

Geographic Practice Setting %: Rural_7___ Suburban__41___ Urban__52___

Type of Practice %:
__18___Solo Practice
__56___Single Specialty Group
__13___Multispecialty Group
__13___Medical School Faculty Practice Plan

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

As required by AMA RUC protocol for valuation of new AMA CPT codes, the American Academy of Dermatology (AAD), the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACCMMSCO) and the American Society for Mohs Surgery, have surveyed this code. The data collected has been reviewed by the respective societies' RBRVS committees.

Please describe the clinical activities of your staff:

Intra-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1	TAB 10 - MOHS SURGERY - 17311-17315					17312	
2	**RUC Recommendations**			17311			
3		Note	Staff type is	Mohs micrographic		each additional stage	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD			0		ZZZ	
6	TOTAL CLINICAL LABOR TIME			229 0	0 0	152 0	0 0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	Blend	15 0	0 0	0 0	0 0
8	TOTAL SERVICE PERIOD CLIN LABOR TIME	L037D	Blend	117 0	0 0	97 0	0 0
9	TOTAL SERVICE PERIOD CLIN LABOR TIME	L037B	Histotech	94 0	0 0	55 0	0 0
10	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	Blend	3 0	0 0	0 0	0 0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037B	Histotech	0 0	0 0	0 0	0 0
12	PRE-SERVICE						
13	Start Following visit when decision for surgery or procedure made						
14	Complete pre-service diagnostic & referral forms	L037D	Blend	5			
15	Coordinate pre-surgery services	L037D	Blend	3			
16	Schedule space and equipment in facility						
17	Provide pre-service education/obtain consent	L037D	Blend	7			
18	Follow-up phone calls & prescriptions						
19	Other Clinical Activity (please specify)						
20	End When patient enters office/facility for surgery/procedure						
21	SERVICE PERIOD						
22	Start When patient enters office/facility for surgery/procedure						
23	Pre-service services						
24	Review charts	L037D	Blend	2			
25	Greet patient and provide gowning	L037D	Blend	3		3	
26	Obtain vital signs	L037D	Blend	5		3	
27	Provide pre-service education/obtain consent						
28	Prepare room, equipment, supplies	L037D	Blend	2		2	
29	Setup scope (non facility setting only)						
30	Prepare & position patient/monitor patient/set up IV	L037D	Blend	2		2	
31	Sedate/apply anesthesia						
32	Intra-service						
33	**Assist physician (Per RUC = 2/3 Surgical Intra Svc time)**	**L037D**	**Blend**	**73**		**66**	
34	Post-Service						
35	Monitor pt following service/check tubes,monitors,drains	L037D	Blend	3		**3**	
36	Clean room/equipment by physician staff	L037D	Blend	3		**3**	
37	Clean Scope						
38	Clean Surgical Instrument Package	L037D	Blend	15		**15**	
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	Blend	2			
40	Review/read X-ray, lab, and pathology reports	L037D	Blend	2			
41	Check dressings-wound/ home care instructions /coordinate office visits /prescriptions	L037D	Blend	5			
42	Discharge day mgmtt 99238 --12 min 99239 --15 mins						
43	Other Clinical Activity (please specify) Histotechnician	L037B	Histotech				
44	Embedding, flattening and freezing tissue	L037B	Histotech	18		12	
45	Labeling slides	L037B	Histotech	10		4	
46	mounting tissue on slides	L037B	Histotech	43		23	
47	Staining tissue	L037B	Histotech	12		9	
48	Cover slipping slides	L037B	Histotech	5		3	
49	Transporting slides to microscope	L037B	Histotech	1		1	
50	Filing and storing slides	L037B	Histotech	5		3	
51	End Patient leaves office						
52	POST-SERVICE Period						
53	Start Patient leaves office/facility						
54	Conduct phone calls/call in prescriptions	L037D	Blend	3			
55	*Office visits None*						
63	*Total Office Visit Time*			0	0	0	0
65	End with last office visit before end of global period						

	A	B	C	D	E	F	G
2	**RUC Recommendations**			17311		17312	
3		Note	Staff type is	Mohs micrographic		each additional stage	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
66	MEDICAL SUPPLIES	Code	Unit				
67	pack, minimum multi-specialty visit	SA048		1		1	
68	needle, 18-27 g	SC029		2		2	
69	syringe, 10-12 ml	SC051		2		2	
70	cautery, monopolar, pencil-handpiece	SF020		1		1	
71	cautery, patient ground pad w-cord	SF021		1		1	
72	suture, vicryl, 3-0 to 6-0,p,ps	SF040		1		1	
73	pack, cleaning, surgical instruments	SA043		1		1	
74	cap, surgical	SB001		4		3	
75	drape, sterile for Mayo stand	SB012		1		1	
76	drape-towel, sterile 18in x 26in	SB019		1		1	
77	drape, sterile, fenestrated 16in x 29in	SB011		1		1	
78	gown, staff, impervious	SB027		3		2	
79	mask, surgical, with face shield	SB034		3		2	
80	gloves, sterile	SB024		2		2	
81	**Gloves, non-sterile**	**SB022**		**1**		**1**	
82	underpad 2ft x 3 ft (Chux)	SB044		1		1	
83	blade, microtome	SF004		1			
84	needle, 30g	SC031		2		2	
85	dressing, 3in x 4in (Telfa, Release)	SG035		1		1	
86	blade, surgical hair clipper	SF010		1			
87	curette, dermal	SF024		1			
88	lidocaine 1% w-epi inj (Xylocaine w epi)	SH046		20 ml		20 ml	
89	dressing, eye pad (Opticlude)	SG043		2		2	
90	tape, surgical occlusive 1in (Blenderm)	SG078		60 in		60 in	
91	tape, foam, elastic, 2in (Microfoam)	SG088		8 in		8 in	
92	povidone surgical scrub (Betadine)	SJ042		10 ml		10 ml	
93	scrub brush (impregnated)	SM023		1		1	
94	skin marking pen, sterile (Skin Sknbe)	SK075		1		1	
95	anatomical drawings (for treatment recording)	Sk002		1		1	
96	measuring tape, paper	SK048		1		1	
97	histology freezing spray (Freeze-It)	SL078		1 oz		0 6	
98	slide container (for 20 microscope slides)	SL120		1			
99	cover slip, glass	SL030		10		6	
100	adhesive liquid (Mastisol) (0 67ml uou)	SG004		1		1	
101	tubing, suction, non-latex (6ft) with Poole tip (1)	SD133		1		1	
102	gas, liquid nitrogen	SD082		20 ml		20 ml	
103	scalpel with blade, surgical (#10-20)	SF033		2		1	
104	mounting media (Histomount)	SL095		1		1	
105	OCT Tissue-Tek	SL097		8 ml		6 ml	
106	slide, microscope	SL122		10		6	
107	stain, frozen section, H&E (1ml per slide)	SL134		10		6	
108	map, Moh's Surgery (per sheet)	SK047		1			
109	patient education booklet	SK062		1			
110	bacitracin ointment (15mg uou)	SJ008		1		1	
111	hydrogen peroxide, 20 ml	SJ028		20 ml		20 ml	
112	water, sterile for irrigation (250-1000ml uou)	SH074		0 4		0 4	
113	applicator, cotton-tipped, non-sterile 6in	SG008		30		20	
114	bandage, Kling, non-sterile 2in	SG017		1		1	
115	dressing, 12-7mm (Gelfoam)	SG033		1		1	
116	gauze, sterile 4in x 4in (10 pack uou)	SG056		3		2	
117	adhesive remover, liquid (Detachol) (0 67 ml uou)	SG005		1		1	
118	Equipment	CMS Code	Unit				
119	electrosurgical generator, up to	EQ114	1	60		30	
120	light, surgical	EF014	1	60		30	
121	loupes, surgical, prism, up to	EQ177	1	60		30	
122	cryosugery system, non-opthalmic	EQ094	1	60		30	
123	cryostat	EQ092	1	60		30	
124	grossing station w heavy duty disposal	EP015	1	60		30	
125	hood, fume	EP017	1	60		30	
126	table, power	EF031	1	60		30	
127	microscope, compound	EP024	1	60		30	
128	mayo stand	EF015	1	60		30	
129	suction maching (Gomco)	EQ235	1	60		30	
130	camera, digital system, 12 megapixel (medical grade)	ED005	1	60		30	
131	instrument pack, medium ($1500)	EQ138	1	60		30	
132							
133							

	A	B	C	H	I	J	K	L	M
1	TAB 10 - MOHS SURGERY - 17311-17315			17313		17314		17315	
2	**RUC Recommendations**								
3		Note	Staff type is	Mohs micrographic tech-		each additional stage after		Mohs micrographic	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD			0		ZZZ		ZZZ	
6	TOTAL CLINICAL LABOR TIME			199 0	0 0	126 0	0 0	34 0	0 0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	Blend	15 0	0 0	0 0	0 0	0 0	0 0
8	TOTAL SERVICE PERIOD CLIN LABOR TIME	L037D	Blend	87 0	0 0	71 0	0 0	15 0	0 0
9	TOTAL SERVICE PERIOD CLIN LABOR TIME	L037B	Histotech	94 0	0 0	55 0	0 0	19 0	0 0
10	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	Blend	3 0	0 0	0 0	0 0	0 0	0 0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037B	Histotech	0 0	0 0	0 0	0 0	0 0	0 0
12	PRE-SERVICE								
13	Start Following visit when decision for surgery or procedure made								
14	Complete pre-service diagnostic & referral forms	L037D	Blend	5					
15	Coordinate pre-surgery services	L037D	Blend	3					
16	Schedule space and equipment in facility								
17	Provide pre-service education/obtain consent	L037D	Blend	7					
18	Follow-up phone calls & prescriptions								
19	Other Clinical Activity (please specify)								
20	End When patient enters office/facility for surgery/procedure								
21	SERVICE PERIOD								
22	Start When patient enters office/facility for surgery/procedure								
23	Pre-service services								
24	Review charts	L037D	Blend	2					
25	Greet patient and provide gowning	L037D	Blend	3		3			
26	Obtain vital signs	L037D	Blend	5		3			
27	Provide pre-service education/obtain consent								
28	Prepare room, equipment, supplies	L037D	Blend	2		2			
29	Setup scope (non facility setting only)								
30	Prepare & position patient/monitor patient/set up IV	L037D	Blend	2		2			
31	Sedate/apply anesthesia								
32	Intra-service								
33	**Assist physician (Per RUC = 2/3 Surgical Intra Svc time)**	**L037D**	**Blend**	**43**		**40**		**15**	
34	Post-Service								
35	Monitor pt following service/check tubes,monitors,drains	L037D	Blend	3		3			
36	Clean room/equipment by physician staff	L037D	Blend	3		3			
37	Clean Scope								
38	Clean Surgical Instrument Package	L037D	Blend	15		15			
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	Blend	2					
40	Review/read X-ray, lab, and pathology reports	L037D	Blend	2					
1	Check dressings-wound/ home care instructions /coordinate office visits /prescriptions	L037D	Blend	5					
42	Discharge day mgmtt 99238 –12 min 99239 –15 mins								
43	Other Clinical Activity (please specify) Histotechnician	L037B	Histotech						
44	Embedding, flattening and freezing tissue	L037B	Histotech	18		12		4	
45	Labeling slides	L037B	Histotech	10		4		1	
46	mounting tissue on slides	L037B	Histotech	43		23		8	
47	Staining tissue	L037B	Histotech	12		9		3	
48	Cover slipping slides	L037B	Histotech	5		3		1	
49	Transporting slides to microscope	L037B	Histotech	1		1		1	
50	Filing and storing slides	L037B	Histotech	5		3		1	
51	End Patient leaves office								
52	POST-SERVICE Period								
53	Start Patient leaves office/facility								
54	Conduct phone calls/call in prescriptions	L037D	Blend	3					
55	*Office visits None*								
63	*Total Office Visit Time*			0	0	0	0	0	0
65	End with last office visit before end of global period								

	A	B	C	H	I	J	K	L	M
2	**RUC Recommendations**								
3		Note	Staff type is	Mohs micrographic tech-		each additional stage after		Mohs micrographic	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility
6	MEDICAL SUPPLIES	Code	Unit						
7	pack, minimum multi-specialty visit	SA048		1		1			
68	needle, 18-27 g	SC029		2		2			
69	syringe, 10-12 ml	SC051		2		2			
70	cautery, monopolar, pencil-handpiece	SF020		1		1			
71	cautery, patient ground pad w-cord	SF021		1		1			
72	suture, vicryl, 3-0 to 6-0,p,ps	SF040		1		1			
73	pack, cleaning, surgical instruments	SA043		1		1			
74	cap, surgical	SB001		4		3			
75	drape, sterile for Mayo stand	SB012		1		1			
76	drape-towel, sterile 18in x 26in	SB019		1		1			
77	drape, sterile, fenestrated 16in x 29in	SB011		1		1			
78	gown, staff, impervious	SB027		3		2			
79	mask, surgical, with face shield	SB034		3		2			
80	gloves, sterile	SB024		2		2			
81	**Gloves, non-sterile**	**SB022**		1		1			
82	underpad 2ft x 3 ft (Chux)	SB044		1		1			
83	blade, microtome	SF004		1					
84	needle, 30g	SC031		2		2			
85	dressing, 3in x 4in (Telfa, Release)	SG035		1		1			
86	blade, surgical hair clipper	SF010		1					
87	curette, dermal	SF024		1					
88	lidocaine 1% w-epi inj (Xylocaine w epi)	SH046		20 ml		20 ml			
89	dressing, eye pad (Opticlude)	SG043							
90	tape, surgical occlusive 1in (Blenderm)	SG078		60 in		60 in			
91	tape, foam, elastic, 2in (Microfoam)	SG088		10 in		8 in			
92	povidone surgical scrub (Betadine)	SJ042		10 ml		10 ml			
93	scrub brush (impregnated)	SM023		1		1			
94	skin marking pen, sterile (Skin Sknbe)	SK075		1		1			
95	anatomical drawings (for treatment recording)	Sk002		1		1			
96	measuring tape, paper	SK048		1		1			
97	histology freezing spray (Freeze-It)	SL078		1 oz		0 6		0 2	
98	slide container (for 20 microscope slides)	SL120		1					
99	cover slip, glass	SL030		10		6		2	
100	adhesive liquid (Mastisol) (0 67ml uou)	SG004		1		1			
101	tubing, suction, non-latex (6ft) with Poole tip (1)	SD133		1		1			
102	gas, liquid nitrogen	SD082		20 ml		20 ml		5 ml	
03	scalpel with blade, surgical (#10-20)	SF033		2		1			
4	mounting media (Histomount)	SL095		1		1		1	
05	OCT Tissue-Tek	SL097		8 ml		6 ml		1	
106	slide, microscope	SL122		10		6		2	
107	stain, frozen section, H&E (1ml per slide)	SL134		10		6		2	
108	map, Moh's Surgery (per sheet)	SK047		1					
109	patient education booklet	SK062		1					
110	bacitracin ointment (15mg uou)	SJ008		1		1			
111	hydrogen peroxide, 20 ml	SJ028		20 ml		20 ml			
112	water, sterile for irrigation (250-1000ml uou)	SH074		0 4		0 4			
113	applicator, cotton-tipped, non-sterile 6in	SG008		30		20			
114	bandage, Kling, non-sterile 2in	SG017		1		1			
115	dressing, 12-7mm (Gelfoam)	SG033		1		1			
116	gauze, sterile 4in x 4in (10 pack uou)	SG056		3		2			
117	adhesive remover, liquid (Detachol) (0 67 ml uou)	SG005		1		1			
118	Equipment	CMS Code	Unit						
119	electrosurgical generator, up to	EQ114	1	56		30		15	
120	light, surgical	EF014	1	56		30		15	
121	loupes, surgical, prism, up to	EQ177	1	56		30		15	
122	cryosugery system, non-opthalmic	EQ094	1	56		30		15	
123	cryostat	EQ092	1	56		30		15	
124	grossing station w heavy duty disposal	EP015	1	56		30		15	
125	hood, fume	EP017	1	56		30		15	
126	table, power	EF031	1	56		30		15	
127	microscope, compound	EP024	1	56		30		15	
128	mayo stand	EF015	1	56		30		15	
129	suction maching (Gomco)	EQ235	1	56		30		15	
130	camera, digital system, 12 megapixel (medical grade)	ED005	1	56		30		15	
131	instrument pack, medium ($1500)	EQ138	1	56		30		15	
132									
133									

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Fibroadenoma Cryoablation

The CPT Editorial Panel changed the status of the current code descriptor for cryosurgical ablation of fibroadenoma from a Category III emerging technology code to a Category I CPT code due to an increase in utilization and additional peer-reviewed literature that provides long-term follow-up data since the Category III code was originally created.

Code 19105

The RUC reviewed the survey data for 19105 *Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma* in comparison to the key reference service code, 19103 *Biopsy of breast; percutaneous, needle core, using imaging guidance* (work RVU = 3.69). The presenters explained that the new procedure was similar in intensity to the reference service; however, the surveyed code indicated slightly more pre-service and intra-service time (45 minutes pre-service and 45 minutes intra-service as compared to 20 minutes pre-service and 30 minutes intra-service, respectively). Due to the similar intensity/complexity measures and comparable service times, the RUC agreed the work RVUs were directly comparable to the key reference service, 19103, and agreed that a work RVU recommendation of 3.69 was appropriate for code 19105. **The RUC recommends a work RVU of 3.69 for code 19105.**

New Technology/Services

Because the code represents a newer technology used for an innovative technique and because the code was last converted from a Category III CPT code, the RUC agreed that it should be placed on the new technology list for potential changes in its valuation. **The RUC recommends that code 19105 be added to the list of new technology codes.**

Practice Expense

The RUC reviewed the practice expense inputs for 19105. These inputs were assessed and the RUC made several revisions. Following these amendments, the RUC agreed that the practice expense inputs met PEAC accepted standards of clinical labor time, supplies, and equipment.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 19105	W1	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma (Do not report 19105 in conjunction with 76940, 76942) (For adjacent lesions treated with one cryoprobe insertion, report once)	000	3.69
Category III				
D 0120T		~~Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma~~ (0120T has been deleted. To report, use 19105		N/A

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19105 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **4.75**
RUC RVU: **3.69**

CPT Descriptor: Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A woman in her twenties presents with a palpable mass in her breast. She undergoes clinical and ultrasound examination that suggest a fibroadenoma, which is confirmed by a core needle breast biopsy. The physician offers conservative management (watchful waiting), surgical excision, or cryoablation. The patient decides through consultation with her physician that conservative management is not an appropriate option due to the psychological and/or quality of life impact of leaving a palpable mass in the breast. The patient also does not wish to have a surgical incision, which is cosmetically disadvantageous, especially for a young woman concerned about physical appearance of her breast. Given a choice between (1) a surgical excision or (2) cryoablation, the patient chooses to undergo the cryoablation procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review previous studies, with particular attention to pathology and imaging information and reports.
- Reexamine patient to make sure that physical findings have not changed and update H&P.
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and confirm with patient.
- Review and obtain informed consent with patient, including witness.
- Verify that all required instruments and supplies are available.
- Verify that radiofrequency and imaging equipment is available and properly calibrated
- Position, prep, and drape the patient.
- Scrub and gown.

Description of Intra-Service Work: Using ultrasound guidance from a handheld breast ultrasound transducer, the location of the lesion is confirmed. Under local anesthesia, a small incision is made with a scalpel. [During the course of the procedure more anesthetic is injected into the deeper portions of the breast to help alleviate discomfort. Care must be taken to properly inject anesthetic to prevent obscuring or moving the lesion.] The cryoprobe is introduced through the incision. The sharp cryoprobe tip is centered in 3 dimensions with the use of ultrasound guidance in the fibroadenoma. When cryoprobe placement is confirmed, the treatment cycle is initiated according to a programmed algorithm in the cryoablation system based on lesion size. If necessary, sterile saline is injected between the tumor and skin surface to increase separation and prevent skin injury from the cold. The ice ball formation is monitored using ultrasound throughout the treatment cycle. Two complete freeze-thaw cycles are required to complete a single tissue ablation process. When the second freeze has been completed, the cryoprobe is warmed by flowing helium gas through it. It is removed from the breast once its temperature rises above the freezing point (ie, it is no longer frozen to the tissue). Following cryoablation, the puncture entry is compressed to achieve hemostasis.

Description of Post-Service Work:
- Apply sterile dressing
- Examine and talk with patient.
- Home restrictions (ie, diet, activity, bathing) are discussed with the patient/family
- Answer patient/family questions.
- Write prescriptions for medications.
- Medical records are completed, including the operative dictation and follow-up with referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Charles Mabry, MD, FACS Eric Whitacre, MD, FACS				
Specialty(s):	general surgery, breast surgery				
CPT Code:	19105				
Sample Size: 150	**Resp n:** 35	**Response:** 23.3 %			
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	3.50	4.75	**6.00**	7.00	11.00
Pre-Service Evaluation Time:			**30.0**		
Pre-Service Positioning Time:			**5.0**		
Pre-Service Scrub, Dress, Wait Time:			**10.0**		
Intra-Service Time:	25.00	40.00	**45.00**	48.00	60.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**15.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
19103	000	3.69

CPT Descriptor Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
36475	000	6.72

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 40.0 %

TIME ESTIMATES (Median)	**CPT Code: 19105**	**Key Reference CPT Code: 19103**
Median Pre-Service Time	45.00	20.00
Median Intra-Service Time	45.00	30.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**105.00**	**65.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.46
Urgency of medical decision making	2.93	3.08

Technical Skill/Physical Effort (Mean)

Technical skill required	4.50	4.23
Physical effort required	3.57	3.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.43	3.08
Outcome depends on the skill and judgment of physician	4.29	4.38
Estimated risk of malpractice suit with poor outcome	3.79	3.77

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.29	3.17
Intra-Service intensity/complexity	4.36	3.75
Post-Service intensity/complexity	2.57	2.50

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code (W1) 19105 [Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma] and key reference code 19103 [Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance] both describe procedures related to removal (excision or ablation) of lesions from the breast. Pre-operatively, 19105 requires a review of therapeutic alternatives: further clinical and radiographic observation, percutaneous excision, cryotherapy, and open surgical excision, including with each the associated risks and intended benefits. Intra-operatively, additionally time is require for 19105 for the freeze-thaw cycles necessary to ensure adequate treatment of the lesion. Unlike the 19103 devices, which are completely automated and can removed up to 3 mm

diameter cores of tissue with each pass of the rotating cutter, the cryotherapy procedure is limited by the time of the freeze-thaw cycle.

We are recommending the survey 25th percentile RVW of 4.75 for 19105. This value is appropriately greater than 19103 to account for the additional time and work as described above. The IWPUT for 19105 with an RVW of 4.75 is 0.074. This IWPUT is similar to the IWPUT for another ablation procedure 36475 [Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated] which has an RVW of 6.72.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0120T Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Sometimes

Specialty diagnostic radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty general surgery Frequency 2700 Percentage 90.00 %

Specialty diagnostic radiology Frequency 300 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty general surgery Frequency 270 Percentage 90.00 %

Specialty diagnostic radiology Frequency 30 Percentage 10.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 Day Global Period
Direct Inputs

Track	CPT	DESCRIPTION	GLOB
W1	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	000

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ACS and ASBS.

CLINICAL STAFF TIME:

Pre-service period clinical staff time:
For each applicable task, we have indicated 3 minutes to account for (at least) one phone call to accomplish the task.

	NF	FAC
Complete pre-service diagnostic & referral forms	3	3
Coordinate pre-surgery services	0	3
Schedule space and equipment in facility	0	3
Provide pre-service education/obtain consent	0	0
Follow-up phone calls & prescriptions	3	3

Service period clinical staff time: Standard times have been applied for necessary tasks. For the row item described as "scope," please consider the ablation device and the ultrasound equipment instead.

Post-service period clinical staff time: Three minutes is shown for a follow-up phone call on the day of the procedure.

SUPPLIES AND EQUIPMENT:

Supplies and equipment as necessary to perform the service in the office are shown. Pricing for new items at attached.

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		19105 W1 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
			000	
	Code	StaffType	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	109	15
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	6	12
Staff 1 - INTRA CLINICAL LABOR TIME	L051B	RN/Diagnostic Medical Sonographer	45	0
Staff 2 - INTRA CLINICAL LABOR TIME	L037D	RN/LPN/MTA	55	0
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3
PRE-SERVICE				
Start: After visit for procedure/service				
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3
Coordinate pre-surgery services	L037D	RN/LPN/MTA	0	3
Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	3
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0	0
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3
End: Pt. enters site for procedure/service				
SERVICE PERIOD				
Start: Pt. enters site for procedure/service				
Pre-service services				
Review charts	L037D	RN/LPN/MTA	3	
Greet patient and provide gowning	L037D	RN/LPN/MTA	3	
Obtain vital signs	L037D	RN/LPN/MTA	3	
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3	
Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2	
Setup scope (non facility setting only)	L037D	RN/LPN/MTA		
Prepare and position pt/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2	
Sedate/apply anesthesia				
Intra-service				
Staff 1 - Assist MD in performing procedure (100%)	L051B	RN/Diagnostic Medical Sonographer	45	
Staff 2 - Assist MD in performing procedure (2/3)	L037D	RN/LPN/MTA	30	
Post-Service				
Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	3	
Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3	
Clean Scope	L037D	RN/LPN/MTA		
Clean Surgical Instrument Package				
Check dressings & wound/ home care instructions/ coordinate office visits/ prescriptions	L037D	RN/LPN/MTA	3	
Dischg day mgmt 99238 --12 min, 99239 --15 min	L037D	RN/LPN/MTA		
End: Patient leaves site of procedure/service				
POST-SERVICE Period				
End: Patient leaves site of procedure/service				
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3
Total Office Visit Time			0	0
End: Last office visit in global period				

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		19105 W1 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
			000	
	Code	StaffType	NF	FAC
MEDICAL SUPPLIES	**Code**	**Unit**		
pack, minimum multi-specialty visit	SA048	pack	1	
skin marking pen, sterile (Skin Skribe)	SK075	item	1	
gloves, sterile	SB024	pair	1	
drape, sterile barrier 16in x 29in	SB007	item	1	
drape-towel, sterile 18in x 26in	SB019	item	2	
povidone surgical scrub (Betadine)	SJ042	ml	50	
cover-condom, transducer or ultrasound probe	SB005	item	1	
ultrasound transmission gel	SJ062	ml	60	
probe, fibroadenoma cryoablation Visica ICE @ $1,589 (see pricing sheet)	NEW	item	1	
gas, argon @ $.025 per cu ft	NEW	cu ft	144	
gas, helium @ $0.41 per cu ft	SD079	cu ft	55	
drape-sleeve, sterile (4in x 8ft)	SB017	item	2	
drape-sleeve, sterile, for handpiece	SB018	item	1	
lidocaine 4% soln, topical (Xylocaine)	SH050	ml	2	
applicator, cotton-tipped, sterile, 6in	SG081	item	2	
swab-pad, alcohol	SJ053	item	4	
lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20	
syringe 10-12ml	SC051	item	1	
needle, 18-27g	SC029	item	4	
cup, sterile, 8 oz	SL157	item	1	
sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	1	
needle, 19-25g, butterfly	SC030	item	1	
needle, 18-27g	SC029	item	2	
syringe 20ml	SC053	item	1	
scalpel with blade, surgical (#10-20)	SF033	item	1	
gauze, sterile 4in x 4in (10 pack uou)	SG056	item	2	
sanitizing cloth-wipe (patient)	SM021	item	2	
tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)	SG076	item	1	
steri-strip (6 strip uou)	SG074	item	1	
Equipment	**Code**			
table, power	EF031		70	0
light, exam	EQ168		70	0
mayo stand	EF015		70	0
ultrasound unit, Shimadzu	EQ250		70	0
cryoablation system, fibroadenoma Visica @ $24,950 (see pricing sheet)	NEW		70	0

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Breast Reconstruction

The CPT Editorial Panel revised one code, 19361 *Breast reconstruction with latissimus dorsi flap; without prosthetic implant* at the request of the RUC after analysis during the Five-Year Review to more accurately describe two separate and distinct procedures previously included within a single code. The revised coding allows for more appropriate reporting and valuation for breast reconstruction surgery with and without insertion of a prosthesis.

Code 19361

The RUC reviewed the survey data for 19361 *Breast reconstruction with latissimus dorsi flap; without prosthetic implant* from 45 general and plastic surgeons. The RUC reviewed the code in relation to the reference service code 19367 *Breast reconstruction with transverse rectus abdonomis myocutaneous flap (TRAM), single pedicle, including closure of donor site* (work RVU = 25.69). While the specialty survey results indicated the physician pre-service, intra-service, and post-service time differed between the two codes (pre-service = 70 minutes, intra-service = 240 minutes, and post-service = 30 minutes for 19361 as compared to pre-service = 60 minutes, intra-service = 300 minutes, and post-service = 0 minutes for 19367) the measures of intensity/complexity are nearly identical. The RUC disagreed with the specialty representatives regarding the number of office follow-up visits for the procedure. The RUC agreed that a single 99214 office visit in addition to three 99213 and two 99212 visits, accounting for six total post-service visits, was not appropriate as the key reference service code provides only five visits. As such, the RUC removed the 99214 office visit and reduced one 99213 visit to a 99212 visit. Due to this reduction in post-operative visits, the RUC removed 1.50 work RVUs, the associated work, from the survey median 23.50 for a resultant value of 22.00 work RVUs or the 25th percentile of the survey results.

In addition, the original code was brought before the RUC for the Five-Year Review and was referred to CPT for revision. The society was asked to provide compelling evidence for why this code should not be restricted by budget neutrality. The RUC agreed with the presenters that the original code was never valued by the RUC or valued using the Harvard data; and the code (prior to revision) included two distinct services that could not feasibly be valued together. As currently valued, the code presents a rank order anomaly within the breast reconstruction code family. Taking this information into consideration, the RUC agreed that this procedure

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should not be restricted by work neutrality and agreed a work relative value of 22.00 is appropriate for 19361 considering the physician time and intensity/complexity. **The RUC recommends a work RVU of 22.00 for code 19361.**

Practice Expense

This service is performed in the facility setting only. The specialty society's practice expense inputs for the facility setting were modified to reflect the amended post-operative visits. These direct practice expense inputs are consistent with the 090 day standards approved by the PERC and the RUC.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲19361	X1	Breast reconstruction with latissimus dorsi flap; ~~with or~~ without prosthetic implant (For insertion of prosthesis, use also 19340)	090	22.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:19361 Global Period: 090 Specialty Society RVU: **23.50**

RUC RVU: **22.00**

CPT Descriptor: Breast reconstruction with latissimus dorsi flap; without prosthetic implant

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year old white female presents with asymmetry of her breasts after undergoing a unilateral lumpectomy followed by radiation therapy for breast carcinoma two years prior. The treated breast is smaller and contracted with malposition of the nipple/areolar complex. She is taken to the operating room where removal of the previous lumpectomy scar and release of the surrounding breast tissue is performed. A latissimus dorsi myocutaneous flap is then used to reconstruct the defect. No prosthetic implant is required to achieve symmetry. The back donor site is closed primarily.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up, including: History and physical examination, re-examine breasts, chest, back; review laboratory results (CBC, electrolytes, renal function); review biopsies, pathology reports, mammograms related to cancer staging
- Review previous operative reports
- Discuss patient status and status of previous oncologic procedures with general surgeon
- Review planned incisions and procedure
- Mark patient's inframammary folds and other breast landmarks, and proposed skin paddle location on back

Pre-service work – Day of surgery:

- Change into scrub clothes
- Check with lab on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Mark the patient's inframammary folds and other breast landmarks and skin paddle location on back if not previously done or if previous markings have faded
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that antibiotics and prophylaxis for deep venous thrombosis / pulmonary embolus are provided (e.g. subcutaneous heparin administration, or placement of support stockings, or sequential compression devices on lower extremities).
- Place padding and support beneath head/neck
- Place padding/pillows beneath patient, particularly extremities, to prevent neuropraxia
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown

Description of Intra-Service Work:

- The patient is taken to the operating room, placed in the supine position, and anesthesia is induced. The chest is prepped and draped. The previous lumpectomy scar and any additional scar tissue is excised. The remaining breast tissue is released and elevated off the chest wall to restore its normal shape. The amount of tissue required to fill the resulting defect and achieve symmetry with the other breast is estimated.
- The patient's chest is covered with a sterile dressing. The drapes are removed and the patient is re-positioned to the lateral decubitus position. The back and chest area are re-prepped and re-draped.
- The previously marked skin paddle is revised if necessary, then incised and skin flaps are raised off the latissimus muscle. The dissection exposes the entire muscle, with extension of the skin incisions if necessary
- The anterior edge of the muscle is identified and the muscle is dissected off the chest wall using sharp and blunt dissection, and electrocautery. The muscle is divided distally near its origin and reflected superiorly. Only a portion of the muscle may be needed to carry the skin paddle if the volume requirement is small.
- The large branch to the serratus muscle from the thoracodorsal pedicle of the latissimus muscle is carefully divided. A space is developed under the flap, proximal to the pedicle deep within the axilla. The insertion of the latissimus is released off the humerus. The muscle is advanced and then the latissimus insertion is re-attached (usually to the scapula) to prevent excess pull on the vascular pedicle.
- Additional dissection is performed to create a pocket along the lateral chest wall. Hemostasis is obtained and the muscle flap is tucked anteriorly into the pocket. The back wound is irrigated, drains are placed, and the incision is closed in layers. A sterile dressing is placed.
- The drapes are removed and the patient is repositioned in the supine position. She must be placed on the bed in such a way as to allow for sitting up during the breast shaping portion of the procedure. The chest area is re-prepped and re-draped.
- The chest skin is elevated laterally until the pocket containing the flap is entered. The tunnel is widened just enough to bring the muscle flap and skin into the chest area. The vascular pedicle and muscle must be carefully checked for twisting. The lateral skin is then tacked down to the chest wall leaving a small space for passage of the muscle insertion and vascular pedicle
- The latissimus muscle is draped over the pectoralis muscle and secured with sutures. The skin paddle is positioned to achieve the best shape for the breast, requiring sitting the patient up one or more additional times. The skin paddle is constantly assessed for adequate circulation during and after the shaping and insetting process. One or two drains are placed and brought out through separate stab incisions and sutured in place. The final closure is performed in layers, including deep dermal and skin sutures
- The wounds are cleansed and sterile dressings are applied. The patient is taken to the recovery area.

Description of Post-Service Work:

- Sterile dressings are applied to the incisions
- The suction drains are inspected to ensure that adequate suction is in place and working
- Dictate operative note for patient's chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, medications, diet, and patient activity
- Write brief operative note for patient's chart documenting in the daily progress notes pre-and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, specimens sent to pathology, and condition of patient at the end of the procedure
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians if needed
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Revisit patient to assess progress, pulmonary function, pain control and assess status of dressings

Post-op same day work after discharge from recovery:

- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes

Post-op other hospital work [beginning on post-op day 1 until discharge day]:

- Examine and talk with patient
- Encourage ambulation and vigorous pulmonary physiotherapy
- Check wounds and patient progress
- Assess viability of flap
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians (general surgery, oncology)
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes

Discharge day work:

- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of wound or any drains, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians (general surgery, oncology)
- Coordinate post operative physical therapy
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes

Post-op office work – After discharge from hospital through 90 day global period:

- Examine and talk with patient
- Check wounds and patient progress
- Assess size and shape of reconstructed breast as healing progresses
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Keith Brandt, MD, FACS, Charles Mabry, MD, FACS, Scott Oates, MD, and Eric Whitacre, MD, FACS		
Specialty(s):	Plastic Surgery, General Surgery		
CPT Code:	19361		
Sample Size:	213	**Resp n:** 45	**Response:** 21.1 %

code: 19361

Sample Type: Random						
		Low	25th pctl	Median*	75th pctl	High
Survey RVW:		15.50	22.00	**23.50**	25.00	26.00
Pre-Service Evaluation Time:				**35.0**		
Pre-Service Positioning Time:				**20.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		120.00	180.00	**240.00**	270.00	300.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**68.0**	99231x **2.0** 99232x **1.0** 99233x **0.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**91.0**	99211x **0.0** 12x **3.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
19367	090	25.69

CPT Descriptor Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
	090	
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 40 **% of respondents:** 88.8 %

TIME ESTIMATES (Median)	CPT Code: 19361	Key Reference CPT Code: 19367
Median Pre-Service Time	70.00	60.00
Median Intra-Service Time	240.00	300.00
Median Immediate Post-service Time	30.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	68.0	54.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	91.0	99.00
Median Total Time	**535.00**	**549.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.05	4.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.62	3.63
Urgency of medical decision making	2.97	3.03

Technical Skill/Physical Effort (Mean)

Technical skill required	3.59	3.68
Physical effort required	3.28	3.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.49	3.64
Outcome depends on the skill and judgment of physician	3.59	3.58
Estimated risk of malpractice suit with poor outcome	2.72	2.74

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.74	3.74
Intra-Service intensity/complexity	3.68	3.74
Post-Service intensity/complexity	2.95	3.00

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Code 19361 (Breast reconstruction with latissimus dorsi flap; without prosthetic implant) and reference code 19367 (Breast reconstruction with transverse rectus abdominus myocutaneous flap (TRAM) single pedicle, including closure of donor site;) are similar in work because they both describe breast reconstruction with a myocutaneous flap. Both codes involve harvesting of a myocutaneous flap from a remote site, creation of a tunnel to pass the flap to the breast defect, fashioning of the flap into a breast and closure of the donor defect.

The Society is recommending the median RVW of 23.50 as it is close to the RVW of 19367 (RVW = 25.69). The codes are similar in intensity/complexity. 19361 has more office visits due to the typically prolonged serous drainage from the harvest site. 19367 has more intraservice time and hospital visits due to the need to harvest the rectus muscle out of the rectus sheath, repair of the rectus sheath, and transposition of the umbilicus. For these reasons the RVW of 19361 is backed down to the median RVW.
Utilizing the median RVW of 23.50 and the median intraservice time of 240 minutes creates an IWPUT of 0.058 which is less than that of the reference code 19367 at 0.065.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19361

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty General Surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Plastic Surgery Frequency 380 Percentage 95.00 %

Specialty General Surgery Frequency 12 Percentage 3.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOB
19361	**Breast reconstruction with latissimus dorsi flap; without prosthetic implant**	090

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ASPS and ACS.

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied.

SUPPLIES AND EQUIPMENT:

Standard PEAC minimum multispecialty office visit pack and incision care pack have been applied. A power table and exam light consistent with other surgical codes are included.

	A	B	C	D	E
1					
2				19361	
3	**Meeting Date: April 2006** **RUC Recommended**			**Breast reconstruction with latissimus dorsi flap; without prosthetic implant**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**225.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**153.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**20**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**8**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**20**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**7**
17	Other Clinical Activity (please specify)				
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts				
23	Greet patient and provide gowning				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies				
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV				
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Assist physician in performing procedure				
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains				
34	Clean room/equipment by physician staff				
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes	**L037D**	**RN/LPN/MTA**		**12**
41	Other Clinical Activity (please specify)				
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions				
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms; post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		**3**
50	99213 36 minutes		36		**2**
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54					
55	*Total Office Visit Time*			**0**	**153**
56	Other Activity (please specify)				
57	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				19361	
3	**Meeting Date: April 2006** **RUC Recommended**			**Breast reconstruction with latissimus dorsi flap; without prosthetic implant**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
59	pack, minimum multi-specialty visit	SA048	Unit		5
60	pack, post-opincision care (suture)	SA054	pack		1
61					
62	**Equipment**	**CMS Code**	**Unit**		
63	light exam	EQ168			1
64	table, power	EF031			1
65	camera, digital system, 12 megapixal (medical grade)	ED005			1

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Percutaneous Intradiscal Annuloplasty (IDET)

The CPT Editorial Panel created two new codes to replace two tracking codes 0062T and 0063T report percutaneous intradiscal annulopasty to treat patients with chronic low back pain.

22526
The RUC reviewed the physician service surveyed times that the specialty society presented for code 22526 *Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level.* The RUC agreed that the pre-service, intra-service and immediate post-service time as modified and presented by the specialty society were appropriate. The RUC then reviewed the post-service and reduced the 99238 to a half day since this service is typically provided in the outpatient hospital setting. Additionally, the RUC agreed that one 99212 visit was more appropriate than a 99213 visit.

The RUC reviewed the physician work and agreed that the specialty societies' survey 25th percentile work RVU of 6.05 more appropriately reflected the physician work provided for this service due to slightly higher technical skill/physical effort involved compared to reference service code 22521 *Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar* (Work RVU=8.3, global period=010-days). **The RUC recommends the specialty's survey 25th percentile work RVU of 6.05 for code 22526. The RUC recommends the following physician time for 22526:**

Pre-service evaluation = 30 minutes
Pre-service positioning = 15 minutes
Pre-service scrub, dress, wait = 15 minutes
Intra-service = 45 minutes
Immediate Post-Service = 15 minutes
Discharge Day Mgmt = ½ 99238
Office visit = One 99212

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

22527
The RUC reviewed the physician service surveyed times that the specialty society presented for add-on code 22527 *Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels.* The RUC agreed that the intra-service time of 45 minutes from the specialty societies survey for 22527 was appropriate and noted that pre and post-service time was not appropriate for the typical patient encounter. The RUC and the specialty society agreed that there was no pre and post- service physician time, however, the RUC reviewed the physician work involved for this service and agreed that the physician work for 22527 is 50% of the physician work of the base code 22526. **The RUC recommends a work RVU of 3.03 for code 22527, and an intra-service time of 45 mintues with no pre-service or post-service time.**

The RUC identified that codes 22526 and 22527 are performed bilaterally approximately 25% of the time, however most of the bilateral instances would be performed in the facility.

Practice Expense
The RUC assessed and modified the practice expense inputs for codes 22526 and 22527.

New Technology/Services
The RUC identified this code as utilizing new technology. **The RUC recommends that these codes are put on the new technology/services list and return to the RUC for re-review once this technology has become more widespread.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●⊙22526	Y1	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	010	6.05
●⊙✚22527	Y2	one or more additional levels (List separately in addition to code for primary procedure) (Do not report codes 22526, 22527 in conjunction with 76003, 76005) (For percutatneous intradiscal annuloplasty using method other than electrothermal, use 0062T, 0063T)	ZZZ	3.03

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲0062T		Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level		N/A
▲+0063T		one or more additional levels (List separately in addition to 0062T for primary procedure) (For intradiscal electrothermal annuloplasty see 22526-22527)		N/A

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

code: 22526

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22526 Global Period: 010

Recommended Work Relative Value
Specialty Society RVU: **7.37**
RUC RVU: **6.05**

CPT Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 32-year-old woman with low back pain referred into her right buttock, 9 months after a lifting injury at home. Conservative treatment has been unsuccessful. Physical examination reveals restricted spinal motion without signs of neurologic deficit. X-Rays are negative. An MRI demonstrates a contained single level (L4-5) central disc bulge with preservation of disc height without spinal nerve compression. A discogram confirms concordant pain provocation from that disc and the presence of annular disruption with adjacent discs being painless and morphologically normal. At operation a percutaneous annuloplasty is performed at L4/5. Post operative hospital care and office visits are conducted as necessary throughout the 10-day global.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? Yes Percent of survey respondents who stated it is typical? 84%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The radiographic studies are reviewed. Imaging studies are correlated with the clinical exam and the surgical plan is confirmed. The surgeon confers with the patient and family re-explaining the current condition and the need for surgical intervention. Questions are answered, consent obtained and a note written in the record. He confers with the Anesthesiologist and the Operating Room to review positioning, the intra-operative plan and equipment needs. The patient receives IV antibiotics immediately prior to the procedure.

The physician assists and confirms that the patient is positioned correctly on the operative table. Fluoroscopy (which is described by and included in the current CPT code descriptor for annuloplasty) is utilized to localize the correct level under the physician's supervision. The surgical site is prepped and draped into a sterile field.

Description of Intra-Service Work: The physician marks the skin at the point of intended entry and local anesthetic is injected.
A spinal needle is placed adjacent to the L4-5 disc, depth is measured and local anesthetic is injected. Then an introducer needle is placed into the disc and advanced obliquely into the anterolateral quadrant of the disc space. This position is confirmed by fluoroscopy.

The annuloplasty catheter is checked for any defects and to ensure that it is in proper working condition. The catheter is then advanced through the introducer needle and navigated across the area of disc pathology. Final position is confirmed by fluoroscopy.

The catheter is connected to the generator and heated to a temperature of 90 degrees C over the course of about 20 minutes to treat the disc. The patient is monitored during the procedure by the physician for pain response that may require adjusting treatment intensity or increasing the level of sedation. More importantly, the patient is continuously monitored through physician-patient communication for any radicular symptoms, or symptoms that are atypical to the patient's usual pain, that would indicate impending nerve injury and that would necessitate re-positioning of the catheter. If complete treatment of the disc can not be accomplished from a unilateral approach, the procedure is repeated from the contralateral side (i.e., a new catheter is inserted and heated to 90 degrees C over the course of about 20 minutes).

At the completion of the procedure, antibiotic solution is often injected into the disc. The catheter and needle are then removed. Dressings are applied.

Description of Post-Service Work: The patient is rolled onto a recovery bed and the neurologic status is checked. The patient is then transported to the recovery room and observed for approximately one hour. Post operative orders are written and a note is dictated. The family is met in the waiting room and questions answered. The referring physician is contacted and informed about the results of surgery. Arrangements are made for outpatient physiotherapy visits after discharge. The patient is re examined for neurologic function and the dressing is inspected and changed as needed. Discharge planning and coordination occurs with the patient and family. A lumbar sacral orthosis is fitted prior to discharge.

After discharge, the patient returns to the office for follow-up visits. Questions regarding physiotherapy and activity levels are answered. Phone calls are answered concerning pain levels and activity restrictions. Subsequent follow-up office visits are scheduled to recommend progression of activity and monitor functional and work status. Prescription medication refills are reviewed and written. An exercise program is recommended and printed material regarding therapy is provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Brenda Lewis, DO (ASA) Eddy Fraifeld, MD (AAPM) Robert Barr, MD (ASNR) David Kloth, MD (ASIPP) Francis Lagattuta, MD (AAPMR)					
Specialty(s):	AAPM, ASA, AANS/CNS, NASS, ASNR, AAPM+R, ACR, AAOS, ASIPP					
CPT Code:	22526					
Sample Size:	1200	**Resp n:** 45		**Response:** 3.7 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		4.42	6.05	**8.33**	8.54	10.00
Pre-Service Evaluation Time:				**30.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		30.00	40.00	**45.00**	53.00	90.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**15.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**15.0**	99211x **0.0** 12x **1.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
22521	010	8.33

CPT Descriptor Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
38510	010	6.42

CPT Descriptor 1 Biopsy or excision of lymph node(s); open, deep cervical node(s)

MPC CPT Code 2	Global	Work RVU
44950	010	9.99

CPT Descriptor 2 Appendectomy;

Other Reference CPT Code	Global	Work RVU
22524	010	8.54

CPT Descriptor Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 37.7 %

TIME ESTIMATES (Median)

	CPT Code: 22526	Key Reference CPT Code: 22521
Median Pre-Service Time	60.00	30.00
Median Intra-Service Time	45.00	75.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	18.0	36.00
Median Office Visit Time	15.0	23.00
Median Total Time	**153.00**	**194.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.94	3.47
Urgency of medical decision making	2.47	2.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	4.29
Physical effort required	3.88	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.12	4.29
Outcome depends on the skill and judgment of physician	4.53	4.47
Estimated risk of malpractice suit with poor outcome	4.12	4.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.35	3.47
Intra-Service intensity/complexity	4.18	4.18
Post-Service intensity/complexity	3.12	3.06

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A multispecialty expert panel (AAPM, ASA, AANS/CNS, NASS, ASNR, AAPM+R, ACR, AAOS) reviewed the RVW survey data for 22526. Code 22521 (Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar) was the most common reference code selected by survey respondents. Code 22524 (Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar) was the second most commonly selected reference service code. The expert panel believes that both codes are a good comparison code

for 22526. The expert panel believes 22526 includes less time than 22521, but is comparable in intensity. Based on a comparison of the time and RVW for 22521, the expert panel believes the median RVW survey data of 8.33 is too high for 22526.

The expert panel then reviewed the time and visit survey data for 22526. The panel believes the pre-, intra-, and post-service times should be consistent with those of the second most commonly selected reference service (22524). They chose to use code 22524 instead of 22526 because it was surveyed more recently than 22521 and lists the break-out of preservice evaluation, positioning and scrub, dress, wait time. Code 22521, does not provide a break-out preservice time as preservice evaluation, positioning and scrub, dress, wait time. Code 22524 has 30 minutes pre-evaluation, 15 minutes pre-positioning, and 15 minutes scrub, dress and wait time. While the survey data showed that one full discharge day (99238) and two office visits (99213) were commonly performed, the expert panel believes only one office visit (99213) and a full discharge day (99238) is necessary for 22526. This is consistent with both 22521 and 22524.

To determine the appropriate RVW value for 22526, the expert panel used 30 minutes pre-evaluation reflecting the median survey responses, 15 minutes pre-positioning and 15 minutes scrub, dress and wait time, which is consistent with 22524 and 45 minutes intra-service time and 15 minutes post-time reflecting the median survey responses. They included one full discharge day (99238) and one level-3 office visit (99213), instead of two 99213 visits reflected by the survey participants' responses. When the extra 99213 is removed from the median survey RVW response of 8.33, this results in an adjusted RVW of 7.68.

Therefore, the expert panel believes an appropriate RVW for 22526 is 7.68. The recommendation is based on removing one level-3 office visit (0.67) from the median RVW of 8.33. The recommended RVW preserves the rank-order appropriateness of 22526 when compared to 22524 and other existing spine procedures.

The Frequency Information section of the summary of recommendation form only contains three spaces to list specialties that perform the procedure. However, 22526 is performed by four specialties. Below is information for Neurosurgery/Spine Surgery which could not be included because of the space restrictions:

How often do physicians in your specialty perform this service?
Neurosurgery/Spine Surgery - Sometimes

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.
Nationally:
Neurosurgery/Spine Surgery - Frequency = 945; Percentage = 11%

Medicare:
Neurosurgery/Spine Surgery - Frequency = 331; Percentage = 11%

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0062T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management/Physical Medicine How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 8500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pain Mangement/Physical Medicine Frequency 3776 Percentage 44.42 %

Specialty Anesthesiology Frequency 2456 Percentage 28.89 %

Specialty Radiology Frequency 1323 Percentage 15.56 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,975 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pain Management/Physical Medicine Frequency 1322 Percentage 44.43 %

Specialty Anesthesiology Frequency 860 Percentage 28.90 %

Specialty Radiology Frequency 463 Percentage 15.56 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22527 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **3.95**
RUC RVU: **3.03**

CPT Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional level (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 38-year-old man with low back pain after a lifting injury at work. Conservative treatment for 7 months has been unsuccessful. Physical examination reveals restricted spinal motion without signs of neurologic deficit. X-Rays are negative. An MRI demonstrates annular fissures in two lumbar discs (L4/5, and L5/S1) without spinal nerve compression. A discogram confirms the presence of annular tears at L4/5 and L5/S1 and reproduces concordant pain. The L2/3 and L3/4 discs are painless and morphologically normal. At operation a percutaneous annuloplasty is performed at L4/5 and L5/S1. Post operative hospital care and office visits are conducted as necessary throughout the 10-day global.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? Yes Percent of survey respondents who stated it is typical? 74%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Once the first level of annuloplasty (L5/S1 – reported separately) is completed, the physician marks the skin at the point of intended entry for the L4/5 level and local anesthetic is injected. A spinal needle is placed adjacent to the disc, depth is measured and local anesthetic is injected. Then an introducer needle is placed into the disc and advanced obliquely into the anterolateral quadrant of the disc space. This position is confirmed by fluoroscopy. A new annuloplasty catheter is checked for any defects and to ensure that it is in proper working condition. The catheter is then advanced through the introducer needle and navigated across the area of disc pathology. Final position is confirmed by fluoroscopy. The catheter is connected to the generator and the disc is treated. The patient is monitored during the procedure by the physician for pain response that may require adjusting treatment intensity or increasing the level of sedation. More importantly, the patient is continuously monitored through physician-patient communication for any radicular symptoms, or symptoms that are atypical to the patient's usual pain, that would indicate impending nerve injury and that would necessitate repositioning of the catheter. If complete treatment of the disc can not be accomplished from the unilateral approach, the procedure is repeated from the contralateral side (i.e., a new catheter is inserted and heated to 90 degrees C over the course of about 20 minutes). At the completion of the procedure, antibiotic solution is often injected into the disc. The catheter and needle are then removed and dressings are applied.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Brenda Lewis, DO (ASA) Eddy Fraifeld, MD (AAPM) Robert Barr, MD (ASNR) David Kloth, MD (ASIPP) Francis Lagattuta, MD (AAPMR)

Specialty(s):	AAPM, ASA, AANS/CNS, NASS, ASNR, AAPM+R, ACR, AAOS, ASIPP		
CPT Code:	22527		
Sample Size:	1200	**Resp n:** 27	**Response:** 2.2 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	2.00	4.15	**4.40**	4.50	12.50
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	0.00	30.00	**45.00**	52.50	120.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
22522	ZZZ	4.30

CPT Descriptor Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35600	ZZZ	4.94

CPT Descriptor 1 Harvest of upper extremity artery, one segment, for coronary artery bypass procedure

MPC CPT Code 2	Global	Work RVU
63048	ZZZ	3.26

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU
22525	ZZZ	4.47

CPT Descriptor Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 66.6 %

TIME ESTIMATES (Median)	CPT Code: 22527	Key Reference CPT Code: 22522
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	45.00	40.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**45.00**	**40.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.06	3.83
Urgency of medical decision making	2.61	3.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.22	4.28
Physical effort required	3.61	3.72
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.89	4.11
Outcome depends on the skill and judgment of physician	4.22	4.28
Estimated risk of malpractice suit with poor outcome	3.83	4.06

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.56	3.61
Intra-Service intensity/complexity	4.11	4.17
Post-Service intensity/complexity	3.06	3.22

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A multispecialty expert panel (AAPM, ASA, AANS/CNS, NASS, ASIPP, ASNR, AAPM+R, ACR, AAOS) reviewed the RVW survey data for 22527. 22522 (Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)) was the most common reference code selected by survey respondents. The expert panel believes that 22522 is a good comparison code for 22527 because both procedures are add-on procedures, and there is similar work involved for both

procedures. Based on a comparison of the RVW for 22522, the expert panel believes the median RVW survey data of 4.40 is too high for 22527.

The expert panel then reviewed the time data for 22527. The panel believes the intra-service time is appropriate. Since 22527 is an add-on code, there are no hospital or office visits associated with this procedure. However, the expert panel believes survey respondents incorrectly included pre- and post-service time for this procedure. As such, the expert panel recommends removing the pre-service and post-service time from this add-on procedure.

The survey participants indicated that the add-on service takes as much intra-service time as 22526, which is consistent with the experience of the expert panel members who have performed the procedures. It is their experience that each level requires 45 minutes at an intensity equal to 22526. The expert panel then took the 7.68 RVUs of 22526 and removed the RVWs of the pre-service time (1.13) and the post time (2.27). This resulted in an RVW of 4.28 for 22527.

The expert panel believes an appropriate RVW for 22527 is 4.28. The recommended RVW is based on a reduction of the pre- and post-service time and an adjustment of 225X1 RVU to reflect only the intra-service time. The recommended RVW is slightly lower than 22522, which preserves the rank-order appropriateness of 22527 when compared to other existing spine procedures.

The Frequency Information section of the summary of recommendation form only contains three spaces to list specialties that perform the procedure. However, 22527 is performed by four specialties. Below is information for Neurosurgery/Spine Surgery which could not be included because of the space restrictions:

How often do physicians in your specialty perform this service?
Neurosurgery/Spine Surgery - Sometimes

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.
Nationally:
Neurosurgery/Spine Surgery - Frequency = 246; Percentage = 11%

Medicare:
Neurosurgery/Spine Surgery - Frequency = 37; Percentage = 11%

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in

your scenario. 22527 is always reported with 22526. The same physician performs both procedures. Code 22526 is a 10 day global. For work RVUs and pre, intra and post time, see 22526 RUC submission for the April 2006 meeting.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0063T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management/Physical Medicine How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2210
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pain Management/Physical Medicine Frequency 982 Percentage 44.43 %

Specialty Anesthesiology Frequency 639 Percentage 28.91 %

Specialty Radiology Frequency 344 Percentage 15.56 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 332
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pain Management/Physical Medicine Frequency 147 Percentage 44.27 %

Specialty Anesthesiology Frequency 96 Percentage 28.91 %

Specialty Radiology Frequency 52 Percentage 15.66 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level

Sample Size: N/A Response Rate: (%): N/A Global Period: 10

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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

A multispecialty expert panel (AAPM, ASA, AANS/CNS, NASS, ASNR, AAPM+R, ACR, AAOS) met via conference call to discuss the practice expense inputs for Code 22526. Data was obtained from physicians familiar with the performance of the procedure in the facility setting to identify the typical staff time, supplies and equipment used to perform this service. See the PERC Excel spreadsheet for 22526 for the specific inputs.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Pre-service time for 22526 has been crosswalked from 22521.

Intra-Service Clinical Labor Activities:
The assignment of 6 minutes relative to coding of 99238 for a half day discharge management for inpatient services.

Post-Service Clinical Labor Activities:
Standard E/M post-op office visit time for one 99212 visit for clinical staff.

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
010 or 090 Day Global Periods
Non Facility Direct Inputs

CPT Long Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level

Sample Size: N/A Response Rate: (%): N/A Global Period: 10

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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

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Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
See the PERC Excel spreadsheet for 22526 for the specific inputs. Preservice diagnostic and referral forms are completed and presurgery services are coordinated. Patient is given instructions and general education on procedure. Informed consent is obtained.

Intra-Service Clinical Labor Activities:
See the PERC Excel spreadsheet for 22526 for the specific inputs. Prior to the patient's arrival, the room will be prepared and supplies and equipment set out. When the patient arrives, the patient is greeted and vital signs are taken. The patient is prepared and positioned and anesthesia is administered. A radiologic technologist assists by operating the fluoroscopy equipment throughout the procedure which she does throughout the intra-service time and she finishes by printing the films. A registered nurse assists the physician with the procedure. The patient is monitored following the service. The room and equipment are cleaned. After recovery, the patient is discharged. A half day 99238 for discharge management for inpatient services is assigned.

Post-Service Clinical Labor Activities:
See the PERC Excel spreadsheet for 22526 for the specific inputs. Standard E/M post-op office visit time for one 99212 visit for clinical staff is assigned

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; additional level(s) (List separately in addition to code for primary procedure)

Sample Size: N/A Response Rate: (%): N/A Global Period: 10

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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

A multispecialty expert panel (AAPM, ASA, AANS/CNS, NASS, ASNR, AAPM+R, ACR, AAOS) met via conference call to discuss the practice expense inputs for Code 22527. Data was obtained from physicians familiar with the performance of the procedure in the facility setting to identify the typical staff time, supplies and equipment used to perform this service. See the PERC Excel spreadsheet for 22527 for the specific inputs.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
010 or 090 Day Global Periods
Non Facility Direct Inputs

CPT Long Descriptor: Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; additional level(s) (List separately in addition to code for primary procedure)

Sample Size: N/A Response Rate: (%): N/A Global Period: 10

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
See the PERC Excel spreadsheet for 22527 for the specific inputs. A radiologic technologist assists by operating the fluoroscopy equipment throughout the procedure which she does throughout the intra-service time and she finishes by printing the films. A registered nurse assists the physician with the procedure.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G
1							
2				22526		22527	
	Meeting Date: March 2006 RUC Recommendation			Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level		Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; additional level(s) (List separately in addition to code for primary procedure)	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD			010	010	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			285.0	63.0	180.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	18.0	30.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			120.0	6.0	90.0	0.0
9	RN	L051A	RN	62.0		45.0	
10	Radiologic Technologist	L041B	Radiologic Technologist	45.0		45.0	
11	RN/LPN/MTA	L037D	RN/LPN/MTA	13.0			
12	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	27.0	27.0	0.0	0.0
13	PRE-SERVICE						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5		
16	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10		
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7		
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3		
20	Other Clinical Activity (please specify)						
21	**End:When patient enters office/facility for surgery/procedure**						
22	SERVICE PERIOD						
23	**Start: When patient enters office/facility for surgery/procedure**						
24	**Pre-service services**						
25	Review charts						
26	Greet patient and provide gowning	L037D	RN/LPN/MTA	3			
27	Obtain vital signs	L037D	RN/LPN/MTA	3			
	ovide pre-service education/obtain consent						
	pare room, equipment, supplies	L037D	RN/LPN/MTA	2			
	tup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2			
32	Sedate/apply anesthesia	L051A	RN	2			
33	**Intra-service**						
34	operation of C-arm	L041B	Radiologic Technologist	45		45	
35	Assist physician in performing procedure	L051A	RN	45		45	
36	**Post-Service**						
37	Monitor pt following service/check tubes, monitors, drains	L051A	RN	15			
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3			
39	Clean Scope						
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	0			
41	Complete diagnostic forms, lab & X-ray requisitions						
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
44	Discharge day management 99238 --12 minutes 99239 --15 minutes	L037D	RN/LPN/MTA	0	6		
45	Other Clinical Activity (please specify)						
46	**End: Patient leaves office**						
47	POST-SERVICE Period						
48	**Start: Patient leaves office/facility**						
49	Conduct phone calls/call in prescriptions						
50	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
51	*List Number and Level of Office Visits*						
52	99211 16 minutes		16				
53	99212 27 minutes		27	1	1		
	13 36 minutes		36				
	14 53 minutes		53				
	215 63 minutes		63				
57	Other						
58							
59	*Total Office Visit Time*			27	27	0	0
60	Other Activity (please specify)						
61	**End: with last office visit before end of global period**						
62	MEDICAL SUPPLIES	CMS Code	Unit				

	A	B	C	D	E	F	G
1							
2				22526		22527	
	Meeting Date: March 2006 **RUC Recommendation**			**Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level**		**Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; additional level(s) (List separately in addition to code for primary procedure)**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**ZZZ**	**ZZZ**
63	SpineCATH Intradiscal Catheter (Smith&Nephew, Catalogue # 7210441, $1,380 00)		item	**1**		**1**	
64	SpineCATH Introducer needle (Smith&Nephew, catalogue # 7209600, $69 00)		item	**1**		**1**	
65	conscious sedation pack	SA044	pack	**1**			
66	pack, drapes, laparotomy (chest-abdomen)	SA046	pack	**1**			
67	pack, minimum multi-specialty visit	SA048	pack	**2**	**1**		
68	cap, surgical	SB001	item	**3**			
69	drape, sterile, c-arm, fluoro	SB008	item	**1**			
70	drape, sterile, for Mayo stand	SB012	item	**1**			
71	gloves, sterile	SB024	pair	**2**			
72	gown, surgical sterile	SB028	item	**2**			
73	mask, surgical, with face shield	SB034	item	**3**			
74	needle, 18-26g 1 5-3 5in, spinal	SC028	item	**1**		**1**	
75	needle, 18-27g	SC029	item	**1**			
76	skin marking pen, sterile (Skin Sknbe)	SK075	item	**1**			
77	DuraPrep surgical soln (26ml uou)	SJ017	item	**1**			
78	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**20**			
79	gauze, sterile 4inx4in (10 pack uou)	SG056	item	**1**			
80	scalpel with blade, surgical (#10-20)	SF033	item	**1**			
81	paper, recording (per sheet)	SK059	sheet	**1**		**1**	
82	**Equipment**	**CMS Code**	**Unit**				
83	Stretcher	EF018		**60**			
84	table, fluoroscopy	EF024		**45**			
85	room, radiographic-fluoroscopic	EL014		**45**			
86	x-ray view box, 4 panel	ER067		**45**			
87	ECG-3 channel	EQ010		**45**		**45**	
88	IV infusion pump	EQ032		**45**		**45**	
89	pulse oximeter w-printer	EQ211		**45**		**45**	
	IDET Generator with connector cable and warranty mith&Nephew, IDET 20S Generator with extension cable, alogue #7210644, $30,184 96)			**45**		**45**	
	ood pressure monitor, ambulatory	EQ269		**45**		**45**	
92	table, exam	EF023		**45**	**45**		
93							

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Lumbar Arthroplasty

The CPT Editorial Panel created three new codes to report lumbar arthroplasty, a novel treatment option for patients requiring surgical treatment of symptomatic degenerative disc disease which has been refractory to conservative measures. Total disk arthroplasty is an important alternative form of open surgical treatment in patients who wish to avoid fusion and have failed non-operative therapy.

22857

The RUC reviewed the survey data for 22857 *Total disc arthroplasty (artificial disc),anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, single interspace* in comparison to the reference code 22558 *Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar* (Work RVU=22.25). The RUC noted that the surveyed code had more physician time associated with it than the reference code, 527 minutes and 502 minutes, respectively. In addition, the surveyed code required greater mental effort and judgment to perform and was deemed more intense than the reference code. However, the specialty society, in its recommendation, agreed that the level of office visits associated with the surveyed code was inaccurate and replaced a 99214 office visit with a 99213 office visit. Therefore, when making their final recommendation, the specialty society removed the work associated with 99214 office visit and added the work associated with the 99213 office visit to the 25th percentile, 25.50 work RVUs resulting in a value of 25.07. The RUC agreed that this value was appropriately supported by the survey data. **The RUC recommends 25.07 work RVUs for 22857.**

22862

The RUC reviewed the survey data for 22862 *Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace (includes approach)* in comparison to the reference code 63087 *Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment* (Work RVU=35.52). The RUC noted that the surveyed code had more physician time associated with it than the reference code, 679 minutes and 664 minutes, respectively. In addition, the surveyed code required greater mental effort and judgment to perform and was deemed more intense than the reference code. However, the specialty society,

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

in its recommendation, agreed that the level of office visits associated with the surveyed code was inaccurate and replaced a 99214 office visit with a 99213 office visit. Therefore, when making their final recommendation, the specialty society removed the work associated with 99214 office visit and added the work associated with the 99213 office visit to the 25th percentile, 31.00 work RVUs resulting in a value of 30.57. The RUC agreed that this value was appropriately supported by the survey data. **The RUC recommends 30.57 work RVUs for 22862.**

22865

The RUC reviewed the survey data for 22865 *Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace* in comparison to the reference code 63087 *Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment* (Work RVU=35.52). The RUC was informed by the specialty that although the median intra-service time for this procedure was 180 minutes, this value was calculated by physicians who had performed the procedure and those who had not. When the specialty society reviewed the survey data solely from those who had performed the procedure, they observed that the median survey time for this subset was 210 minutes. The specialty society agreed that this intra-service time more accurately reflected in the intra-service time for this procedure. The RUC agreed with this recommendation. In addition, the specialty society, in its recommendation, agreed that the level of office visits associated with the surveyed code was inaccurate and replaced a 99214 office visit with a 99213 office visit. The RUC noted that the surveyed code, with these changes in the intra-service time and office visit level had less physician time associated with it than the reference code, 617 minutes and 664 minutes, respectively. However, the surveyed code required greater mental effort and judgment to perform and was deemed more intense than the reference code. Therefore, when making their final recommendation, the specialty society removed the work associated with 99214 office visit and added the work associated with the 99213 office visit to the 25th percentile, 30.00 work RVUs resulting in a value of 29.57. The RUC agreed that this value was appropriately supported by the survey data and accurately placed this code amongst its family. **The RUC recommends 29.57 work RVUs for 22865.**

Practice Expense:

The RUC carefully reviewed of the inputs for all three procedures and agreed with the specialty society that 75 minutes of pre-service time was deemed appropriate due to the standard set by the spine surgeons at the March 2002 PEAC meeting where the Spine Arthrodesis family of codes 22548 – 22830 were given 75 minutes of pre-service time due to their overall complexity. The RUC also altered the practice expense inputs for all three procedures to reflect the change in the level of office visit from 3-99313 and 1-99214 to 4-99214 office visits. The practice expense inputs were approved as amended.

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New Technology:
As part of the new process established by the RUC for identifying new technology, this code has been identified as utilizing new technology and will be flagged in the RUC database to return to the RUC for re-review once this technology has become widespread.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●22857	F1	Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, single interspace (Do not report 22857 in conjunction with 22558, 22845, 22851, 49010 when performed at the same level) (For additional interspace, see Category III code 0163T)	090	25.07
●22862	F2	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace (Do not report 22862 in conjunction with 22558, 22845, 22851, 22865, 49010 when performed at the same level) (For additional interspace, see Category III code 0165T)	090	30.57
●22865	F3	Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace (Do not report 22865 in conjunction with 49010) (For additional interspace, see Category III code 0164T) (22857-22865 include fluoroscopy when performed) (For decompression, see 63001 – 63048)	090	29.57

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲0090T		Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression)~~;~~ cervical; single interspace~~, cervical~~		N/A
D 0091T		~~single interspace, lumbar~~ (0091T has been deleted.) (To report total disc lumbar arthroplasty, use 22857)		N/A
✚*0092T*		*each additional interspace (List separately in addition to code for primary procedure)* (Use 0092T in conjunction with 0090T~~, 0091T~~) (For total disc lumbar arthroplasty of additional interspaces, use 0163T) (Do not report 0092T in conjunction with 22857)		N/A
▲0093T		Removal of total disc arthroplasty, anterior approach~~;~~ cervical; single interspace~~, cervical~~		N/A
D 0094T		~~single interspace, lumbar~~ (0094T has been deleted.) (To report removal of total disc lumber arthroplasty , use 22865)		N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
✚*0095T*		*each additional interspace (List separately in addition to code for primary procedure)* (Use 0095T in conjunction with 0093T~~, 0094T~~) (For removal of total disc lumbar arthroplasty additional interspaces, use 0164T (Do not report 0095T in conjunction with 22865)		N/A
▲0096T		Revision of total disc arthroplasty, anterior approach~~;~~ cervical; single interspace~~, cervical~~ *(Do not report 0096T in conjunction with 0093T)*		N/A
D 0097T		~~single interspace, lumbar~~ (0097T has been deleted) (To repor revision of total disc lumbar arthroplasty t , use 22862) ~~(Do not report 0097T in conjunction with 0094T)~~		N/A

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

✚*0098T*		*each additional interspace (List separately in addition to code for primary* procedure) (Use 0098T in conjunction with 0096T, ~~0097T~~) (0090T-0098T include fluoroscopy when performed) (For revision of total disc lumbar arthroplasty additional interspaces, use 0165T) (Do not report 0098T in conjunction with 22862, 0095T) (For decompression, see 63001-63048) *(For decompression, see 63001-63048)*		N/A
●✚0163T		Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, each additional interspace (Use 0163T in conjunction with 22857)		N/A
●✚0164T		Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace (Use 0164T in conjunction with 22865)		N/A

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

●✚0165T		Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace (Use 0165T in conjunction with 22862) (0163T-0165T include fluoroscopy when performed) (Do not report 0163T-0165T in conjunction with 22851, 49010, when performed at the same level) (For cervical total disc arthroplasty procedures, see 0090T-0098T) (For decompression, see 63001-63048)		N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:22857 Global Period: 090 Specialty Society RVU: **28.95**

RUC RVU: **25.07**

CPT Descriptor: Total disc arthroplasty (artificial disc), including anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, single interspace

(Do not report 22857 in conjunction with 22558, 22845, 22851, 49010 when performed at the same level)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old man has progressive lower back pain for several years unresponsive to multiple modalities of conservative treatment. Plain X-rays and MRI scan show degenerative disc disease at the L5/S1 level. Discograms reproduce concordant pain at the affected level. At operation, a total disc arthroplasty is performed using an anterior approach. Postoperative hospital care and office visits are conducted as necessary through the 90-day global.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
The results of preadmission testing are reviewed. The preoperative imaging is examined with special attention to the vascular anatomy on the anterior lumbar spine. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics and sequential compression devices are written. Select and order the appropriate antibiotic(s) and confirm timing and administration. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with positioning of patient. Indicate areas surrounding skin incision to be prepped and draped. Scrub and gown. Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work:
A left paramedian incision is made to expose the abdominal muscles of the anterior abdominal wall. The deeper rectus muscle is identified within the rectus sheath and mobilized. An anterior retroperitoneal approach is performed after incision of the posterior sheath, gradually mobilizing and sweeping the abdominal contents including rectum medially. The left ureter is identified and protected, keeping it to the left as the peritoneal contents are swept to the right. Hand-held or self-retaining retractors are placed to maintain the retroperitoneal exposure. The iliac arteries and veins are identified and the sacral promontory is palpated. A marker is placed for intraoperative fluoroscopic confirmation of the lumbosacral junction. The median sacral vein is identified, coagulated or tied, and divided. Similarly, the iliolumbar vein may be identified, tied, and divided to improve mobilization of the iliac vein. Dissection around the iliac veins is performed to mobilize them laterally for sufficient anterior exposure. Mobilization of the vena cava and/or aorta may also be needed to allow sufficient mobility of the iliac vessels to achieve the necessary exposure. Careful manual retraction is placed on the iliac vessels to maintain sufficient midline exposure of the interspace. The bifurcation is examined for degree of stretch, and additional mobilization may be performed to prevent venous laceration. The midline is marked and intraoperative fluoroscopy is used to confirm midline localization. The annulus is incised and a combination of elevators, rongeurs, and curettes are used to perform a near total discectomy. The cartilaginous end plates are removed. Particular attention is given to the posterolateral aspects of the disc space to ensure an adequate cavity for the arthroplasty device. The superior and inferior cortical endplates are shaped to obtain the necessary surface for placement of the arthroplasty device. Based on the internal anatomy and preoperative imaging, the appropriate size prosthesis is chosen. After templating to confirm appropriate height and width, the arthroplasty device is inserted, Attention is given to the retraction of the iliac vessels during arthroplasty placement to prevent laceration. Intraoperative fluoroscopy in multiple projections is performed to confirm appropriate alignment and depth. Adjustments to the

arthroplasty device are made as needed. The retraction on the iliac veins is relaxed and the vessel integrity is examined, with repair if needed. The retroperitoneal exposure is irrigated and inspected for bleeding sites. The ureter is examined and inspected for integrity. The abdominal retractors are removed and the integrity of the peritoneum is examined, with repair if needed. Retroperitoneal drains are placed as necessary and brought our through a separate incision. The posterior rectus sheath is closed, followed by closure of the abdominal musculature in layers. The subcutaneous tissue is closed, followed by a subcuticular skin closure.

Description of Post-Service Work:
Immediate post-service: Apply sterile dressings. Obtain final AP and lateral imaging intraoperatively to document arthroplasty position. Inspect urinary catheter and bag contents for blood. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Patient is discharged from recovery room. Write orders for transferring to floor and discuss postoperative plan with floor nurses.

Daily hospital post-service work: Monitor and document patient progress: evaluate for sepsis, bowel function and cardio respiratory function. Auscultate heart, lungs, and abdomen for bowel sounds. Monitor fluid and electrolyte status and renal function. Begin diet with return of bowel function. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Examine lower limbs for swelling. Maintain DVT prophylaxis with SCDs and/or additional add low-dose subcutaneous anticoagulant. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for films after patient upright; review images to determine arthroplasty positioning and appropriate spine alignment. Write orders for physiotherapy. Activity parameters are modified to advance the patient's ambulation and mobility. Chart patient progress notes, daily. Answer patient and family questions. Answer nursing/other staff questions.

Discharge day management: The patient is discharged when there is return of bowel function, adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. Write prescriptions for medications needed after discharge. Home restrictions (i.e., diet, activity, bathing, driving) are discussed with the patient, family members nd discharging nurse. Write orders for outpatient physiotherapy. All appropriate medical records are completed, ncluding day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office post-discharge work: Examine and talk with patient. Perform wound check.. Remove sutures/staples if placed. Order and review x-rays of the spine. Review activity and restrictions. Perform neurological exam and confirm normal leg strength and sensation. Answer patient/family questions. Write medication prescriptions. Order continued physiotherapy, as necessary, monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	John Wilson, MD; Dale Blasier, MD; Claire Tibilleti, MD					
Specialty(s):	AANS/CNS; NASS; AAOS					
CPT Code:	22857					
Sample Size:	100	**Resp n:** 51		**Response:** 51.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		22.00	25.50	**30.00**	34.50	49.00
Pre-Service Evaluation Time:				**60.0**		
re-Service Positioning Time:				**20.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		75.00	120.00	**180.00**	180.00	360.00
Post-Service	**Total Min****	**CPT code / # of visits**				

Immed. Post-time:	**45.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**79.0**	99231x **1.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**92.0**	99211x **0.0** 12x **0.0** 13x **4.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
22558	090	22.25

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU
22851	ZZZ	6.70

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other han for decompression); lumbar

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 45.0 %

TIME ESTIMATES (Median)

	CPT Code: 22857	Key Reference CPT Code: 22558
Median Pre-Service Time	95.00	80.00
Median Intra-Service Time	180.00	180.00
Median Immediate Post-service Time	45.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	79.0	150.00
Median Discharge Day Management Time	36.0	0.00
Median Office Visit Time	92.0	92.00
Median Total Time	**527.00**	**502.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.04	3.70
Urgency of medical decision making	2.52	2.52

Technical Skill/Physical Effort (Mean)

Technical skill required	4.43	3.91
Physical effort required	3.91	3.57

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.13	3.78
Outcome depends on the skill and judgment of physician	4.39	3.96
Estimated risk of malpractice suit with poor outcome	4.22	3.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.65	3.30
Intra-Service intensity/complexity	3.78	3.26
Post-Service intensity/complexity	2.96	2.83

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The specialty societies reviewing the work and survey data for 22857 recommend an RVW of 28.95. This value is less than the survey median and equal to the work of 22558 plus 22851. Code 22558 [Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar] utilizes a very similar surgical approach to 22857. However, 22857 is among the more difficult versions of 22558 because of the more extensive lateral exposure and posterior diskectomy required to perform the complete discectomy that is required for placement of the arthroplasty device. As an add-on to other codes, code 22851 represents a variety of interbody

devices, placed from an anterior or posterior approach and placed anywhere in the interspace or defect, and requires a variable amount of time. Code 22851 is commonly coded in conjunction with 22558. Code 22857 involves the more difficult versions of 22851 because of the precision required in placing the device in the center (in order to keep the axis of rotation in the correct alignment). Great care must be exercised in handling the device to prevent any scratching or scoring of the weight bearing surfaces of the implant, which would increase wear and debris associated with the implant. In addition the implants are modular and require multiple steps to insert the various components. Therefore we feel that the combination of 22558 and 22851 is a reasonable proxy for the work and RVW of 22857 and recommend an RVW of 28.95.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0091T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty neurosurgery Frequency 500 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 500 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 50
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty neurosurgery Frequency 25 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 25 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. The key reference service only captures a portion of the work involved in 22857 and therefore would discount the PLI for this code if crosswalked. We recommend crosswalkng the same code used for 22862 and 22865: 63087 [Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment]

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:22862 Global Period: 090 Specialty Society RVU: **36.00**

RUC RVU: **30.57**

CPT Descriptor: Revision including replacement of total disc arthroplasty (artificial disc) including anterior approach, lumbar, single interspace

(Do not report 22862 in conjunction with 22558, 22845, 22851, 49010 when performed at the same level)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old man with progressive lower back pain for several years unresponsive to multiple modalities of conservative treatment underwent a total disc arthroplasty at the L5/S1 level. Three weeks postoperatively the patient develops increasing pain. X-rays identify loss of fixation of the arthroplasty components and progressive migration. At operation, the total disc arthroplasty is removed and replaced using an anterior approach. Postoperative hospital care and office visits are conducted as necessary through the 90-day global.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
The results of preadmission testing are reviewed. The preoperative imaging is examined noting the relationship of the arthroplasty components to the neural and vascular structures, the integrity of the adjacent boney structures, with special attention to the vascular anatomy on the anterior lumbar spine in the area of the previous surgical exposure. The medical record is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics and sequential compression devices are written. Select and order the appropriate antibiotic(s) and confirm timing and administration. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent for procedure and , including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with positioning of patient. Indicate areas surrounding skin incision to be prepped and draped. Scrub and gown. Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work:
A left paramedian incision is reopened and the muscles of the anterior abdominal wall are exposed. The rectus muscle is identified within the rectus sheath and mobilized. An anterior retroperitoneal approach is performed after incision of the posterior sheath, gradually mobilizing and sweeping the abdominal contents including rectum medially. Adhesions from the previous surgical exposure are taken down taking care not to violate the peritoneum. The left ureter is identified within the adhesions and protected, keeping it to the left as the peritoneal contents are swept to the right. Hand-held or self-retaining retractors are placed to maintain the retroperitoneal exposure. The iliac arteries and veins are identified and the sacral promontory is palpated. A marker is placed for intraoperative fluoroscopic confirmation of the lumbosacral junction. The iliolumbar vein may be identified, tied, and divided to improve mobilization of the iliac vein. Dissection through the adhesions around the iliac veins is performed to mobilize them laterally for sufficient anterior exposure. Mobilization of the vena cava and/or aorta may also be needed to allow sufficient mobility of the iliac vessels to achieve the necessary exposure. Careful manual retraction is placed on the iliac vessels to maintain sufficient midline exposure of the interspace. The bifurcation is examined for degree of stretch, and additional mobilization may be performed to prevent venous laceration. The midline is marked and intraoperative fluoroscopy is used to confirm midline localization. A combination of elevators, rongeurs, and curettes are used to remove the previously placed disc arthroplasty. Particular care must be taken to preserve the cortical endplates during the removal of the prosthesis. The superior and inferior cortical endplates are inspected to determine adequate integrity to allow replacement of a disc arthroplasty device and are re-shaped to obtain the necessary surface for placement of the new device. Based on the internal anatomy and preoperative imaging, the appropriate size prosthesis is chosen. After templating to confirm

appropriate height and width, the arthroplasty device is inserted. Attention is given to the retraction of the iliac vessels during arthroplasty placement to prevent laceration. Intraoperative fluoroscopy in multiple projections is performed to confirm appropriate alignment and depth. Adjustments to the arthroplasty device are made as needed with care being taken to prevent scoring or damage to the surface of the prosthesis. The retraction on the iliac veins is relaxed and the vessel integrity is examined, with repair if needed. The retroperitoneal exposure is irrigated and inspected for bleeding sites. The ureter is examined and inspected for integrity. The abdominal retractors are removed and the integrity of the peritoneum is examined, with repair if needed. Retroperitoneal drains are placed as necessary and brought our through a separate incision. The posterior rectus sheath is closed, followed by closure of the abdominal musculature in layers. The subcutaneous tissue is closed, followed by a subcuticular skin closure.

Description of Post-Service Work:
Immediate post-service: Apply sterile dressings. Obtain final AP and lateral imaging intraoperatively to document arthroplasty position. Inspect urinary catheter and bag contents for blood. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Patient is discharged from recovery room. Write orders for transferring to floor and discuss postoperative plan with floor nurses.

Daily hospital post-service work: Monitor and document patient progress: evaluate for sepsis, bowel function and cardio respiratory function. Auscultate heart, lungs, and abdomen for bowel sounds. Monitor fluid and electrolyte status and renal function. Begin diet with return of bowel function. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Examine lower limbs for swelling. Maintain DVT prophylaxis with SCDs and/or additional add low-dose subcutaneous anticoagulant. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for films after patient upright; review images to determine arthroplasty positioning and appropriate spine alignment. Write orders for physiotherapy. Activity parameters are modified to advance the patient's ambulation and mobility. Chart patient progress notes, daily. Answer patient and family questions. Answer nursing/other staff questions.

Discharge day management: The patient is discharged when there is return of bowel function, adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. Write prescriptions for medications needed after discharge. Home restrictions (i.e., diet, activity, bathing, driving) are discussed with the patient, family members and discharging nurse. Write orders for outpatient physiotherapy. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office post-discharge work: Examine and talk with patient. Perform wound check.. Remove sutures/staples if placed. Order and review x-rays of the spine. Review activity and restrictions. Perform neurological exam and confirm normal leg strength and sensation. Answer patient/family questions. Write medication prescriptions. Order continued physiotherapy, as necessary, monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006				
Presenter(s):	John Wilson, MD; Dale Blasier, MD, Claire Tibilleti, MD				
Specialty(s):	AANS/CNS; NASS, AAOS				
CPT Code:	22862				
Sample Size:	100	**Resp n:** 51	**Response:** 51.0 %		
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	23.00	31.00	**36.00**	45.00	76.00
Pre-Service Evaluation Time:			**70.0**		
Pre-Service Positioning Time:			**20.0**		

code: 22862

Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		110.00	180.00	**240.00**	270.00	360.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**45.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**161.0**	99231x **1.0**	99232x **2.0**	99233x **2.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**92.0**	99211x **0.0**	12x **0.0**	13x **4.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
63087	090	35.52

CPT Descriptor Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 52.9 %

TIME ESTIMATES (Median)

	CPT Code: 22862	Key Reference CPT Code: 63087
Median Pre-Service Time	105.00	105.00
Median Intra-Service Time	240.00	265.00
Median Immediate Post-service Time	45.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	161.0	144.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	92.0	69.00
Median Total Time	**679.00**	**664.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.30	4.04
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.48	4.19
Urgency of medical decision making	4.22	3.50

Technical Skill/Physical Effort (Mean)

Technical skill required	4.93	4.46
Physical effort required	4.81	4.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.89	4.31
Outcome depends on the skill and judgment of physician	4.85	4.35
Estimated risk of malpractice suit with poor outcome	4.85	4.27

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**

Time Segments (Mean)

Pre-Service intensity/complexity	4.65	4.40
Intra-Service intensity/complexity	4.85	4.48
Post-Service intensity/complexity	4.00	3.88

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC surveys for 22857-22865 were sent as one family of codes. Every surgeons responding to 22857 also made an estimation for the work of 22862. However, 22862 is going to be an infrequently performed service. Of the 51 respondents, all of which had experience with 22857, only 11 had experience with 22865. Clearly the work to remove and replace the arthroplasty, as a revision procedure, will require more time and be more complex. The median time and visit pattern of all responses is equal to the median for those familiar with the revision procedure. The survey median RVW of 36.00 is recommended for 22862. This value reasonably accounts for the additional total work for the

revision procedure 22862, compared with the primary procedure22857. Additionally, we note that 22862 will likely be done in the 90 day global and will be subject to -78 modifier.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0094T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty neurosurgery Frequency 25 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 25 Percentage 50.00 %

pecialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty neurosurgery Frequency 1 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 1 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:22865 Global Period: 090 Specialty Society RVU: **35.00**

RUC RVU: **29.57**

CPT Descriptor: Removal of total disc arthroplasty (artificial disc), including anterior approach, lumbar, single interspace (Do not report 22865 in conjunction with 49010)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old man with progressive low back pain for several years unresponsive to multiple modalities of conservative treatment underwent a total disc arthroplasty 3 weeks previously at the L5/S1 level. Postoperatively the patient develops sepsis and wound infection unresponsive to intravenous antibiotics. At operation, the wound is irrigated, debrided and the total disc arthroplasty is removed using an anterior approach. Postoperative hospital care and office visits are conducted as necessary through the 90-day global.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
The results of preadmission testing are reviewed. The preoperative imaging is examined noting the relationship of the arthroplasty components to the neural and vascular structures, the integrity of the adjacent boney structures, with special ıttention to the vascular anatomy on the anterior lumbar spine in the area of the previous surgical exposure. The medical .ecord is reviewed to ensure that the patient is stable for the planned surgical procedure. The preoperative history and physical examination is updated. Preoperative orders for antibiotics and sequential compression devices are written. Review prior blood work mand culture results to select and order the appropriate antibiotic(s) and confirm timing and administration if the patient is not already on antibiotics. Meet with patient and family to review planned procedure and post-operative management. Review and obtain informed consent for procedure and , including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with positioning of patient. Indicate areas surrounding skin incision to be prepped and draped. Scrub and gown. Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work:
A left paramedian incision is reopened and the muscles of the anterior abdominal wall are exposed. The rectus muscle is identified within the rectus sheath and mobilized. An anterior retroperitoneal approach is performed after incision of the posterior sheath, gradually mobilizing and sweeping the abdominal contents including rectum medially. Adhesions from the previous surgical exposure are taken down taking care not to violate the peritoneum. The left ureter is identified within the adhesions and protected, keeping it to the left as the peritoneal contents are swept to the right. Hand-held or self-retaining retractors are placed to maintain the retroperitoneal exposure. The iliac arteries and veins are identified and the sacral promontory is palpated. A marker is placed for intraoperative fluoroscopic confirmation of the lumbosacral junction. The iliolumbar vein may be identified, tied, and divided to improve mobilization of the iliac vein. Dissection through the adhesions around the iliac veins is performed to mobilize them laterally for sufficient anterior exposure. Mobilization of the vena cava and/or aorta may also be needed to allow sufficient mobility of the iliac vessels to achieve the necessary exposure. Careful manual retraction is placed on the iliac vessels to maintain sufficient midline exposure of the interspace. The bifurcation is examined for degree of stretch, and additional mobilization may be erformed to prevent venous laceration. The midline is marked and intraoperative fluoroscopy is used to confirm ıidline localization. A combination of elevators, rongeurs, and curettes are used to remove the previously placed disc arthroplasty. Intraoperative cultures are obtained and sent to the microbiology lab. All devitalized or infected tissue and bone is debrided and the wound is copiously irrigated with antibiotic solution. If an anterior interbody arthrodesis is deemed necessary and safe it is performed and would be separately reported. The retraction on the iliac veins is relaxed and the vessel integrity is examined, with repair if needed. The retroperitoneal exposure is irrigated and inspected for

bleeding sites. The ureter is examined and inspected for integrity. The abdominal retractors are removed and the integrity of the peritoneum is examined, with repair if needed. Retroperitoneal drains are placed as necessary and brought our through a separate incision. The posterior rectus sheath is closed, followed by closure of the abdominal musculature in layers. The subcutaneous tissue is closed, followed by a subcuticular skin closure.

Description of Post-Service Work:
Immediate post-service: Apply sterile dressings. Obtain AP and lateral imaging intraoperatively to document final spinal alignment. Inspect urinary catheter and bag contents for blood. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Patient is discharged from recovery room. Write orders for transferring to floor and discuss postoperative plan with floor nurses.

Daily hospital post-service work: Monitor and document patient progress: evaluate for sepsis, bowel function and cardio respiratory function. Auscultate heart, lungs, and abdomen for bowel sounds. Monitor fluid and electrolyte status and renal function. Begin diet with return of bowel function. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Review blood work and culture and antibiotic sensitivity results and adjust antibiotic regimen as necessary. Consultation from infectious disease specialists is obtained as necessary. Examine lower limbs for swelling. Maintain DVT prophylaxis with SCDs and/or additional add low-dose subcutaneous anticoagulant. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for films after patient upright; review images to determine maintenance of spinal alignment. Write orders for physiotherapy. Activity parameters are modified to advance the patient's ambulation and mobility. Chart patient progress notes, daily. Answer patient and family questions. Answer nursing/other staff questions.

Discharge day management: The patient is discharged when there is return of bowel function, adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. Write prescriptions for medications needed after discharge. Arrangements are made for delivery of home intravenous antibiotics as necessary. Home restrictions (i.e., diet, activity, bathing, driving) are discussed with the patient, family members and discharging nurse. Write orders for outpatient physiotherapy. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office post-discharge work: Examine and talk with patient. Perform wound check.. Remove sutures/staples if placed. Order and review x-rays of the spine. Review activity and restrictions. Perform neurological exam and confirm normal leg strength and sensation. Answer patient/family questions. Write medication prescriptions. Order and review appropriate blood work. Adjust antimicrobial medication as necessary. Order continued physiotherapy, as necessary, monitor rehabilitation. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	John Wilson, MD; Dale Blasier, MD; Claire Tibilleti, MD					
Specialty(s):	AANS/CNS; NASS; AAOS					
CPT Code:	22865					
Sample Size:	100	**Resp n:** 51		**Response:** 51.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		15.00	30.00	**35.00**	41.00	65.00
Pre-Service Evaluation Time:				**75.0**		
Pre-Service Positioning Time:				**20.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		100.00	155.00	**210.00**	240.00	420.00
Post-Service	**Total Min****	**CPT code / # of visits**				

Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**139.0**	99231x **2.0** 99232x **2.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**92.0**	99211x **0.0** 12x **0.0** 13x **4.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
63087	090	35.52

CPT Descriptor Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 47.0 %

TIME ESTIMATES (Median)	**CPT Code: 22865**	**Key Reference CPT Code: 63087**
Median Pre-Service Time	110.00	105.00
Median Intra-Service Time	210.00	265.00
Median Immediate Post-service Time	30.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	139.0	144.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	92.0	69.00
Median Total Time	**617.00**	**664.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.43	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.65	4.33
Urgency of medical decision making	4.65	3.86

Technical Skill/Physical Effort (Mean)

Technical skill required	4.96	4.57
Physical effort required	4.91	4.57

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.91	4.38
Outcome depends on the skill and judgment of physician	4.91	4.48
Estimated risk of malpractice suit with poor outcome	4.83	4.33

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.79	4.40
Intra-Service intensity/complexity	4.92	4.35
Post-Service intensity/complexity	4.46	4.10

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The specialties reviewing the survey data for 22865 recommend an intra-time of 210 minutes instead of the median or 75th percentile time. Only 8 of the 51 respondents had any experience with this procedure and they were all at or above the median intra-time of 180. Their average time was 210 minutes - which is midway between the median and 75th pctl survey time. The complex work of 22865 involves exposure of the arthroplasty in the scarred down, inflamed retroperitoneal space. The iliac vessels and ureter must be dissected in this altered surgical field. The survey median RVW of 35.00 is recommended (in conjunction with an intra time of 210) for 22865. This value reasonably accounts for

the additional total work for the removal procedure 22865, compared with the primary procedure 22857. Additionally, we note that 22865 will likely be done in the 90 day global and will be subject to -78 modifier.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The defect created by removing the implant will need to be corrected. This will vary based on the defect at the time of operation.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Because this is very infrequent, there is no "typical" scenario to present of how the defect would be correct.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0097T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty neurosurgery Frequency 10 Percentage 50.00 %

pecialty orthopaedic surgery Frequency 10 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty neurosurgery Frequency 1 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 1 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
22857	Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, single interspace	090
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace	090
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied. Additionally, the PEAC has approved 15 minutes of additional "atypical" time for complex spine codes involving multidisciplinary coordination of care prior to the procedure (see attached file from the March 2002 PEAC meeting, Tab 20).

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multispecialty office visit supplies and incision care have been applied.

AMA/Specialty Society RVS Update Committee Recommendation

The North American Spine Society (NASS) in conjunction with the American Association of Neurological Surgeons and the Congress of Neurological Surgeons presented the direct inputs for 43 Spine Procedures. The codes were grouped into two families.

22548-22830 Spine Arthodesis Family
63001-63090 Spinal Decompression Family

The North American Spine Society is a multi-disciplinary group whose members participate in all aspects of spine care. Its membership includes the specialties of Orthopedic Surgery, Neurosurgery, Physical Medicine, Anesthesiology, Rehabilitation, Neuroradiology, Chiropractic Medicine and Physical Therapy. The NASS practice expense committee includes a panel of spine specialists and practice administrators representing the various disciplines within NASS. They practice in a combination of rural, suburban and urban areas and include solo and group practice and medical school faculty.

American Association of Neurological Surgeons and the Congress of Neurological Surgeons are composed of neurosurgeons from across the United States. The Joint Coding & Reimbursement Committee of the AANS-CNS represents spine specialists who practice in a combination of rural, suburban and urban areas and include solo and group practice and medical school faculty.

DISCUSSION OF RECOMMENDATIONS

STAFF TYPE:

The RUC recommends using the standard staff blend of RN/LPN/MTA

STAFF TIME

Pre-Service Clinical Labor Time:

All of the 90 day global spine codes have previously been divided into three categories and standard pre-service times have been accepted by the RUC. The times are as follows:

Cranial/Spinal Minor - 60 minutes
Routine Spine - 60 minutes
Complex Spine- 75 minutes

Post-Service Clinical Labor Time:

The RUC applied previously accepted PEAC times to the RUC or CMS database for post discharge follow up visits.

MEDICAL SUPPLIES

A Basic Post-Operative Incision Care Kit is needed for the first post surgical visit

A standard multispecialty minimum supply package is needed for each follow up visit.

PROCEDURE SPECIFIC MEDICAL EQUIPMENT

All procedures require a power exam table for office visits.

	A	B	C	D	E	F	G	H	I
1				22857		22862		22865	
2	**Meeting Date: February 2006**			F1		F2		F3	
3	**RUC Recommendation**	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Total disc arthroplasty (artificial disc), anterior approach, including diskectomy to prepare interspace (other than for decompression), lumbar, single interspace		Revision including replacement of total disc arthroplasty (artificial disc)anterior approach, lumbar, single interspace		Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	
4				90		90		90	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**231**	**N/A**	**231**	**N/A**	**231**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**75**		**75**		**75**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**144**		**144**		**144**
10	**PRE-SERVICE**								
11	***Start: After visit for procedure/service***								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	Other Clinical Activity coordination of care				**15**		**15**		**15**
18	***End: Pt. enters site for procedure/service***								
19	**SERVICE PERIOD**								
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		**12**		**12**		**12**
42	***End: Patient leaves site of procedure/service***								
43	**POST-SERVICE Period**								
44	***End: Patient leaves site of procedure/service***								
45	Conduct phone calls/call in prescriptions								
46	*List Number and Level of Office Visits*								
47	99211 16 minutes	L037D	RN/LPN/MTA						
48	99212 27 minutes	L037D	RN/LPN/MTA						
49	99213 36 minutes	L037D	RN/LPN/MTA		**4**		**4**		**4**
50	99214 53 minutes	L037D	RN/LPN/MTA		**0**		**0**		**0**
51	99215 63 minutes	L037D	RN/LPN/MTA						
52	***Total Office Visit Time***				**144**		**144**		**144**
53	Other								
54	***End: Last office visit in global period***								
55	**MEDICAL SUPPLIES**	Code	Unit						
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**4**		**4**		**4**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**		**1**
58	**Equipment**	Code							
59	table, power	**EF031**			**144**		**144**		**144**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Excision of Tendon

The CPT Editorial Panel created new code 25109 *Excision of tendon, forearm and/or wrist, flexor or extensor, each* and editorially revised two existing codes 26170 *Excision of tendon, palm, flexor or extensor, single, each* (Work RVU=4.76) and 26180 *Excision of tendon, finger, flexor or extensor, each tendon* (Work RVU=5.17) to provide a method for coding the excision of either an extensor or flexor tendon in the forearm or wrist. Currently, there are only codes to report in the hands and fingers but not the wrist or forearm.

The RUC reviewed the specialty society's survey results for code 25109 and agreed that the physician technical skill, physical effort and intensity and complexity involved was similar to reference code 25295 *Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon* (Work RVU=6.54). The specialty society believed that the survey pre-service evaluation time and pre-service scrub, dress, wait time from their survey was inappropriate in comparison to the reference service code 25295 and recommended a reduction from the survey results for pre-service time. The RUC agreed that the adjustments in physician time and the physician work involved were appropriate in comparison to the reference service code 25295. **The RUC recommends the survey median work RVU of 6.25 for code 25109.**
The RUC recommends the following physician time:

Pre-service evaluation = 25 minutes
Pre-service positioning = 10 minutes
Pre-service scrub, dress, wait = 15 minutes
Intra-service = 40 minutes
Immediate Post-Service = 20 minutes
Discharge Day Mgmt = ½ 99238
Office visits = One 99212 and Two 99213

Practice Expense
The RUC assessed and modified the practice expense inputs to reflect three minimum multi-specialty visit packs rather than four packs.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●25109	Z1	Excision of tendon, forearm and/or wrist, flexor or extensor, each	090	6.25
e▲26170		Excision of tendon, palm, flexor or extensor, single ~~(separate procedure)~~, each (Do not report 26170 in conjunction with 26415, 26390)	090	4.76 (No Change)
e▲26180		Excision of tendon, finger, flexor or extensor, ~~(separate procedure)~~, each tendon (Do not report 26180 in conjunction with 26415, 26390)	090	5.17 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:25109 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **6.25**
RUC RVU: **6.25**

CPT Descriptor: Excision of tendon, forearm, flexor or extensor, each

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old man presents with a painful flexor digitorum superficialis tendon stump in his forearm.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Mark surgical sites
- Verify that all required instruments and supplies are available
- Monitor/assist with pt positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- A tourniquet is applied to the proximal arm.
- Indicate areas of skin to be prepped
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work: Under anesthesia, an incision is made over the flexor digitorum superficialis (FDS) tendon stump. Careful dissection is carried out to identify the FDS stump. The stump is freed from the surrounding scar. The stump is then resected back to the myotendinous junction. Care is taken to protect any neurovascular structures. Meticulous hemostasis is carried out. The wound is closed in layers.

Description of Post-Service Work:
Post-service work: in facility
- Application of bulky dressing, reinforced with a splint
- Perform post-operative review of the surgery with the operative team
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.
- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.

- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Daniel J. Nagle, MD FACS Dale Blasier, MD FACS					
Specialty(s):	hand surgery, orthopaedic surgery					
CPT Code:	25109					
Sample Size:	200	**Resp n:** 32		**Response:** 16.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		4.18	4.76	**6.25**	6.50	7.50
Pre-Service Evaluation Time:				**25.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		20.00	30.00	**40.00**	45.00	75.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**20.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
25295	090	6.54

CPT Descriptor Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 50.0 %

TIME ESTIMATES (Median)

	CPT Code: 25109	Key Reference CPT Code: 25295
Median Pre-Service Time	50.00	47.00
Median Intra-Service Time	40.00	48.00
Median Immediate Post-service Time	20.00	21.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	18.0	18.00
Median Office Visit Time	61.0	53.00
Median Total Time	**189.00**	**187.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.25	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.81	2.73
Urgency of medical decision making	1.75	1.93

Technical Skill/Physical Effort (Mean)

Technical skill required	3.25	3.07
Physical effort required	2.50	2.53

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.88	2.87
Outcome depends on the skill and judgment of physician	3.19	2.93
Estimated risk of malpractice suit with poor outcome	2.75	2.67

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.19	2.86
Intra-Service intensity/complexity	3.06	3.14
Post-Service intensity/complexity	2.38	2.43

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 25109 [Excision of tendon, forearm, flexor or extensor, each] and key reference code 25295 [Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon] are compared below:

- The surgical approach is similar in both procedures
- The same neurovascular structures are put at risk and must be protected

- The exposure of the tendon is similar. The scarred tendon to be excised and the scared tendon to be tenolysed must be freed from the adjacent tendons, arteries, and nerves.
- Both procedures are typically performed as outpatient surgery.

Postoperatively, a patient undergoing tendon excision is seen the next day for removal of the dressing and wound check. A prescription for occupational therapy is written and the importance of early range of motion discussed. The patient is seen at another visit for suture removal and assessment for any sign of postoperative tendon adhesion formation. An occupational therapy prescription for scar control and continued range motion exercises is given. The patient is seen as needed to assess the healing of the wound and to check on the range of motion of the wrist, fingers and thumb

We recommend the survey median RVW of 6.25. This value is similar to 25295, a procedure with very similar total work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 25999 Unlisted procedure, forearm or wrist

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty plastic surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty HS	Frequency 800	Percentage 80.00 %
Specialty OS	Frequency 100	Percentage 10.00 %
Specialty PS	Frequency 100	Percentage 10.00 %

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

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States?

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

Track	CPT	DESCRIPTION	GLOB
Z1	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	090

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ASSH and AAOS.

CLINICAL STAFF TIME:
Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 6 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for outpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied.

SUPPLIES AND EQUIPMENT:
Standard PEAC minimum multispecialty office visit pack and incision care pack have been applied. A power table and exam light consistent with other orthopaedic codes are included.

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		25109 Z1 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	
			090	
	Code	StaffType	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**N/A**	**165**
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**
TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**6**
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**99**
PRE-SERVICE				
Start: After visit for procedure/service				
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**
Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**
Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**
End: Pt. enters site for procedure/service				
SERVICE PERIOD				
Start: Pt. enters site for procedure/service				
Dischg day mgmt 99238 --12 min; 99239 --15 min	L037D	RN/LPN/MTA		**6**
End: Patient leaves site of procedure/service				
POST-SERVICE Period				
End: Patient leaves site of procedure/service				
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		
List Number and Level of Office Visits				
99211 16 minutes	L037D	RN/LPN/MTA		
99212 27 minutes	L037D	RN/LPN/MTA		**1**
99213 36 minutes	L037D	RN/LPN/MTA		**2**
99214 53 minutes	L037D	RN/LPN/MTA		
99215 63 minutes	L037D	RN/LPN/MTA		
Total Office Visit Time				**99**
End: Last office visit in global period				
MEDICAL SUPPLIES	**Code**	**Unit**		
pack, minimum multi-specialty visit	**SA048**	**pack**		**3**
pack, post-op incision care (suture)	**SA054**	**pack**		**1**
Equipment	**Code**			
light, exam	**EQ168**		**0**	**99**
table, power	**EF031**		**0**	**99**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Distal Radius Fracture

At the 2005 Five-Year Review meeting, the RUC referred code 25620 *Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation* to the CPT Editorial Panel to create a simpler method of classification to report distal radius fractures. At the October 2005 CPT Editorial Panel, the Editorial Panel deleted code 25620, created four new codes and revised two codes, to precisely describe the variations of total work necessary to repair a fracture of the distal radius and ulnar styloid.

The RUC reviewed codes 25600 *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, ~~with or without~~ includes closed treatment of fracture of ulnar styloid, when performed; without manipulation* and 25605 *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, ~~with or without~~ includes closed treatment of fracture of ulnar styloid, when performed; with manipulation* and agreed that the change was editorial and that the work RVUs remain the same. **The RUC recommends to maintain the work RVU of 2.63 for code 25600 and 5.80 for code 25605.**

The RUC reviewed code 25606 *Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation* and compared it to codes 24582 *Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation* (work RVU=8.54) and 25620 *Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation* (work RVU=8.54). The RUC felt that 25606 involved less physician work than codes 24582 and 25620, because code 24582 includes manipulation and 25620 involves open treatment as opposed to 25606 which involves percutaneous approach and without manipulation. The RUC thought that the survey results were strong and seemed reasonable for the service provided. However, in order to maintain rank order within this family of codes, the RUC felt that the survey 25th percentile work RVU was more appropriate than the median. **The RUC recommends the survey 25th percentile work RVU of 7.25 for 25606.**

The RUC reviewed code 25607 *Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation* and compared it to codes 25622 *Open treatment of ulnar styloid fracture* (work RVU=7.59) and 25620 *Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or*

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external fixation (work RVU=8.54). The RUC felt that code 25607 fell between the two codes referenced by the specialty society and although the survey results seem reasonable for the service provided, in order to maintain rank order the RUC felt that the survey 25th percentile work RVU was more appropriate. **The RUC recommends the survey 25th percentile work RVU of 8.50 for 25607.**

The RUC reviewed code 25608 *Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments* and compared it to codes 25431 *Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone* (work RVU=10.42) and 25620 *Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation* (work RVU=8.54). The RUC felt that code 25608 involved less physician work than code 25431 but more physician work than code 25620. In order to maintain rank order within this family of codes, the RUC felt that the survey 25th percentile work RVU was more appropriate. **The RUC recommends the survey 25th percentile work RVU of 10.01 for 25608.**

The RUC reviewed code 25609 *Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments with internal fixation of three or more fragments* and compared it to codes 25431 *Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone* (work RVU=10.42) and 25620 *Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation* (work RVU=8.54). The RUC felt that code 25609 involved more physician work than codes 25431 and 25620. In order to maintain order within this family of codes, the RUC felt that the survey 25th percentile work RVU was more appropriate. **The RUC recommends the survey 25th percentile work RVU of 13.00 for 25609.**

Practice Expense

The RUC assessed and accepted the standard practice expense inputs for codes 25606, 25607, 25608 and 25609.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
25500		*Closed treatment of radial shaft fracture; without manipulation*	090	2.45 (No Change)
▲25600		Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, ~~with or without~~ includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	090	2.63 (No Change)
▲25605		with manipulation (Do not report 25600, 25605 in conjunction with 25650)	090	5.80 (No Change)
●25606	G1	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation (Do not report 25606 in conjunction with 25650) (For percutaneous treatment of ulnar styloid fracture, use 25651) (For open treatment of ulnar styloid fracture, use 25652)	090	7.25
●25607	G2	Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation (Do not report 25607 in conjunction with 25650) (For percutaneous treatment of ulnar styloid fracture, use 25651)	090	8.50

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For open treatment of ulnar styloid fracture, use 25652)		
●25608	G3	Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments (Do not report 25608 in conjunction with 25609)	090	10.01
●25609	G4	with internal fixation of three or more fragments (Do not report 25608, 25609 in conjunction with 25650) (For percutaneous treatment of ulnar styloid fracture, use 25651) (For open treatment of ulnar styloid fracture, use 25652)	090	13.00
D 25611		~~Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation~~ (25611 has been deleted. To report, use 25606)	090	N/A
D 25620		~~Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation~~ (25620 has been deleted. To report, see 25607-25609)	090	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
25650		*Closed treatment of ulnar styloid fracture* (Do not report 25650 in conjunction with 25600, 25605)	090	3.05 (No Change)
25651		*Percutaneous skeletal fixation of ulnar styloid fracture*	090	5.35 (No Change)
25652		*Open treatment of ulnar styloid fracture*	090	7.59 (No Change)

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code: 25606

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:25606 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **8.00**
RUC RVU: **7.25**

CPT Descriptor: Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old woman falls and suffers a fracture of the distal radius requiring percutaneous fixation.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Verify that all required instruments and supplies are available
- Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- Indicate areas of skin to be prepped and mark surgical incisions
- A tourniquet is applied to the proximal arm.
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work:
The distal radius is manipulated and the fracture fragments are reduced under fluoroscopic control. The optimal site for K-wire placement is determined. A small incision is made at that site. A tissue protector is placed over the K-wire, and the wire and tissue protector are passed through the incision. The K-wire is drilled into the fracture site. The fracture fragment is manipulated with the K-wire to refine the fracture reduction. The K-wire is then drilled into the second fragment to complete the fixation. Two more wires are placed in a similar fashion.

Description of Post-Service Work:
Post-service work: in hospital
- Application of bulky dressing, reinforced with long arm splint
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.

- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report

Procedure note is written in the patient chart

- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Daniel Nagle, MD; Dale Blasier, MD					
Specialty(s):	ASSH; AAOS					
CPT Code:	25606					
Sample Size:	600	**Resp n:** 137		**Response:** 22.8 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		5.50	7.25	**8.00**	8.60	12.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		20.00	30.00	**45.00**	50.00	80.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**99.0**	99211x **0.0** 12x **2.0** 13x **3.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38), 99213 (23); 99212 (15), 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
24582	090	8.54

CPT Descriptor Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
	090	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU
	090	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 78 **% of respondents:** 56.9 %

TIME ESTIMATES (Median)	CPT Code: 25606	Key Reference CPT Code: 24582
Median Pre-Service Time	65.00	60.00
Median Intra-Service Time	45.00	60 00
Median Immediate Post-service Time	30.00	0.00
Median Critical Care Time	0 0	0.00
Median Other Hospital Visit Time	0.0	60.00
Median Discharge Day Management Time	18.0	0.00
Median Office Visit Time	99.0	115.00
Median Total Time	**257.00**	**295.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.36	3.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.77
Urgency of medical decision making	3.36	3.25

Technical Skill/Physical Effort (Mean)

Technical skill required	3.57	3.56
Physical effort required	2 89	2 81

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.43	3.30
Outcome depends on the skill and judgment of physician	3.75	3.71
Estimated risk of malpractice suit with poor outcome	3.68	3.51

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.12	3.13
Intra-Service intensity/complexity	3.32	3.25
Post-Service intensity/complexity	2.89	2.81

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While reviewing CPT 25620 for the MFS 5 year review, we noted that as described, 25620 is used to code for the open treatment of any distal radius fracture regardless of its complexity. Because of new technology, CPT 25620 currently represents different procedures with different complexity and physician work. We submitted a proposal to CPT, that was approved, for three new codes for open treatment of a DRF. Additionally, at the CPT meeting, the Panel changed the descriptor for the percutaneous code for DRF and because this code is Harvard-based with no vignette to describe the typical patient, the new code required a RUC survey.

CPT 25606 [Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation] and key reference code 24582 [Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation] both involve percutaneous placement of pins into periarticular fractures and put major neurovascular and tendinous structures as risk. Pre-service and post-service work is very similar for both procedures. The difference in intra-time can be accounted for by the increased time needed to reduce the unstable condylar fragment.. The survey median RVW of 8.00 is recommended for 25606. This value is correctly slightly less than the reference code to account for the difference in intra-time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 25611 Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic / hand surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 40000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 40000 Percentage 100.00 %

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery	Frequency 17000	Percentage 100.00 %
Specialty	Frequency	Percentage %
Specialty	Frequency	Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:25607 Global Period: 090 **Recommended Work Relative Value**
Specialty Society RVU: **9.00**
RUC RVU: **8.50**

CPT Descriptor: Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female falls while rollerblading and suffers a displaced extraarticular metaphyseal fracture of the distal radius requiring open reduction and internal fixation.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Verify that all required instruments and supplies are available
- Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- Indicate areas of skin to be prepped and mark surgical incisions
- A tourniquet is applied to the proximal arm.
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work: An incision is made over the dorsal radial aspect of the wrist between the third and fourth dorsal extensor compartments. The branches of the superficial radial nerve are protected. The radial artery and superficial branch of the radial nerve are identified in the anatomic snuff box and protected. The periosteum is elevated on either side of the fracture line and the fracture site is opened and cleared of any clot and fibrin debris. The radial styloid fracture fragment is manipulated with a K-wire "joy stick" and the fracture is reduced. A guide wire is passed through the radial styloid taking care to avoid the superficial branch of the radial nerve and radial artery, and drilled into the intact radial metaphysis. If there is any question of the adequacy of the reduction, an arthrotomy is performed through the dorsal radiocarpal capsule, and the articular surface examined. The reduction of the fracture is adjusted as needed to restore the articulare surface. This can require the repositioning of the temporary fixation. Once the fracture is reduced the guide pin is advanced to and just through the ulnar radial cortex proximal to the sigmoid notch. The length of the screw needed is measured off the guide pin. The radial styloid cortex is lightly reamed to permit counter sinking of the screw. The screw hole is drilled. A self tapping cannulated screw of the proper length is then placed over the guide wire and screwed in. The articular surface is again examined. The temporary fixation is removed. The radiocarpal capsule is repaired. The subcutaneous tissue is reapproximated and the skin is closed.

Description of Post-Service Work: Post-service work: in hospital
- Application of bulky dressing, reinforced with long arm splint

- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
  The patient's vital signs are checked.
- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Daniel Nagle, MD; Dale Blasier, MD					
Specialty(s):	ASSH; AAOS					
CPT Code:	25607					
Sample Size:	600	**Resp n:** 166		**Response:** 27.6 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		6.50	8.50	**9.00**	10.03	16.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		30.00	60.00	**60.00**	80.00	120.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**99.0**	99211x **0.0** 12x **2.0** 13x **3.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
25652	090	7.59

CPT Descriptor Open treatment of ulnar styloid fracture

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 29 **% of respondents:** 17.4 %

TIME ESTIMATES (Median)	**CPT Code: 25607**	**Key Reference CPT Code: 25652**
Median Pre-Service Time	65.00	50.00
Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	30.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	25.00
Median Discharge Day Management Time	18.0	18.00
Median Office Visit Time	99.0	68.00
Median Total Time	**272.00**	**221.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.34	2.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.34	2.21
Urgency of medical decision making	2.86	2.69

Technical Skill/Physical Effort (Mean)

Technical skill required	2.83	2.83
Physical effort required	2.66	2.66

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.76	2.79
Outcome depends on the skill and judgment of physician	3.21	3.17
Estimated risk of malpractice suit with poor outcome	3.03	2.86

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.41	2.38
Intra-Service intensity/complexity	2.66	2.59
Post-Service intensity/complexity	2.34	2.25

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While reviewing CPT 25620 for the MFS 5 year review, we noted that as described, 25620 is used to code for the open treatment of any distal radius fracture regardless of its complexity. Because of new technology, CPT 25620 currently represents different procedures with different complexity and physician work. We submitted a proposal to CPT, that was approved, for three new codes.

We note that distal radial fractures can be very complex. The AO classification includes 27 categories of distal radius fracture. A simpler method of classification is listed below.

1. Extra-articular or Intra-articular
2. Displace or Undisplaced
3. Simple or Complex

a. Two part
b. Three part
c. Four part
d. Comminuted

4. With or without sigmoid notch involvement

Open treatment of these fractures can be accomplished with:

1. Plates
2. Screws
3. Pins or Kirschner wires
4. Combinations of plates, screws, pins, wires

Open treatment can be accomplished through

1. One incision, dorsal or palmar
2. Two or more incision, dorsal and/or palmar.

A recent survey of hand surgeons regarding open treatment of a distal radial fracture revealed that:

There is a significant difference between fixing a fracture with wires/screws and fixing the fracture with a plate.

1. There is little difference between the intra-time of a fracture fixed with a plate alone or a plate combined with pins/screws.
2. There is significantly more work involved if more than one incision is needed.
3. The more fracture fragments fixed, the more work involved.
4. The "typical" case is not the simple cases, but rather variations of the more complex cases.

CPT 25607 [Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation] and key reference code 25652 [Open treatment of ulnar styloid fracture] both involve open reduction and internal fixation of juxtaarticular fractures about the wrist. Both procedures place neurovascular and tendinous structures at risk. Postoperatively a patient undergoing an OIRF of an extraarticular fracture of the distal radius, because of the extensive tissue damage associated with these injuries, would be seen the day after surgery to assess for any sign of compartment syndrome. The surgical dressing/splint would be changed if necessary and any drains removed. The neurovascular status would be checked. The second postoperative visit would be one week after surgery. At that time the surgical dressing and splint would be removed as would the sutures. The wound would be checked and the neurovascular status assessed. A cast would be applied and a prescription for therapy would be provided. The patient would then be seen two weeks later to check the range of motion of the digits and other free joints. The neurovascular status would be checked as would the fit of the cast. If necessary the cast would be changed. If all is going well the patient would be seen on the 6th postoperative week and the cast would be removed and therapy would be discussed and a new prescription provided. At each visit x-rays would be reviewed. The patient would be seen one or more additional times in the postop global period to check on fracture healing and progress in therapy. The total work to care for a patient with a distal radius fracture is greater than that needed to care for an ulnar styloid fracture, as care of the distal radius fracture requires monitoring the range of motion of all of the digits as well as the wrist throughout the post-operative period. In contrast, the post-op care after an ORIF of an ulnar styloid fracture is less demanding as the arm, forearm, and wrist are casted for six weeks and the range of motion of the wrist and forearm are not addressed until the cast is removed. This is reflected in the RVW for 25652, compared with 25607. The survey median RVW of 9.00 is recommended for 25607, which correctly places 25607 slightly greater than 25652.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 25620 Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic / hand surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 1500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:25608 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **11.25**
RUC RVU: **10.01**

CPT Descriptor: Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old male falls from his bike and suffers a displaced fracture of his radial styloid requiring open reduction and internal fixation.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Verify that all required instruments and supplies are available
- Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- Indicate areas of skin to be prepped and mark surgical incisions
- A tourniquet is applied to the proximal arm.
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work:
A volar distal forearm incision is made just radial to the flexor carpi radialis. The subcutaneous tissue is carefully dissected. The flexor carpi radialis (FCR) tendon sheath is opened and the FCR retracted. Care is taken to avoid injury to the palmar cutaneous branch of the median nerve. The floor of the FCR sheath is opened the flexor pollicis longus tendon and muscle are retracted off the pronator quadratus (PQ). The distal, radial and proximal aspects of the pronator quadratus are incised and the PQ is elevated off the distal radius along with the underlying periosteum. The fracture is cleared of any clot and fibrin. The fracture is manipulated and reduced. A K-wire is drilled across the fracture to hold the reduction taking care to avoid any neurovascular or tendinous structures. The wire is oriented so as to not interfere with plate placement. A plate is placed on the volar aspect of the radius and held in place with temporary K-wires drilled through holes in the plate and into the radius. A screw hole is drilled beneath the central hole in the plate, the depth of the screw hole is measured and a self tapping screw is placed in the hole holding the plate in place further securing the reduction. Guide wires are drilled through the distal plate guide holes taking care to place the wires just beneath the subchondral plate. Screw holes are then drilled in the distal fragment in line with the plate screw holes. The holes are drilled one at a time and the depth of each hole measured. The screws or pegs of the appropriate length are placed to secure the fracture fragment to the plate. The remaining screw holes for proximal plate fixation are then

drilled and measured and the screws of the appropriate lengths placed. The temporary K-wires are removed. The PQ is sutured back in place. The subcutaneous tissue is reapproximated and the skin is closed.

Description of Post-Service Work:
'ost-service work: in hospital

- Application of bulky dressing, reinforced with long arm splint
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.
- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Daniel Nagle, MD; Dale Blasier, MD					
Specialty(s):	ASSH; AAOS					
CPT Code:	25608					
Sample Size:	600	**Resp n:** 166		**Response:** 27.6 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	7.50	10.01	**11.25**	13.50	18.00	
Pre-Service Evaluation Time:			**40.0**			
Pre-Service Positioning Time:			**10.0**			
Pre-Service Scrub, Dress, Wait Time:			**15.0**			
ıtra-Service Time:	45.00	75.00	**90.00**	90.00	150.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**

Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**
Office time/visit(s):	**99.0**	99211x **0.0** 12x **2.0** 13x **3.0** 14x **0.0** 15x **0.0**

*Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
25431	090	10.42

CPT Descriptor Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 51 **% of respondents:** 30.7 **%**

TIME ESTIMATES (Median)	CPT Code: 25608	Key Reference CPT Code: 25431
Median Pre-Service Time	65.00	58.00
Median Intra-Service Time	90.00	100.00
Median Immediate Post-service Time	30.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	30.00
Median Discharge Day Management Time	18.0	18.00
Median Office Visit Time	99.0	68.00
Median Total Time	**302.00**	**274.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.43	3.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.10	3.10
Urgency of medical decision making	3.41	3.10

Technical Skill/Physical Effort (Mean)

Technical skill required	4.00	3.86
Physical effort required	3.62	3 49

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.67	3.59
Outcome depends on the skill and judgment of physician	4.16	3.96
Estimated risk of malpractice suit with poor outcome	3.92	3.67

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.54	3.45
Intra-Service intensity/complexity	3.92	3.78
Post-Service intensity/complexity	3 67	3.35

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While reviewing CPT 25620 for the MFS 5 year review, we noted that as described, 25620 is used to code for the open treatment of any distal radius fracture regardless of its complexity. Because of new technology, CPT 25620 currently represents different procedures with different complexity and physician work. We submitted a proposal to CPT, that was approved, for three new codes.

We note that distal radial fractures can be very complex. The AO classification includes 27 categories of distal radius fracture. A simpler method of classification is listed below.

1. Extra-articular or Intra-articular
2. Displace or Undisplaced
3. Simple or Complex
a. Two part
b. Three part
c. Four part
d. Comminuted
4. With or without sigmoid notch involvement

Open treatment of these fractures can be accomplished with:
1 Plates
2. Screws
3. Pins or Kirschner wires
4. Combinations of plates, screws, pins, wires

Open treatment can be accomplished through
1. One incision, dorsal or palmar
2. Two or more incision, dorsal and/or palmar.

A recent survey of hand surgeons regarding open treatment of a distal radial fracture revealed that:

There is a significant difference between fixing a fracture with wires/screws and fixing the fracture with a plate.
1. There is little difference between the intra-time of a fracture fixed with a plate alone or a plate combined with pins/screws.
2. There is significantly more work involved if more than one incision is needed.
3. The more fracture fragments fixed, the more work involved.
4. The "typical" case is not the simple cases, but rather variations of the more complex cases.

CPT 25608 [Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments] and key reference code 25431 [Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone] both involve the open reduction and internal fixation of a fracture about the wrist. Treatment of a carpal bone nonunion requires the manipulation of intraarticular fracture fragments as does 25608. The accuracy of reduction is critical in both procedures. The impact on function is similar and both place neurovascular and tendinous structures as risk. Intra-operatively, the work complexity/intensity is very similar for 25608 and 25431. Postoperatively a patient undergoing an OIRF of an intraarticular fracture of the distal radius, because of the extensive tissue damage associated with these injuries, would be seen the day after surgery to assess for any sign of compartment syndrome. The surgical dressing/splint would be changed if necessary and any drains removed. The neurovascular status would be checked. The second postoperative visit would be one week after surgery. At that time the surgical dressing and splint would be removed as would the sutures. The wound would be checked and the neurovascular status assessed. A cast would be applied and a prescription for therapy would be provided. The patient would then be seen two weeks later to check the range of motion of the digits and other free joints. The neurovascular status would be checked as would the fit of the cast. If necessary the cast would be changed. If all is going well the patient would be seen on the 6th postoperative week and the cast would be removed and therapy would be discussed and a new prescription provided. At each visit x-rays would be reviewed. The patient would be seen one or more additional times in the postop global period to check on fracture healing and progress in therapy. The postoperative regimen after a grafting of a carpal non-union includes a dressing change and cast application at one week after surgery. Because the trauma incurred is that related only to surgery rather than to surgery and that of a traumatic event (fracture), postoperative monitoring can be less frequent and the next visit after a carpal bone graft would include monitoring the range of motion of the free joints at 4 weeks. At postop week 8, the long arm cast would be converted to a short arm cast. At the final visit during the 90 day global period the short arm cast would be removed, the wrist, hand, and arm xamined and therapy discussed and a prescription provided. The survey median RVW of 11.25 is recommended for 25608, which correctly places 25607 slightly greater than 25431.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 25620 Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic / hand surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 6000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

'pecialty orthopaedic / hand surgery Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:25609 Global Period: 090 Specialty Society RVU: **15.00**
RUC RVU: **13.00**

CPT Descriptor: Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of three or more fragments

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year-old-women trips on the sidewalk and falls on her outstretched upper extremity suffering a four part intraarticular fracture of the distal radius requiring open reduction and internal fixation.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Verify that all required instruments and supplies are available
- Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- Indicate areas of skin to be prepped and mark surgical incisions
- A tourniquet is applied to the proximal arm.
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work:
A volar distal forearm incision is made just radial to the flexor carpi radialis. The subcutaneous tissue is carefully dissected. The flexor carpi radialis (FCR) tendon sheath is opened and the FCR retracted. Care is taken to avoid injury to the palmar cutaneous branch of the median nerve. The floor of the FCR sheath is opened and the flexor pollicis longus tendon and muscle are retracted off the pronator quadratus (PQ). The distal, radial and proximal aspects of the pronator quadratus are incised and the PQ is elevated off the distal radius along with the underlying periosteum. The palmar fracture fragments are identified and the fracture sites are cleared of any clot and fibrin. A K-wire is drilled into the radial styloid fracture fragment to be used as a "joy stick". Care is taken to avoid the radial artery and branches of the superficial branch of the radial nerve. The radial styloid fragment is reduced and held in position with K-wires passing into the radial metaphysis. These wires are placed so as to not interfere with subsequent plate placement or eduction of the remaining fracture fragments. The volar ulnar fragment is also drilled with a K-wire "joy stick." The racture fragment is reduced to the radial metaphysis and the radial styloid fragment with judiciously placed K-wires.

The hand and forearm are carefully pronated so as to expose the dorsal aspect of the wrist. An incision is made between the fourth and fifth dorsal compartments. The dissection is carried down to the periosteum. Care is taken to protect the

dorsal branch of the ulnar nerve. The periosteum is elevated along with the fourth and fifth dorsal compartment contents. An arthrotomy is made to expose the radial articular surface. The dorsal ulnar fracture fragment is exposed. The clot and fibrin are removed from the fracture site. A K-wire "joy stick' is placed in the fragment and used to reduce the fracture fragment. K-wires are then drilled into the dorsal ulnar fragment fixing it to the adjacent fracture fragments nd the radial metaphysis. The joint is inspected to assess the adequacy of the reduction.

The hand and wrist are then supinated and the volar fracture fragments again inspected. Any shift in the fracture reduction during the dorsal fragment fixation is corrected removing and replacing the previously placed K-wires as needed. Once the reduction is satisfactory, the volar "joy sticks" are removed and a plate is placed on the volar aspect of the radius. The plate is placed as far distally as possible without impinging on the volar radiocarpal joint. A plate is held in place with temporary K-wires drilled through holes in the plate and into the radius. A screw hole is drilled beneath the central hole in the plate, the depth of the screw hole is measured and a self tapping screw is placed in the hole holding the plate in place. Guide wires are drilled through the distal plate guide holes taking care to place the wires just beneath the subchondral plate. Screw holes are then drilled in the radial styloid and volar and dorsal ulnar fragments in line with the plate screw holes. The holes are drilled one at a time and the depth of each hole measured. The screws or pegs of the appropriate length are placed to secure the fracture fragments to the plate. The remaining screw holes for proximal plate fixation are then drilled and measured and the screws of the appropriate lengths placed. The hand and forearm are pronated and the reduction of the dorsal ulnar fragment checked. The joint surface is inspected. If the volar screws/pegs are proud dorsally the forearm is supinated and they are replaced with shorter screws/pegs. The K-wire fixation is left in place as needed. The dorsal "joy stick" is removed. The dorsal capsule is repaired as is the periosteum. The subcutaneous tissue is approximated and the skin is closed. The forearm is again supinated and the PQ is sutured back in place. The subcutaneous tissue is reapproximated and the skin is closed. Any K-wires left in place are cut just below the skin

Description of Post-Service Work:
Post-service work: in hospital

- Application of bulky dressing, reinforced with long arm splint
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.
- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
  Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006				
Presenter(s):	Daniel Nagle, MD; Dale Blasier, MD				
Specialty(s):	ASSH; AAOS				
CPT Code:	25609				
Sample Size:	600	**Resp n:** 166	**Response:** 27.6 %		
Sample Type:	Random				

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	10.00	13.00	**15.00**	18.00	25.00
Pre-Service Evaluation Time:			**40.0**		
Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	75.00	95.00	**120.00**	120.00	180.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**
Office time/visit(s):	**122.0**	99211x **0.0** 12x **2.0** 13x **4.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19), 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
25431	090	10.42

CPT Descriptor Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU
29827	090	15.34

CPT Descriptor Arthroscopy, shoulder, surgical; with rotator cuff repair

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 37 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)	CPT Code: 25609	Key Reference CPT Code: 25431
Median Pre-Service Time	65.00	58.00
Median Intra-Service Time	120.00	100.00
Median Immediate Post-service Time	30.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	30.00
Median Discharge Day Management Time	18.0	18.00
Median Office Visit Time	122.0	68.00
Median Total Time	**355.00**	**274.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.84	3.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3 38	3.46
Urgency of medical decision making	3.32	3.14

Technical Skill/Physical Effort (Mean)

Technical skill required	4.46	4.38
Physical effort required	3.92	3.78

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.11	4.03
Outcome depends on the skill and judgment of physician	4.32	4.27
Estimated risk of malpractice suit with poor outcome	3.84	3.78

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.89	3.84
Intra-Service intensity/complexity	4.51	4.27
Post-Service intensity/complexity	3.84	3.46

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While reviewing CPT 25620 for the MFS 5 year review, we noted that as described, 25620 is used to code for the open treatment of any distal radius fracture regardless of its complexity. Because of new technology, CPT 25620 currently represents different procedures with different complexity and physician work. We submitted a proposal to CPT, that was approved, for three new codes.

We note that distal radial fractures can be very complex. The AO classification includes 27 categories of distal radius fracture. A simpler method of classification is listed below.

1. Extra-articular or Intra-articular
2. Displace or Undisplaced
3. Simple or Complex
a. Two part
b. Three part
c. Four part
d. Comminuted
4. With or without sigmoid notch involvement

Open treatment of these fractures can be accomplished with:

1. Plates
2. Screws
3. Pins or Kirschner wires
4. Combinations of plates, screws, pins, wires

Open treatment can be accomplished through

1. One incision, dorsal or palmar
2. Two or more incision, dorsal and/or palmar.

A recent survey of hand surgeons regarding open treatment of a distal radial fracture revealed that:

There is a significant difference between fixing a fracture with wires/screws and fixing the fracture with a plate.

1. There is little difference between the intra-time of a fracture fixed with a plate alone or a plate combined with pins/screws.
2. There is significantly more work involved if more than one incision is needed.
3. The more fracture fragments fixed, the more work involved.
4. The "typical" case is not the simple cases, but rather variations of the more complex cases.

CPT 25609 [Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of three or more fragments] and key reference code 25431 [Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone] both involve the open reduction and internal fixation of a fracture about the wrist. Treatment of a carpal bone nonunion requires the manipulation of intraarticular fracture fragments as does 25609. The accuracy of reduction is critical in both procedures. The impact on function is similar and both place neurovascular and tendinous structures as risk. Intra-operatively, however, 25609 requires more time and is more intense than 25431 (and 25608) because of the increased number of fragments and typical need for exposure of both dorsal and palmar aspects of the hand. Postoperatively a patient undergoing an OIRF of a comminuted intraarticular fracture of the distal radius, because of the extensive tissue damage associated with these injuries, would be seen the day after surgery to assess for any sign of compartment syndrome. The surgical dressing/splint would be changed if necessary and any drains removed. The neurovascular status would be checked. The second postoperative visit would be one week after surgery. At that time the surgical dressing and splint would be removed as would the sutures. The wound would be checked and the neurovascular status assessed. A cast would be applied and a prescription for therapy would be provided. The patient would then be seen two weeks later to check the range of motion of the digits and other free joints. The neurovascular status would be checked as would the fit of the cast. If necessary the cast would be changed. If all is going well the patient would be seen on the 6th postoperative week and the cast would be removed and therapy would be discussed and a new prescription provided. At each visit x-rays would be reviewed. The patient would be seen two or more additional times in the postop global period to check on fracture healing and progress in therapy. The postoperative regimen after a grafting of a carpal non-union includes a dressing change and cast application at one week after surgery. Because the trauma incurred is that related only to surgery rather than to surgery and that of a traumatic event (fracture), postoperative monitoring can be less frequent and the next visit after a carpal bone graft would be include monitoring the range of motion of the free joints at 4 weeks. At postop week 8 the long arm cast would be converted to a short arm cast. At the final visit during the 90 day global period the short arm cast would be removed, the wrist, hand, and arm examined and therapy discussed and a prescription provided.. Another reference cited almost as frequently as 25431 is 29827 [Arthroscopy, shoulder, surgical; with rotator cuff repair]. Intra-

operatively 25609 is as complex as an arthroscopic rotator cuff repair. The repair of the rotator cuff through an arthroscope demands dexterity and the ability to operate in three dimensions while observing the procedure in two dimensions on a video monitor. The treatment of complex distal radial fractures requires a surgical approach which places the median and radial nerves as well as the radial artery in harm's way. Manipulation of multiple fracture fragments and application of internal fixation devices is comparable in complexity when compared with the dexterity required for an arthroscopic rotator cuff repair. We recommend the survey median RVW of 15.00. This value is slightly less than 29827, a procedure with very similar total work. The median RVW is greater than 25431 (and 25608), taking into account the differences in intra-operative time and post-operative work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 25620 Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic / hand surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 11000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 11000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty orthopaedic / hand surgery Frequency 5500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. The reference code involves less total work. A code that is more similar in terms of total work for crosswalking would be 25686 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); (RVW=15.19)

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	090
25607	Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation	090
25608	Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments	090
25609	Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of three or more fragments	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 6 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for outpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multi-specialty office visit supplies and incision care have been applied.

	A	B	C	D	E	F	G	H	I	J	K
1				25606		25607		25608		25609	
2	**RUC RecommendationMeeting Date: February 2006**			G1		G2		G3		G4	
3		CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		Open treatment of distal radial extraarticular fracture or epiphyseal separation, with internal fixation		Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of two fragments		Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of three or more fragments	
4				90		90		90		90	
5		Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	N/A	228	N/A	228	N/A	228	N/A	264
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		60		60		60		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		6		6		6		6
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		162		162		162		198
10	**PRE-SERVICE**										
11	***Start: After visit for procedure/service***										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7
18	***End: Pt. enters site for procedure/service***										
19	**SERVICE PERIOD**										
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		6		6		6		6
42	***End: Patient leaves site of procedure/service***										
43	**POST-SERVICE Period**										
44	***End: Patient leaves site of procedure/service***										
46	*List Number and Level of Office Visits*										
47	99211 16 minutes	L037D	RN/LPN/MTA								
48	99212 27 minutes	L037D	RN/LPN/MTA		2		2		2		2
49	99213 36 minutes	L037D	RN/LPN/MTA		3		3		3		4
50	99214 53 minutes	L037D	RN/LPN/MTA								
51	99215 63 minutes	L037D	RN/LPN/MTA								
52	***Total Office Visit Time***				162		162		162		198
54	***End: Last office visit in global period***										
55	**MEDICAL SUPPLIES**	Code	Unit								
56	pack, minimum multi-specialty visit	**SA048**	**pack**		5		5		5		6
57											
58	**Equipment**	Code									
59	table, power	**EF031**			162		162		162		198
60	light, surgical	**EF014**			162		162		162		198

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Percutaneous RF Pulmonary Tumor Ablation

In February 2006, the CPT Editorial Panel created one new code and edited three to provide clarity to the expansion of tumor eradication services by radio frequency ablation to a new anatomic site and tumor type that was not described in existing CPT codes. Percutaneous Radio Frequency Tumor Ablation is a treatment option for a subset of patients with metastases to the lung and patients with primary pulmonary malignances who may be poor candidates for resection. In addition, this new service is used to reduce pulmonary tumors with the expectation of enhanced effectiveness of adjunctive chemotherapy and/or radiation therapy.

The specialty provided an overview of the type of service provided by the physician, as well as the intensity and complexity for code 32998 *Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleur or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral.* The RUC compared the intensity of 32998 to code 50592 *Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency* (010 Global, Work RVU = 6.75, intra-service time of 60 minutes) and agreed that the intra-service work per unit of time of this new code was less than this reference code of 0.089. The RUC then agreed that the code's intensity was higher than to code 31288 *Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus* (000 Global, Work RVU = 4.57, intra-service work time of 60 minutes) and with an additional 15 minutes of pre-service work time.

The RUC believed the IWPUT was approximately 0.07 with this comparison of work and with the IWPUT comparisons of traditional ablation codes (e.g. codes 47382 *Ablation, one or more liver tumor(s), percutaneous, radiofrequency* (010 global, Work RVU = 15.17, intra time of 180 minutes). The committee used a building block method with an IWPUT of 0.70 as shown below:

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ACTIVITY	32998 TIME	IWPUT	> intensity*	Recommended RVUs
pre service eval/positioning time	30	0.0224		0.67
pre scrub time	15	0.0081		0.08
Intra time	60	0.075	0.702	4.21
immediate post time	30	0.0224		0.67
TOTAL RVU				**5.68**

The RUC recommends a relative work value of 5.68 for code 32998.

Practice Expense for 32998.
The practice expense inputs were reviewed and refined extensively at the PERC and at the RUC.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
e▲ ⊙*20982*		*Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance* (Do not report 20982 in conjunction with 77013)	000	7.27 (No Change)
Respiratory System **Lungs and Pleura; Other Procedures**				
●32998	AA1	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral (For imaging guidance and monitoring, see 76940, 77013, 77022)	000	5.68

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Diagnostic Radiology** **(Diagnostic Imaging); Other Procedures**				
e▲76362 (Renumbered to 77013)		Computed tomography guidance for, and monitoring of, ~~visceral~~ parenchymal tissue ablation (Do not report 76362 in conjunction with 20982) *(For percutaneous cryotherapy ablation of renal tumors, use 0135T)* (For percutaneous radiofrequency ablation, see 47382, 50592, 32998)	XXX	3.99 (No Change)
e▲76394 (Renumbered to 77022)		Magnetic resonance guidance for, and monitoring of, ~~visceral~~ parenchymal tissue ablation (For percutaneous radiofrequency ablation, see 47382, 50592, 32998)	XXX	4.24 (No Change)
Diagnostic Ultrasound **Ultrasonic Guidance Procedures**				
e▲76940		Ultrasound guidance for, and monitoring of, ~~visceral~~ parenchymal tissue ablation (For ablation, see 47370-47382, 50592, 32998)	XXX	2.00 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:32998 Global Period: 000 Specialty Society RVU: **6.75**
RUC RVU: **5.68**

CPT Descriptor: Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
(For imaging guidance and monitoring, see 76940, 77013, 77022)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 54 year-old patient presents with non-operable right upper lobe recurrent lung cancer. Recent PET-CT scans (separately reportable) are reviewed with the most recent study showing a 2cm right apical pulmonary mass showing hypermetabolic activity consistent with recurrent lung cancer. Pulmonary percutaneous radiofrequency ablation therapy is discussed, as well as other treatment options, and the patient, who is a good candidate for percutaneous pulmonary radiofrequency ablation therapy, wishes to proceed. The procedure is scheduled. Pre-op orders are written.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 51%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
The physician:

- Obtains and review pertinent imaging studies and lab results
- Discusses procedure and alternatives with patient and family; answers questions
- Orders blood work including a coagulation profile
- Instructs patient and/or relative to pre-procedural diet and alterations in medication
- Obtains informed consent
- Calls patient ensure compliance with dietary and medication instructions and to answer any remaining questions .

Description of Intra-Service Work: The physician:

- Supervises the start anethesia (which may be either general or moderate sedation depending on patients clinical circumstances and provider preference)
- Oversees the equipping of the room, positioning of patient, and the disbursement of electrodes (ground pads) and skin temperature sensors
- Obtains and interprets initial localization image (included in 76362, 76394 or 76940 – separately reportable) for selection of the site for initial electrode placement
- Makes small incision to facilitate RF needle electrode placement
- Introduces 17 gauge internally cooled radiofrequency needle electrode into the center of the lesion under imaging guidance (separately reportable) to avoid healthy tissue and major blood vessels
- Confirms needle tip location using imaging guidance (separately reportable)
- Applies RF power as many times as needed until satisfactory core heating is achieved

Monitors internal temperature of tumor before and after each treatment (based on type of RFA probe used) to confirm the completion of treatment

- The process is repeated with overlapping ablations, as needed, to assure complete tumor necrosis and satisfactory margins

- RF probe is withdrawn after satisfactory necrosis with the probe tract is cauterized to achieve hemostasis along the tract
- Incision site is cleansed and sterile adhesive dressing applied

Description of Post-Service Work:
The physician:

- The patient is followed to recovery
- Ensure BP, HR are stable and normal upon arrival to recovery area
- Pain management plan is established with orders written for medications
- Review results of procedures with patient when cognizant
- Communicate with family
- Monitor patient for signs of post procedure pneumothorax
- Dictate, review and sign report of the procedure
- Discuss outcomes with referring physician
- Follow patient with telephone calls

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Geraldine McGinty, MD, Jonathan Berlin, MD, Robert Vogelzang, MD					
Specialty(s):	American College of Radiology; Society of Interventional Radiology					
CPT Code:	32998					
Sample Size:	450	**Resp n:** 35		**Response:** 7.7 %		
Sample Type:	Panel					

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	15.00	15.45	**18.00**	19.50	30.34
Pre-Service Evaluation Time:			**15.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	45.00	60.00	**60.00**	90.00	120.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
47382	010	15.17

CPT Descriptor Ablation, one or more liver tumor(s), percutaneous, radiofrequency

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 32 **% of respondents:** 91.4 %

TIME ESTIMATES (Median)	**CPT Code: 32998**	**Key Reference CPT Code: 47382**
Median Pre-Service Time	45.00	30.00
Median Intra-Service Time	60.00	180.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0 00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	17.50
Median Office Visit Time	0 0	15.00
Median Total Time	**135.00**	**272.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3 93	3.66
Urgency of medical decision making	3 24	3.03
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.41	3.97
Physical effort required	3.76	3.52
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.55	3 72
Outcome depends on the skill and judgment of physician	4.62	4 24
Estimated risk of malpractice suit with poor outcome	4.17	3.69

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.79	3.62
Intra-Service intensity/complexity	4 55	4 07
Post-Service intensity/complexity	3 93	3 41

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC Committees of SIR and ACR discussed the survey response. The work RVU recommended by survey recipients is clearly not supported. However, the survey data did present a tight clustering of work times and, across-the-board, increased intensity and complexity measures. The Committees believe that renal RFA (50592) represents clinical activity similar to pulmonary RFA in that the intraservice times are identical (60 minutes) and the RFA is conducted on one lesion only. Renal RFA has a 10 day global period whereas 32998 has a 0 day global period. However, the Committees clearly believe that pulmonary RFA has greater work because of the significantly greater potential morbidity

of pulmonary RFA (hemothorax, ARDS, pneumothorax and pulmonary edema). Thus the rank-order of RFA procedures in terms of intensity is bone, liver, kidney and lung from least to greatest.

This is validated by the following building block approach based on established IWPUT for renal RFA code 50592 with he exception of an increase to IWPUT for intra – service time, as clearly supported by the global increase of the intensity measures. While intra-service IWPUT for ablation codes have traditionally fallen in the .071-.075 range, the global increase in intensity measures is believed to support an increased intra-service IWPUT of .089*:

ACTIVITY	32998	50592	32998	change in intensity	Recommended
PRE SERVICE		TIME		IWPUT	RVU
RVUs eval/positioning time 0.67		30		0.0224	0.67
pre scrub time	10	0.0081	0.08		0.08
intra time 5.33	60		0.075	4.50	0.89
immediate post time 0.67		30		0.0224	0.67
TOTAL RVU 6.75					5.97

Therefore a work RVU of 6.75 is recommended.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
3. Scenario 1
   32998 - Thoracic Surgeon, 76962, 76394, or 76940 - Radiologist
4. Scenario 2
5. 32998 and 76362, 76394, or 76940 - Interventional Radiologist, thoracic Surgeon

CT guided pulmonary RFA

code: 32998

CPT codes	global	Work RVUs	pre	intra	post-time	Total time/RVUs
32998	0-day		45	60	30	135
76362	XXX	3.99	20	120	15	155
TOTAL			65	180	45	290

MR guided pulmonary RFA

CPT codes	global	Work RVUs	pre	intra	post-time	Total time/RVUs
32998	0-day		45	60	30	135
76394	XXX	4.24	20	165	15	200
TOTAL			65	225	45	335

US guided pulmonary RFA

CPT codes	global	Work RVUs	pre	intra	post-time	Total time/RVUs
32998	0-day		45	60	30	135
76940	XXX	2.00	20	120	15	155
TOTAl			65	180	45	290

6.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 32999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology, Interventional Radiology How often? Rarely

Specialty Thoracic Surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiology, Interventional Radiology Frequency 1000 Percentage 50.00 %

Specialty Thoracic Surgery Frequency 1000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Radiology, Interventional Radiology Frequency 600 Percentage 50.00 %

Specialty Thoracic Surgery Frequency 600 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

f no, please select another crosswalk and provide a brief rationale. The RUC believed the risk was similar to code 50592 Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

	A	B	C	D	E
1					
2				CPT Code: 32998	
3	Meeting Date: April 2006 PERC/RUC Recommendation			32998 Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility
5	GLOBAL PERIOD			000	000
6	TOTAL CLINICAL LABOR TIME			104.0	13.0
7	TOTAL RN/LPN/MTA CLINICAL LABOR TIME	L037D	RN/LPN/MTA	36.0	13.0
8	TOTAL RT CLINICAL LABOR TIME	L041B	RT	68.0	0.0
9					
10	TOTAL PRE-SERV CLINICAL LABOR TIME			14.0	10.0
11		L037D	RN/LPN/MTA	8.0	10.0
12		L041B	RT	6.0	0.0
13	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			87.0	0.0
14		L037D	RN/LPN/MTA	25.0	0.0
15		L041B	RT	62.0	0.0
16	TOTAL POST-SERV CLINICAL LABOR TIME			3.0	3.0
17		L037D	RN/LPN/MTA	3.0	3.0
18	PRE-SERVICE				
19	**Start: Following visit when decision for surgery or procedure made**				
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5
21	Coordinate pre-surgery services				
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA	3	5
23	Provide pre-service education/obtain consent				
24	Follow-up phone calls & prescriptions				
25	Other Clinical Activity (please specify): Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD	L041B	RT	6	
26	**End:When patient enters office/facility for surgery/procedure**				
27	SERVICE PERIOD				
28	**Start: When patient enters office/facility for surgery/procedure**				
29	**Pre-service services**				
30	Review charts	L037D	RN/LPN/MTA	2	
31	Greet patient and provide gowning	L037D	RN/LPN/MTA	3	
32	Obtain vital signs	L037D	RN/LPN/MTA	5	
33	Provide pre-service education/obtain consent				
34	Prepare room, equipment, supplies for procedural service	L041A	RT	2	
35	Setup scope (non facility setting only)				
36	Prepare and position patient/ monitor patient/ set up IV	L051A	RN/LPN/MTA	2	
37	Sedate/apply anesthesia	L051A	RN/LPN/MTA	2	
38	**Intra-service**				
39	Assist physician in performing procedure	L041A	RT	60	
40	conscious sedation observor				
41	**Post-Service**				
42	Monitor pt. following service/check tubes, monitors, drains				
43	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3	
44	Clean Scope				
45	Clean Surgical Instrument Package				
46	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	5	
47	Review/read X-ray, lab, and pathology reports				
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3	
49	Discharge day management 99238 --12 minutes 99239 --15 minutes				
50	Other Clinical Activity (please specify):				
51	**End: Patient leaves office**				

	A	B	C	D	E
2				CPT Code: 32998	
3	**Meeting Date: April 2006** **PERC/RUC Recommendation**			**32998 Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
52	POST-SERVICE Period				
53	**Start: Patient leaves office/facility**				
54	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**
55	*Office visits* None				
56	*List Number and Level of Office Visits*				
57	99211 16 minutes		16		
58	99212 27 minutes		27		
59	99213 36 minutes		36		
60	99214 53 minutes		53		
61	99215 63 minutes		63		
62	Other				
63					
64	*Total Office Visit Time*			**0**	**0**
65	Other Activity (please specify)				
66	**End: with last office visit before end of global period**				
67	MEDICAL SUPPLIES	CMS Code	Units		
68	pack, minimum multi-specialty visit	SA048	pack	1	
69	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1	
70	Applicator, spong tip	SG009	item	1	
71	tape, surgical paper 1in (Micropore)	SG079	inch	12	
72	gauze, sterile 4in x 4in	SG055	item	3	
73	povidone solution (Betadine)	SJ041	ml	60	
74	tray, shave prep	SA067	tray	1	
75	lidocaine 1-2% inj (Xylocaine)	SH047	ml	10	
76	mask, surgical, with face shield	SB034	item	1	
77	drape, sterile, fenestrated 16in x 29in	SB011	item	1	
78	gloves, sterile	SB024	pair	2	
79	drape-towel, sterile 18inx26in	SB019	item	4	
80	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2	
81	underpad 2ftx3ft (Chux)	SB044	item	1	
82	shoe covers, surgical	SB039	pair	2	
83	cup-container, sterile, graduated, 1000ml	SL038	item	1	
84	blade, surgical (Bard-Parker)	SF007	item	1	
85	drape, sterile, femoral	SB009	item	1	
86	gown, surgical, sterile	SB028	item	1	
87	needle, 18-27g	SC029	item	1	
88	cap, surgical	SB002	item	2	
89	dressing 3 X 4 wound care telfa	SG035	item	2	
90	tape, surgical paper 1in (Micropore)	SG079	item	6	
91	Tegaderm dressing	SG037	item	1	
92	biohazard bag	SM004	item	2	
93	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1	
94	probe, radiofrequency, 3 array (StarBurstSDE)	SD019	item	1	
95	Equipment	CMS Code	Units		
96	stretcher chair	**EF019**		**1**	
97	radiofrequency generator	**EQ214**		**1**	
98	CT room	**EL007**		**65**	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Initial Epicardial Electrode Insertion

The CPT Editorial Panel created two new codes to accurately reflect the variation in approach and physician involvement for pacemaker insertions specifically, the new biventricular pacemaker technology and the ability to place the leads through various approaches such as thoracotomy, thoracoscopy, subxiphoid and median sternotomy.

33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)

The RUC reviewed the physician service times that the specialty society recommended for code 33202. The RUC discovered that these times were the pre- and post service times used for the cardiothoracic procedures from the Five Year Review (60 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time and 40 minutes immediate post time). The RUC agreed that this crosswalk of times was inappropriate and recommended that the pre- and post-service times be changed to the median surveyed times (55 minutes evaluation time, 15 minutes positioning time, 15 minutes scrub, dress and wait time and 30 minutes immediate post time). In addition, the specialty recommended that the 99214 office visit be changed to a 99213 office visit as this was more typical of the service provided. After amending the pre- and post-service times and post-operative visits, the RUC reviewed the reference code 33140 *Transmyocardial laser revascularization, by thoracotomy; (separate procedure)* (Work RVU = 19.97) in comparison to the surveyed code and agreed that due to less intra-service time and post-service time of the surveyed code in comparison to the reference code (65/30 minutes and 120/45 minutes, respectively), as well as the surveyed code's lower intensity/complexity measures as compared to the reference code, the survey 25th percentile RVU of 13.23 seemed appropriate. However, to account for the reduction in pre- and post-service times, the RUC recommended that the associated work with this reduction in time be removed from the 25th percentile RVU.

25th percentile RVU		13.23
Pre-Service Time Reductions	5 minutes evaluation time	(0.11)
	5 minutes scrub, dress &	(0.04)

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	wait time	
	10 minutes immediate post	(0.22)
	Reduction from a 99214 to a 99213 office visit	(0.43)
RUC's recommended work RVU for 33202		12.43

Therefore, the RUC recommends a work RVU of 12.43 for code 33202.

33203 Insertion of epicardial electrode(s); endoscopic approach (eg. thoracoscopy, pericardioscopy)

The RUC reviewed the physician service times that the specialty society recommended for code 33203. The RUC discovered that these times were the pre- and post service times used for the cardiothoracic procedures from the Five Year Review (60 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time and 40 minutes immediate post time). The RUC agreed that this crosswalk of times was inappropriate and recommended that the pre- and post-service times be changed to the median surveyed times (55 minutes evaluation time, 15 minutes positioning time, 15 minutes scrub, dress and wait time and 30 minutes immediate post time). In addition, the specialty recommended that the 99214 office visit be changed to a 99213 office visit as this was more typical of the service provided. After amending the pre- and post-service times and post-operative visits, the RUC reviewed the reference code 32662 *Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass* (Work RVU = 16.42) in comparison to the surveyed code and agreed that due to less intra-service time and post-service time of the surveyed code in comparison to the reference code (90/40 minutes and 180/150 minutes, respectively), the survey 25th percentile RVU of 14.00 seemed appropriate. However, to account for the reduction in pre- and post-service times, the RUC recommended that the associated work with this reduction in time be removed from the 25th percentile RVU.

25th percentile RVU		14.00
Pre-Service Time Reductions	5 minutes evaluation time	(0.11)
	5 minutes scrub, dress & wait time	(0.04)
	10 minutes immediate post	(0.22)
	Reduction from a 99214 to a 99213 office visit	(0.43)
RUC's recommended work RVU for 33202		13.20

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Therefore, the RUC recommends a work RVU of 13.20 for code 33203.

The RUC addressed the budget neutrality issue surrounding these new codes. The specialty society informed the RUC that the utilization for 33202 and 33203 is estimated to be 3400 and 600, respectively. With that in mind the RUC calculated the following budget neutrality analysis:

Deleted Code 33245 Total RVUs	21,620
Deleted Code 33246 Total RVUs	11,579
Deleted Code 33200 Total RVUs	15,388
Deleted Code 33201 Total RVUs	2,408
Deleted Total Existing RVUs	50,935 RVUs

	RUC's Recommended Work RVUs	Specialty Society's Estimated Frequency	Potential New RVUs
33202	12.43	3,400	42,262
333203	13.20	600	7,920
Potential Total New RVUs			50,182

Because the deleted total existing RVUs is comparable to the potential total new RVUs, the RUC's recommendation is budget neutral.

Practice Expense: The RUC recommends the specialty society's recommended inputs for these procedures as they are standard 090 Day Global inputs with the deletion of the post-op incision care pack (suture & staple) for the 33203 as it is performed endoscopically.

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

A pacemaker system...

A single chamber pacemaker system includes a pulse generator and one electrode inserted in either the atrium or ventricle. A dual chamber pacemaker system includes a pulse generator and one electrode inserted in the right atrium and one electrode inserted in the right ventricle. In certain circumstances, an additional electrode may be required to achieve pacing of the left ventricle (bi-ventricular pacing). In this event, transvenous (cardiac vein) placement of the electrode should be separately reported using code 33224 or 33225. Epicardial placement of the electrode should be separately reported using 33200-33203.

Like a pacemaker system...

Pacing cardioverter-defibrillator...

The electrodes (leads) of a pacing cardioverter-defibrillator system are positioned in the heart via the venous system (transvenously), in most circumstances. In certain circumstances, an additional electrode may be required to achieve pacing of the left ventricle (bi-ventricular pacing). In this event, transvenous (cardiac vein) placement of the electrode should be separately reported using code 33224 or 33225. Epicardial placement of the electrode should be separately reported using 33200-33203.

Electrode positioning on the epicardial surface of the heart requires ~~a~~ thoracotomy, or thoracoscopic~~, or robotic~~ placement of the leads ~~(codes 33245 33246).~~ Removal of electrode(s) may first be attempted by transvenous extraction (code 33244). However, if transvenous extraction is unsuccessful, a thoracotomy may be required to remove the electrodes (code 33243). Use codes 33212, 33213, 33240 as appropriate in addition to the thoracotomy or endoscopic epicardial lead placement codes to report the insertion of the generator if done by the same physician during the same session.

When the "battery" of a pacemaker...

Repositioning of a pacemaker...

(For electronic, telephonic analysis of internal pacemaker system, see 93731-93736)

(For radiological supervision and interpretation with insertion of pacemaker, use 71090)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 33200		~~Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy~~	090	N/A
D 33201		~~by xiphoid approach~~ (33200, 33201 have been deleted)	090	N/A
●33202	BB1	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	090	12.43
●33203	BB2	endoscopic approach (eg. thoracoscopy, pericardioscopy) (Use codes 33212, 33213 as appropriate in conjunction with the epicardial lead placement codes to report the insertion of the generator if done by the same physician during the same session)	090	13.20
⊙33214		Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) (Report 33214 in conjunction with 33202, 33203 for when epicardial placement of electrode is performed)	090	7.74 (No Change)
33224		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator) (Report 33224 in conjunction with 33202, 33203 for when epicardial placement of electrode is performed)	000	9.04 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 33245		~~Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy;~~	090	N/A
D 33246		~~with insertion of pulse generator~~ (33245, 33246 have been deleted) (Use codes 33240 as appropriate in addition to the epicardial lead placement codes to report the insertion of the generator if done by the same physician during the same session)	090	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33202 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **15.50**
RUC RVU: **12.43**

CPT Descriptor: Insertion of initial epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female is admitted with class IV congestive heart failure. She has a 10-year history of progressive failure and is found on evaluation to have ischemic cardiomyopathy. A biventricular pacemaker is recommended and she is taken to the cardiac catheterization lab for insertion of the device. The generator is successfully implanted in a left subclavicular pocket and leads are placed into the right atrium and right ventricle. Multiple attempts to place the left ventricular lead via the coronary sinus are unsuccessful, however, and the patient is referred to a cardiothoracic surgeon for left ventricular lead placement. The following day the patient is taken to the operating room and undergoes an open chest procedure to place one or more epicardial electrodes.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review imaging results including chest x-rays
- Review cardiac catheterization and echocardiograms in appropriate cases
- Review laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia .

Description of Intra-Service Work: General endotracheal anesthesia is induced and the patient is positioned, prepped and draped for an anterior thoracotomy. The chest is entered at the level of the fourth interspace anteriorly and the lung is retracted. The pericardium is opened and the heart examined. An area on the high lateral wall of the left ventricle is chosen and the lead is attached using standard techniques. The lead is tested and the pacing threshold parameters are found to be appropriate. The lead is brought through the upper aspect of the pericardial incision and out the thoracotomy incision where it is tunneled subcutaneously up the lateral chest wall towards the generator pocket. A chest tube is placed into the pericardium and brought out the chest wall below the thoracotomy incision. Several interrupted sutures

are placed to approximate the pericardium. The thoracotomy incision is closed in the usual fashion. The generator and leads are again tested prior to completing the procedure.

Description of Post-Service Work: • Apply dressings

- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 1-2 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient
- Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains

- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Kirk Kanter, MD				
Specialty(s):	Cardiothoracic surgery				
CPT Code:	33202				
Sample Size:	547	**Resp n:** 50		**Response:** 9.1 %	
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	11.00	13.23	**15.50**	18.00	36.00
Pre-Service Evaluation Time:			**55.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	20.00	60.00	**65.00**	90.00	240.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**23.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33140	090	19.97

CPT Descriptor Transmyocardial laser revascularization, by thoracotomy; (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
65750	090	14.98

CPT Descriptor 1 Keratoplasty (corneal transplant); penetrating (in aphakia)

MPC CPT Code 2	Global	Work RVU
19318	090	15.60

CPT Descriptor 2 Reduction mammaplasty

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 32.0 %

TIME ESTIMATES (Median)

	CPT Code: 33202	**Key Reference CPT Code: 33140**
Median Pre-Service Time	85.00	30.00
Median Intra-Service Time	65.00	120.00
Median Immediate Post-service Time	30.00	45.00
Median Critical Care Time	0.0	120.00
Median Other Hospital Visit Time	90.0	123.50
Median Discharge Day Management Time	36.0	0.00
Median Office Visit Time	23.0	68.00
Median Total Time	**329.00**	**506.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.43	2.73
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.04	2.83
Urgency of medical decision making	2.53	2.63

Technical Skill/Physical Effort (Mean)

Technical skill required	2.88	2.90
Physical effort required	2.78	2.76

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.24	3.00
Outcome depends on the skill and judgment of physician	3.00	2.93
Estimated risk of malpractice suit with poor outcome	2.84	2.76

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.73	2.85
Intra-Service intensity/complexity	2.96	2.83
Post-Service intensity/complexity	2.60	2.54

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the survey median RVW for this procedure with the standard pre and post times identified for the cardiothoracic procedrues from the 5-year review process. We feel the times and values are correct and that the values fit in with the 5 year review recommendations for all cardiac procedures. The intensity for this procedure is substantiated by an older patient population, that are frequently reoperative patients for whom transvenous lead placement is not possible.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33200, 33201, 33245, 33246

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,206 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33203 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **16.40**
RUC RVU: **13.20**

CPT Descriptor: Insertion of initial epicardial electrode(s); endoscopic approach (eg. thoracoscopy, pericardioscopy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female is admitted with class IV congestive heart failure. She has a 10-year history of progressive failure and is found on evaluation to have ischemic cardiomyopathy. A biventricular pacemaker is recommended and she is taken to the cardiac catheterization lab for insertion of the device. The generator is successfully implanted in a left subclavicular pocket and leads are placed into the right atrium and right ventricle. Multiple attempts to place the left ventricular lead via the coronary sinus are unsuccessful, however, and the patient is referred to a cardiothoracic surgeon for left ventricular lead placement. The following day the patient is taken to the operating room and undergoes a thoracoscopic chest procedure to place one or more epicardial electrodes.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review imaging results including chest x-rays
- Review cardiac catheterization and echocardiograms in appropriate cases
- Review laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: In this case the patient requires a double lumen endotracheal tube for intubation and is positioned in a full lateral position. Following prepping and draping, the 2 cm. initial port incision is made in the posterior axillary line at the level of the 6th interspace. The port is inserted and camera positioned in the pleural cavity. Two additional ports are inserted in higher interspaces anterior and posterior to the first, and the pericardium is opened. The heart is examined and a location for the electrode is found on the high lateral wall of the left ventricle. The electrode is placed using a standard epicardial screw-in device and the lead is tested. A 2 cm. counter incision is made several cm. below the pacemaker generator pocked and the lead is brought into this incision through the anterior chest wall. The ports are removed after placing a chest tube through the middle port incision and the port incisions closed. The lead is tunneled into the pocket, attached, and tested.

Description of Post-Service Work: • Apply dressings

- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 1-2 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient
- Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Kirk Kanter, MD		
Specialty(s):	Cardiothoracic surgery		
CPT Code:	33203		
Sample Size: 547	**Resp n:** 50	**Response:** 9.1 %	
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	11.57	14.00	**16.40**	19.00	30.00
Pre-Service Evaluation Time:			**55.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	28.00	60.00	**90.00**	120.00	150.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**49.0**	99231x **1.0** 99232x **1.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**23.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
32662	090	16.42

CPT Descriptor Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
65750	090	14.98

CPT Descriptor 1 Keratoplasty (corneal transplant); penetrating (in aphakia)

MPC CPT Code 2	Global	Work RVU
19318	090	15.60

CPT Descriptor 2 Reduction mammaplasty

Other Reference CPT Code	Global	Work RVU
32659	090	11.57

CPT Descriptor Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 24.0 %

TIME ESTIMATES (Median)

	CPT Code: 33203	Key Reference CPT Code: 32662
Median Pre-Service Time	85.00	83.00
Median Intra-Service Time	90.00	180.00
Median Immediate Post-service Time	30.00	150.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	49.0	0.00
Median Discharge Day Management Time	36.0	0.00
Median Office Visit Time	23.0	30.00
Median Total Time	**313.00**	**443.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.48	2.76
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.85	2.83
Urgency of medical decision making	2.54	2.68

Technical Skill/Physical Effort (Mean)

Technical skill required	3.48	3.29
Physical effort required	2.96	2.93

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.25	2.90
Outcome depends on the skill and judgment of physician	3.27	3.07
Estimated risk of malpractice suit with poor outcome	2.98	2.76

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.79	2.80
Intra-Service intensity/complexity	3.13	3.02
Post-Service intensity/complexity	2.51	2.41

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the survey median RVW for this procedure with the standard pre and post times identified for the cardiothoracic procedrues from the 5-year review process. We feel the times and values are correct and that the values fit in with the 5 year review recommendations for all cardiac procedures. The intensity for this procedure is substantiated by an older patient population, that are frequently reoperative patients for whom transvenous lead placement is not possible.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33200-52, 33201-52, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 356
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
33202 BB1	**Insertion of initial epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)**	090
33203 BB2	**Insertion of initial epicardial electrode(s); endoscopic approach (eg. thoracoscopy, pericardioscopy)**	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied at an RN staff level which was approved by the PEAC for cardiothoracic surgery procedures.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multispecialty office visit supplies and incision care have been applied.

	A	B	C	D	E	F	G
1				33202		33203	
2				BB1		BB2	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		**Insertion of initial epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)**		**Insertion of initial epicardial electrode(s); endoscopic approach (eg. thoracoscopy, pericardioscopy)**	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	**N/A**	**108**	**N/A**	**108**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		**36**		**36**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L051A	RN		**5**		**5**
13	Coordinate pre-surgery services	L051A	RN		**20**		**20**
14	Schedule space and equipment in facility	L051A	RN		**8**		**8**
15	Provide pre-service education/obtain consent	L051A	RN		**20**		**20**
16	Follow-up phone calls & prescriptions	L051A	RN		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L051A	RN		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L051A	RN				
48	99212 27 minutes	L051A	RN				
49	99213 36 minutes	L051A	RN		**1**		**1**
50	99214 53 minutes	L051A	RN				
51	99215 63 minutes	L051A	RN				
52	***Total Office Visit Time***				**36**		**36**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	**Code**	**Unit**				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**1**		**1**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		
58							
59	**Equipment**	**Code**					
60	table, power	**EF031**			**36**		**36**
61	light, exam	**EQ168**			**36**		**36**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Atrial Tissue Ablation and Reconstruction

The CPT Editorial Panel created five new codes to accurately describe the new technology and new surgical techniques that can be used to treat atrial fibrillation.

The RUC reviewed the concern that 33254, 33255 and 33256 when billed with other median sternotomy or cardiopulmonary bypass procedures would have duplicative pre- and post-service activities and thereby physician times. Therefore, the RUC recommends that the CPT Editorial Panel incorporates in the introductory language for this section of codes that if 33254, 33255 and 33256 are performed with one or more other median sternotomy or cardiopulmonary bypass procedures, then an unlisted code should be billed. The following work recommendations are based on this recommendation to the CPT Editorial Panel.

33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)

The RUC reviewed specialty society surveyed physician times recommended for code 33254. The RUC discussed the post-operative visits associated with this code and determined that the 99291 critical care visit should be replaced with the 99233 hospital visit as this was more typical of the service provided. After amending the post-operative visits, the RUC reviewed the reference code 33300 Repair of cardiac wound; without bypass (Work RVU=17.89) in comparison to the surveyed code and agreed that due to the increased pre-service and intra-service time of the surveyed code in comparison to the reference code (95/120 minutes and 60/118 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code, the median RVU of 25.00 seemed appropriate. However, to account for the change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

Median RVU		25.00
Post-Operative Visit Change	Reduction from a 99291 to a 99233 visit	(2.48)
RUC's recommended work RVU for 33254		22.52 (IWPUT=0.113)

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Therefore, the RUC recommends a work RVU of 22.52 for code 33254.

33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass

The RUC reviewed the specialty society surveyed physician times recommended for code 33255. The RUC discussed the post-operative visits associated with this code and determined that the 99291 critical care visit should be replaced with the 99233 hospital visit as this was more typical of the service provided. After amending the post-operative visits, the RUC reviewed the reference code 33140 *Transmyocardial laser revascularization, by thoracotomy*; (Work RVU=19.97) in comparison to the surveyed code and agreed that due to the increased pre-service and intra-service time of the surveyed code in comparison to the reference code (95/180 minutes and 30/120 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code, the median RVU of 30.00 seemed appropriate. However, to account for the change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

Median RVU		30.00
Post-Operative Visit Change	Reduction from a 99291 to a 99233 visit	(2.48)
RUC's recommended work RVU for 33254		27.52 (IWPUT=0.097)

Therefore, the RUC recommends a work RVU of 27.52 for code 33255.

33256 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass

The RUC reviewed the service times that the specialty society recommended for code 33256. The RUC agreed that for this procedure the 99291 critical care visit should be retained as it is a cardio-pulmonary bypass code and all other cardio-pulmonary bypass codes in the RUC database have critical care associated with them. The RUC reviewed the reference code 33430 *Replacement, mitral valve, with cardiopulmonary bypass*; (Work RVU=33.45) in comparison to the surveyed code and noted the increased total service time of the surveyed code in comparison to the reference code (604 minutes and 571 minutes, respectively), as well as the surveyed code's higher intensity/complexity measures as compared to the reference code. In addition, the RUC reviewed the surveyed code to another reference code 34830 *Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis* (Work RVU=32.54) and agreed that due to the similar total service times (604 and 611, respectively) and similar intensity and complexity between the two procedures, this reference code was more appropriate than the key

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reference code selected by the survey respondents. Therefore, the RUC agreed that the appropriate value for this procedure should be directly crosswalked from 34830. **The RUC recommends a work RVU of 32.54 for code 33256.**

33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass

The RUC reviewed the specialty society surveyed physician times recommended for code 33265. The RUC discussed the post-operative visits associated with this code and determined that the 99291 critical care visit should be replaced with the 99233 hospital visit as this was more typical of the service provided. After amending the post-operative visits, the RUC reviewed the reference code 32663 *Thoracoscopy, surgical; with lobectomy, total or segmental* (Work RVU=18.44) in comparison to the surveyed code and agreed that although the total service time of the surveyed code was lower in comparison to the reference code (472 minutes and 614 minutes, respectively), the surveyed code had much higher intensity/complexity measures as compared to the reference code, and therefore agreed that the median RVU of 25.00 seemed appropriate. However, to account for the change in post-operative visits, the RUC's recommended that the associated work with this change be removed from the median RVU.

Median RVU		25.00
Post-Operative Visit Change	Reduction from a 99291 to a 99233 visit	(2.48)
RUC's recommended work RVU for 33254		22.52 (IWPUT=0.090)

Therefore, the RUC recommends a work RVU of 22.52 for code 33265.

33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass

The RUC reviewed the specialty society surveyed physician times recommended for code 33266. The RUC discussed the post-operative visits associated with this code and determined that the 99291 critical care visit should be replaced with the 99233 hospital visit as this was more typical of the service provided. After amending the post-operative visits, the RUC reviewed the reference code 33426 *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring* (Work RVU=32.95) in comparison to the surveyed code and agreed that although the total service time of the surveyed code was lower in comparison to the reference code (552 minutes and 571 minutes, respectively), the surveyed code had much higher intensity/complexity measures as compared to the reference code, and

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therefore agreed that the median RVU of 34.00 seemed appropriate. However, to account for the change in post-operative visits, the RUC's recommended that the associated work with this change be removed from the median RVU.

Median RVU		34.00
Post-Operative Visit Change	Reduction from a 99291 to a 99233 visit	(2.48)
RUC's recommended work RVU for 33254		31.52 (IWPUT=0.108)

Therefore, the RUC recommends a work RVU of 31.52 for code 33266.

Practice Expense:
The RUC recommends the standard 090 Day Global direct practice expense inputs with the clinical staff of RN.

New Technology/Services
The RUC identified these codes as utilizing new technology. **The RUC recommends that these codes are put on the new technology/services list and return to the RUC for re-review once this technology has become more widespread.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
This family of codes describes the surgical treatment of supraventricular dysrhythmias. Tissue ablation, disruption and reconstruction can be accomplished by many methods including surgical incision or through the use of a variety of energy sources (eg, radiofrequency, cryotherapy, microwave, ultrasound, laser). If excision or isolation of the left atrial appendage by any method, including stapling, oversewing, ligation or plication, is performed in conjunction with any of the maze procedures, it is considered as part of the procedure. 33254-33256 are to be only reported when there is no concurrently performed procedure that requires median sternotomy or cardiopulmonary bypass. When 33254-33256 are performed with a concurrent procedure that requires a median sternotomy or cardiopulmonary bypass, report the operative (nonthoracoscopic) electrophysiologic procedure with unlisted procedure code 33999. **Definitions** ***Limited*** operative ablation and reconstruction includes: 1. Surgical isolation of triggers of supraventricular dysrhythmias by operative ablation that isolates the pulmonary veins or other				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
anatomically defined triggers in the left or right atrium. ***Extensive*** operative ablation and reconstruction includes: 1. The services included in "*limited*"; and 2. Additional ablation of atrial tissue to eliminate sustained supraventricular dysrhythmias. This must include operative ablation that involves either the right atrium, the atrial septum or left atrium in continuity with the atrioventricular annulus. **Incision**				
D 33253		~~Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (eg, maze procedure)~~ (33253 has been deleted. To report, use 33254 - 33256)	090	N/A
●33254	CC1	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	090	22.52
●33255	CC2	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	090	27.52
●33256	CC3	with cardiopulmonary bypass (Do not report 33254-33256 in conjunction with 32020, 32100, 33120, 33130, 33210, 33211, 33400-33507, 33510-33523, 33533-33548, 33600-33853, 33860-33863, 33910-33920)	090	32.54
●33265	CC4	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	090	22.52

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
●33266	CC5	operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass (Do not report 33265-33266 in conjunction with 33210-33211, 32020)	090	31.52

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:33254 Global Period: 090 Specialty Society RVU: **25.00**

RUC RVU: **22.52**

CPT Descriptor: Operative tissue ablation and reconstruction of atria, limited (e.g. modified maze procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old woman presented with a two-year history of paroxysmal atrial fibrillation that was unresponsive to antiarrhythmic medications. Preoperatively, an echocardiogram and a cardiac catheterization demonstrated no coronary artery disease and good ventricular function. Limited operative tissue ablation and reconstruction of atria (eg, modified maze procedure) was performed.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work – Day before surgery:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- History and physical examination
- Chest x-rays
- Electrocardiogram/echo
- Laboratory results (CBC, electrolytes, renal and liver function)
- Cardiology/pulmonary assessment as indicated
- Review planned incisions and procedure
- History and physical examination
- Confirm OR start time – notify patient and family
- Arrange for surgical assistant

Pre-service work – Day of surgery;

- Change into scrub clothes
- Check with lab – check on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that perioperative drugs (antibiotics, heparin) have been administered
- Place bladder catheter
- Position patient appropriately for planned procedure
- Carefully pad the extremities to prevent pressure injury
- Prep and drape skin appropriate to procedure

Description of Intra-Service Work: • General anesthesia is induced

- A median sternotomy incision is performed
- The pericardium is opened and a pericardial cradle created
- The pulmonary veins are isolated by dissection behind them.
- A series of atrial lesions is created using an ablative energy source to isolate or redirect abnormal atrial depolarization site(s).
- The left atrial appendage is excised using a stapling device.

- Chest and pericardial tubes and are placed.
- The wound is closed in a standard manner with stainless steel sternal wires and absorbable suture.

Description of Post-Service Work: Post-op same day work through admission to intensive care:

- Apply sterile dressings to the incision
- Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected
- This attention continues as the patient is moved to the ICU bed for transfer
- In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor
- Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed
- Accompany patient to the ICU and direct the team should the patient's condition change en route
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted)
- Write orders for post-op labs, films, medications, diet, and patient activity
- Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any)
- Establish short term goals for patient with ICU nursing staff
- Discuss procedure outcome with family describing procedure performed, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term
- Discuss procedure outcome with patient after emergence from anesthesia
- Dictate post-op report
- Discuss procedure outcome with referring physician if any
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care Unit Stay

- Assess neurological state
- Administer sedatives and analgesics as needed
- Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present
- Assess hemodynamic condition
- Evaluate cardiac rhythm
- Assess rate, conduction abnormalities
- Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects
- Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis)
- Review 12-lead EKG for signs or ischemia or injury, compare to preoperative tracing
- Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results
- Monitor chest tube bleeding
- Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot)
- Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam.
- Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma
- Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present
- Respiratory System
- Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam
- Re-evaluate post-operative chest x-ray if necessary
- Monitor lungs for infiltrate/atalectasis
- Assess pleural spaces for fluid collection

- Assess adequacy of urine output
- Check post-operative creatinine in light of pre-operative renal function
- Assess volume status and administer fluids as needed
- Decide if diuretic is indicated, determine dose, monitor response
- Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function
- Monitor distal extremity perfusion
- Assess peripheral pulses
- Compare to preoperative findings
- Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to interventions.
- Review nursing/other staff patient chart notes
- Discuss interval plans with nursing staff
- Set parameters for interval adjustments in patient treatment
- Establish interval to next patient evaluation if expected goals met
- Answer nursing/other staff questions
- Answer patient family questions
- Write orders
- Chart patient progress notes

Discharge day work:

- Perform detailed interval history and physical exam
- Check final pathology/lab/film reports and discuss with patient
- Check wounds and patient progress
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointments to office, etc.
- Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated.
- Specific attention is paid to evaluating post hospital rhythm disturbances and the importance of maintenance of sinus rhythm by early detection and follow-up.
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Write prescriptions and discharge instructions
- Explain nature, purpose and expected duration of use of new medications. Specific attention is paid to potential interactions between antiarrhythmic medications and anticoagulation. Relate importance of secondary prevention of cardiac disease through risk factor reduction (abstinence from smoking, ideal body weight, glucose control (if indicated), Beta blockers, Statins, ACE inhibition and antiplatelet agents.
- Review the patient's home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Specific attention is paid to dietary interactions with anticoagulation medications.
- Dictate discharge summary
- Communicate with patient's primary care physician(s)

Post-op office work – After discharge from hospital:

- Examine and talk with patient
- Check wounds and patient progress
- Review ECG and rhythm strip, labs, diary of anticoagulation
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications

- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Verdi DiSesa, MD					
Specialty(s):	cardiothoracic surgery					
CPT Code:	33254					
Sample Size:	547	**Resp n:** 41		**Response:** 7.4 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		10.00	19.97	**25.00**	30.00	43.00
Pre-Service Evaluation Time:				**60.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		60.00	100.00	**120.00**	180.00	300.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33300	090	17.89

CPT Descriptor Repair of cardiac wound; without bypass

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
32440	090	24.96

CPT Descriptor 1 Removal of lung, total pneumonectomy;

MPC CPT Code 2	Global	Work RVU
44626	090	25.32

CPT Descriptor 2 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

Other Reference CPT Code	Global	Work RVU
32663	090	18.44

CPT Descriptor Thoracoscopy, surgical; with lobectomy, total or segmental

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 14.6 %

TIME ESTIMATES (Median)

	CPT Code: 33254	**Key Reference CPT Code: 33300**
Median Pre-Service Time	95.00	60.00
Median Intra-Service Time	120.00	118.00
Median Immediate Post-service Time	40.00	50.00
Median Critical Care Time	0.0	36.00
Median Other Hospital Visit Time	90.0	198.50
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	57.00
Median Total Time	**442.00**	**555.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.61	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.83	3.63
Urgency of medical decision making	2.68	3.24

Technical Skill/Physical Effort (Mean)

Technical skill required	3.95	3.82
Physical effort required	3.61	3.58

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.76	3.79
Outcome depends on the skill and judgment of physician	4.07	4.16
Estimated risk of malpractice suit with poor outcome	3.76	3.74

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.88	3.69
Intra-Service intensity/complexity	3.80	3.61
Post-Service intensity/complexity	3.48	3.36

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the median RVW's for the Maze family of codes with the standard pre and post times identified for the cardiothoracic procedures from the 5-year review process. We find that the times, values, and IWPUTs are appropriate for these codes and that they are consistent with the values for the same parameters approved by the RUC during the 5-year review process for comparable codes.

The Maze procedures are slightly different from other cardiac procedures in that the patients are more complex to manage in the post-hospital setting. This is due to the fact that many of the patients require anti-arrhythmic medication

and anti-coagulation for up to 6 months following the procedure. These medications also interact, and frequent adjustment is often required. As a result, we agree with the survey respondents that two post-hospital visits are typically required during the global period.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33253-52

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,277 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:33255 Global Period: 090 Specialty Society RVU: **30.00**

RUC RVU: **27.52**

CPT Descriptor: Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old woman presented with a two-year history of chronic atrial fibrillation that was unresponsive to antiarrhythmic medications and multiple cardioversions. Preoperatively, an echocardiogram and a cardiac catheterization demonstrated no coronary artery disease and good ventricular function. An extensive operative tissue ablation and reconstruction of atria (eg, maze procedure); without cardiopulmonary bypass is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work – Day before surgery:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- History and physical examination
- Chest x-rays
- Electrocardiogram/echo
- Laboratory results (CBC, electrolytes, renal and liver function)
- Cardiology/pulmonary assessment as indicated
- Review planned incisions and procedure
- History and physical examination
- Confirm OR start time – notify patient and family
- Arrange for surgical assistant

Pre-service work – Day of surgery;

- Change into scrub clothes
- Check with lab – check on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that perioperative drugs (antibiotics, heparin) have been administered
- Place bladder catheter
- Position patient appropriately for planned procedure
- Carefully pad the extremities to prevent pressure injury
- Prep and drape skin appropriate to procedure

Description of Intra-Service Work: • General anesthesia is induced

- A median sternotomy incision is performed
- The pericardium is opened and a pericardial cradle created
- The pulmonary veins are isolated by dissection behind them.

- A series of atrial lesions is created using an ablative energy source to isolate or redirect abnormal atrial depolarization site(s).
- An extenisive lesion set is made, involving both atria or creating conduction block involving the AV annulus.
- The left atrial appendage is excised using a stapling device.
- Chest and pericardial tubes and are placed.
- The wound is closed in a standard manner with stainless steel sternal wires and absorbable suture.

Description of Post-Service Work: Post-op same day work through admission to intensive care unit:

- Apply sterile dressings to the incision
- Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected
- This attention continues as the patient is moved to the ICU bed for transfer
- In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor
- Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed
- Accompany patient to the ICU and direct the team should the patient's condition change en route
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted)
- Write orders for post-op labs, films, medications, diet, and patient activity
- Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any)
- Establish short term goals for patient with ICU nursing staff
- Discuss procedure outcome with family describing procedure performed, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term
- Discuss procedure outcome with patient after emergence from anesthesia
- Dictate post-op report
- Discuss procedure outcome with referring physician if any
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care Unit Stay

- Assess neurological state
- Monitor emergence from anesthesia
- Administer sedatives, paralyzing agents and analgesics as needed
- Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present
- Repeat evaluation until intraoperative neurologic injury is ruled out.
- Assess hemodynamic condition
- Evaluate cardiac rhythm
- Assess rate, conduction abnormalities
- Consider temporary pacemaker
- Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects
- Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis)
- Assess blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index
- Correlate pulmonary artery diastolic pressure, wedge pressure and CVP at baseline, confirm calibration of transducers with zero level at the level of the right heart, assess waveforms
- Administer crystalloid fluids or blood products depending on cardiac index, mixed venous oxygen saturation, hemoglobin, and central filling pressures
- Adjust inotropic and vasoactive agents given by continuous infusion to optimize O2 delivery and minimize adverse end-organ effects

- Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results
- Monitor chest tube bleeding
- Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot)
- Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam.
- Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma
- Consider other adjunctive pharmacologic therapies for coagulopathy
- Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present
- Respiratory System
- Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam
- Assess ventilator settings, observe underlying respiratory pattern, observe baseline airway pressures generated and minute gas flow
- Re-evaluate post-operative chest x-ray if necessary
- Confirm endo-tracheal tube placement by review of post-operative chest x-ray
- Monitor lungs for infiltrate/atalectasis
- Assess pleural spaces for fluid collection
- Assess blood gases and adjust ventilator as needed
- Wean from ventilator
- Assess readiness for extubation
- Extubate patient and assure airway and adequacy of ventilation
- Assess adequacy of urine output
- Check post-operative creatinine in light of pre-operative renal function
- Assess volume status and administer fluids as needed
- Decide if diuretic is indicated, determine dose, monitor response
- Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function
- Monitor distal extremity perfusion
- Assess peripheral pulses
- Compare to preoperative findings
- Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to critical care interventions.
- Review nursing/other staff patient chart notes
- Discuss interval plans with nursing staff
- Set parameters for interval adjustments in patient treatment
- Establish interval to next patient evaluation if expected goals met
- Answer nursing/other staff questions
- Answer patient family questions
- Write orders
- Chart patient progress notes

Post-op other hospital work – beginning on post-op day 1 until discharge day:

- Examine and talk with patient
- Encourage ambulation and vigorous pulmonary physiotherapy
- Check wounds and patient progress
- Review chest radiograph and 12-lead ECG
- Treat cardiac arrhythmias (in up to 40% of patients)
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Carefully assess and monitor postoperative nutritional status as maintained by both enteral and oral feedings
- Chart patient progress notes

Discharge day work:

- Perform detailed interval history and physical exam
- Check final pathology/lab/film reports and discuss with patient
- Check wounds and patient progress
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointments to office, etc.
- Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated.
- Specific attention is paid to evaluating post hospital rhythm disturbances and the importance of maintenance of sinus rhythm by early detection and follow-up.
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Write prescriptions and discharge instructions
- Explain nature, purpose and expected duration of use of new medications. Specific attention is paid to potential interactions between antiarrhythmic medications and anticoagulation. Relate importance of secondary prevention of cardiac disease through risk factor reduction (abstinence from smoking, ideal body weight, glucose control (if indicated), Beta blockers, Statins, ACE inhibition and antiplatelet agents.
- Review the patient's home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Specific attention is paid to dietary interactions with anticoagulation medications.
- Dictate discharge summary
- Communicate with patient's primary care physician(s)

Post-op office work – After discharge from hospital:

- Examine and talk with patient
- Check wounds and patient progress
- Review ECG and rhythm strip, labs, diary of anticoagulation
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Verdi DiSesa, MD					
Specialty(s):	cardiothoracic surgery					
CPT Code:	33255					
Sample Size:	547	**Resp n:** 49		**Response:** 8.9 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		16.00	25.00	**30.00**	35.00	43.00

code: 33255

Pre-Service Evaluation Time:				**60.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		70.00	150.00	**180.00**	210.00	300.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**120.0**	99231x **1.0** 99232x **2.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33140	090	19.97

CPT Descriptor Transmyocardial laser revascularization, by thoracotomy; (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
45110	090	27.96

CPT Descriptor 1 Proctectomy; complete, combined abdominoperineal, with colostomy

MPC CPT Code 2	Global	Work RVU
33681	090	30.56

CPT Descriptor 2 Closure of ventricular septal defect, with or without patch;

Other Reference CPT Code	Global	Work RVU
33426	090	32.95

CPT Descriptor Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 32.6 %

TIME ESTIMATES (Median)

	CPT Code: 33255	**Key Reference CPT Code: 33140**
Median Pre-Service Time	95.00	30.00
Median Intra-Service Time	180.00	120.00
Median Immediate Post-service Time	40.00	45.00
Median Critical Care Time	0.0	120.00
Median Other Hospital Visit Time	120.0	123.50
Median Discharge Day Management Time	36.0	0.00
Median Office Visit Time	61.0	68.00
Median Total Time	**532.00**	**506.50**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.76	3.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.90	3.79
Urgency of medical decision making	2.73	3.24

Technical Skill/Physical Effort (Mean)

Technical skill required	4.34	4.13
Physical effort required	4.10	4.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.05	4.03
Outcome depends on the skill and judgment of physician	4.32	4.29
Estimated risk of malpractice suit with poor outcome	3.90	3.84

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.83
Intra-Service intensity/complexity	4.18	4.00
Post-Service intensity/complexity	3.63	3.56

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the median RVW's for the Maze family of codes with the standard pre and post times identified for the cardiothoracic procedures from the 5-year review process. We find that the times, values, and IWPUTs are appropriate for these codes and that they are consistent with the values for the same parameters approved by the RUC during the 5-year review process for comparable codes.

The Maze procedures are slightly different from other cardiac procedures in that the patients are more complex to manage in the post-hospital setting. This is due to the fact that many of the patients require anti-arrhythmic medication

and anti-coagulation for up to 6 months following the procedure. These medications also interact, and frequent adjustment is often required. As a result, we agree with the survey respondents that two post-hospital visits are typically required during the global period.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33253-52

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,229 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:33256 Global Period: 090 Specialty Society RVU: **34.00**

RUC RVU: **32.54**

CPT Descriptor: Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old woman presented with a 6-year history of chronic atrial fibrillation that was unresponsive to antiarrhythmic medications and multiple cardioversions. Preoperatively, an echocardiogram and a cardiac catheterization demonstrated no coronary artery disease and good ventricular function. An extensive operative tissue ablation and reconstruction of atria (eg, maze procedure); with cardiopulmonary bypass is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work - Day before surgery:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- History and physical examination
- Chest x-rays
- Electrocardiogram/echo
- Laboratory results (CBC, electrolytes, renal and liver function)
- Cardiology/pulmonary assessment as indicated
- Review planned incisions and procedure
- History and physical examination
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant

Pre-service work - Day of surgery;

- Change into scrub clothes
- Check with lab - check on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that perioperative drugs (antibiotics, heparin) have been administered
- Place bladder catheter
- Position patient appropriately for planned procedure
- Carefully pad the extremities to prevent pressure injury
- Prep and drape skin appropriate to procedure

Description of Intra-Service Work: • General anesthesia is induced

- A median sternotomy incision is performed
- The pericardium is opened and a pericardial cradle created
- The pulmonary veins are isolated by dissection behind them.
- Aortic and atrial purse string sutures are placed.

- The patient is given systemic heparin.
- Cannulae for cardiopulmonary bypass are inserted and secured.
- Cardiopulmonary bypass is established.
- The patient is cooled to approximately 34 degrees Centigrade
- The aorta is clamped and the heart arrested with cold blood cardioplegia.
- Additional doses of cardioplegia are given intermittently throughout the period of aortic clamping.
- The left and right atria are opened.
- Both atrial appendages are excised and stapled or oversewn.
- An extenisive lesion set is made using incisions or ablative techniques and involving both atria or creating conduction block involving the AV annulus.
- The lesions encircle the pulmonary veins and extend to both the mitral and tricuspid annuli.
- The atria are closed with monofilament sutures.
- The patient is warmed and weaned from cardiopulmonary bypass.
- Cannulae are removed and the cannulation sites are oversewn.
- Protamine is administered.
- A careful inspection for hemostasis is made.
- Chest and pericardial tubes and are placed.
- The wound is closed in a standard manner with stainless steel sternal wires and absorbable suture.

Description of Post-Service Work: Post-op same day work through admission to intensive care unit:

- Apply sterile dressings to the incision
- Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected
- This attention continues as the patient is moved to the ICU bed for transfer
- In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor
- Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed
- Accompany patient to the ICU and direct the team should the patient's condition change en route
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted)
- Write orders for post-op labs, films, medications, diet, and patient activity
- Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any)
- Establish short term goals for patient with ICU nursing staff
- Discuss procedure outcome with family describing procedure performed, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term
- Discuss procedure outcome with patient after emergence from anesthesia
- Dictate post-op report
- Discuss procedure outcome with referring physician if any
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care Unit Stay

- Assess neurological state
- Monitor emergence from anesthesia
- Administer sedatives, paralyzing agents and analgesics as needed
- Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present
- Repeat evaluation until intraoperative neurologic injury is ruled out.
- Assess hemodynamic condition
- Evaluate cardiac rhythm
- Assess rate, conduction abnormalities
- Consider temporary pacemaker

- Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects
- Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis)
- Assess blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index
- Correlate pulmonary artery diastolic pressure, wedge pressure and CVP at baseline, confirm calibration of transducers with zero level at the level of the right heart, assess waveforms
- Administer crystalloid fluids or blood products depending on cardiac index, mixed venous oxygen saturation, hemoglobin, and central filling pressures
- Adjust inotropic and vasoactive agents given by continuous infusion to optimize O2 delivery and minimize adverse end-organ effects
- Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results
- Monitor chest tube bleeding
- Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot)
- Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam.
- Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma
- Consider other adjunctive pharmacologic therapies for coagulopathy
- Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present
- Respiratory System
- Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam
- Assess ventilator settings, observe underlying respiratory pattern, observe baseline airway pressures generated and minute gas flow
- Re-evaluate post-operative chest x-ray if necessary
- Confirm endo-tracheal tube placement by review of post-operative chest x-ray
- Monitor lungs for infiltrate/atalectasis
- Assess pleural spaces for fluid collection
- Assess blood gases and adjust ventilator as needed
- Wean from ventilator
- Assess readiness for extubation
- Extubate patient and assure airway and adequacy of ventilation
- Assess adequacy of urine output
- Check post-operative creatinine in light of pre-operative renal function
- Assess volume status and administer fluids as needed
- Decide if diuretic is indicated, determine dose, monitor response
- Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function
- Monitor distal extremity perfusion
- Assess peripheral pulses
- Compare to preoperative findings
- Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to critical care interventions.
- Review nursing/other staff patient chart notes
- Discuss interval plans with nursing staff
- Set parameters for interval adjustments in patient treatment
- Establish interval to next patient evaluation if expected goals met
- Answer nursing/other staff questions
- Answer patient family questions
- Write orders
- Chart patient progress notes

Post-op other hospital work – beginning on post-op day 1 until discharge day:

- Examine and talk with patient
- Encourage ambulation and vigorous pulmonary physiotherapy
- Check wounds and patient progress

- Review chest radiograph and 12-lead ECG
- Treat cardiac arrhythmias (in up to 40% of patients)
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Carefully assess and monitor postoperative nutritional status as maintained by both enteral and oral feedings
- Chart patient progress notes

Discharge day work:

- Perform detailed interval history and physical exam
- Check final pathology/lab/film reports and discuss with patient
- Check wounds and patient progress
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointments to office, etc.
- Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated.
- Specific attention is paid to evaluating post hospital rhythm disturbances and the importance of maintenance of sinus rhythm by early detection and follow-up.
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Write prescriptions and discharge instructions
- Explain nature, purpose and expected duration of use of new medications. Specific attention is paid to potential interactions between antiarrhythmic medications and anticoagulation. Relate importance of secondary prevention of cardiac disease through risk factor reduction (abstinence from smoking, ideal body weight, glucose control (if indicated), Beta blockers, Statins, ACE inhibition and antiplatelet agents.
- Review the patient's home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Specific attention is paid to dietary interactions with anticoagulation medications.
- Dictate discharge summary
- Communicate with patient's primary care physician(s)

Post-op office work - After discharge from hospital:

- Examine and talk with patient
- Check wounds and patient progress
- Review ECG and rhythm strip, labs, diary of anticoagulation
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Verdi DiSesa, MD				
Specialty(s):	cardiothoracic surgery				
CPT Code:	33256				
Sample Size: 547	**Resp n:** 41	**Response:** 7.4 %			
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	20.00	32.00	**34.00**	35.00	45.00
Pre-Service Evaluation Time:			**60.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	110.00	150.00	**200.00**	240.00	350.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**109.0**	99231x **1.0** 99232x **3.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33430	090	33.45

CPT Descriptor Replacement, mitral valve, with cardiopulmonary bypass

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
35531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 29.2 %

TIME ESTIMATES (Median)

	CPT Code: 33256	Key Reference CPT Code: 33430
Median Pre-Service Time	95.00	43.00
Median Intra-Service Time	200.00	220.00
Median Immediate Post-service Time	40.00	60.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	109.0	136.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	76.00
Median Total Time	**604.00**	**571.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.93	3.81
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.98	3.97
Urgency of medical decision making	2.80	3.39
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.49	4.42
Physical effort required	4.15	4.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.27	4.34
Outcome depends on the skill and judgment of physician	4.49	4.53
Estimated risk of malpractice suit with poor outcome	4.02	4.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.15	4.17
Intra-Service intensity/complexity	4.48	4.43
Post-Service intensity/complexity	4.05	3.94

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the median RVW's for the Maze family of codes with the standard pre and post times identified for the cardiothoracic procedures from the 5-year review process. We find that the times, values, and IWPUTs are appropriate for these codes and that they are consistent with the values for the same parameters approved by the RUC during the 5-year review process for comparable codes.

The Maze procedures are slightly different from other cardiac procedures in that the patients are more complex to manage in the post-hospital setting. This is due to the fact that many of the patients require anti-arrhythmic medication

and anti-coagulation for up to 6 months following the procedure. These medications also interact, and frequent adjustment is often required. As a result, we agree with the survey respondents that two post-hospital visits are typically required during the global period.

The recommended value of the 33256 Maze procedure is only marginally higher than the current Maze (33253) value of 31.01. Using the median survey value results in a modest but acceptable increase in work units. Although patients are older and sicker and require more postop care as indicated in 5-year review for all cardiac procedures, new technology has reduced the operative time for this procedure.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33253

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,867 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33265 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **25.00**
RUC RVU: **22.52**

CPT Descriptor: Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old woman presented with a two-year history of paroxysmal atrial fibrillation that was unresponsive to antiarrhythmic medications. Preoperatively, an echocardiogram and a cardiac catheterization demonstrated no coronary artery disease and good ventricular function. Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), limited without cardiopulmonary bypass is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work – Day before surgery:

- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- History and physical examination
- Chest x-rays
- Electrocardiogram/echo
- Laboratory results (CBC, electrolytes, renal and liver function)
- Cardiology/pulmonary assessment as indicated
- Review planned incisions and procedure
- History and physical examination
- Confirm OR start time – notify patient and family
- Arrange for surgical assistant

Pre-service work – Day of surgery;

- Change into scrub clothes
- Check with lab – check on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that perioperative drugs (antibiotics, heparin) have been administered
- Place bladder catheter
- Position patient appropriately for planned procedure
- Carefully pad the extremities to prevent pressure injury
- Prep and drape skin appropriate to procedure

Description of Intra-Service Work: • General anesthesia permitting one-lung ventilation is induced

- Multiple ports are placed into the right and left chests.
- With thoracoscopic assistance, the pericardium is opened, the pulmonary veins are encircled, and a series of atrial lesions are created using an ablative energy source to isolate or redirect abnormal atrial depolarization site(s).

- The left atrial appendage is excised using a stapling device.
- Chest and pericardial tubes and are placed.
- The multiple chest wounds are closed with absorbable suture

Description of Post-Service Work: Post-op same day work through admission to intensive care:

- Apply sterile dressings to the incision
- Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected
- This attention continues as the patient is moved to the ICU bed for transfer
- In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor
- Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed
- Accompany patient to the ICU and direct the team should the patient's condition change en route
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted)
- Write orders for post-op labs, films, medications, diet, and patient activity
- Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any)
- Establish short term goals for patient with ICU nursing staff
- Discuss procedure outcome with family describing procedure performed, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term
- Discuss procedure outcome with patient after emergence from anesthesia
- Dictate post-op report
- Discuss procedure outcome with referring physician if any
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care Unit Stay

- Assess neurological state
- Administer sedatives and analgesics as needed
- Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present
- Assess hemodynamic condition
- Evaluate cardiac rhythm
- Assess rate, conduction abnormalities
- Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects
- Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis)
- Review 12-lead EKG for signs or ischemia or injury, compare to preoperative tracing
- Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results
- Monitor chest tube bleeding
- Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot)
- Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam.
- Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma
- Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present
- Respiratory System
- Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam
- Re-evaluate post-operative chest x-ray if necessary
- Monitor lungs for infiltrate/atalectasis

- Assess pleural spaces for fluid collection
- Assess adequacy of urine output
- Check post-operative creatinine in light of pre-operative renal function
- Assess volume status and administer fluids as needed
- Decide if diuretic is indicated, determine dose, monitor response
- Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function
- Monitor distal extremity perfusion
- Assess peripheral pulses
- Compare to preoperative findings
- Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to interventions.
- Review nursing/other staff patient chart notes
- Discuss interval plans with nursing staff
- Set parameters for interval adjustments in patient treatment
- Establish interval to next patient evaluation if expected goals met
- Answer nursing/other staff questions
- Answer patient family questions
- Write orders
- Chart patient progress notes

Discharge day work:

- Perform detailed interval history and physical exam
- Check final pathology/lab/film reports and discuss with patient
- Check wounds and patient progress
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointments to office, etc.
- Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated.
- Specific attention is paid to evaluating post hospital rhythm disturbances and the importance of maintenance of sinus rhythm by early detection and follow-up.
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Write prescriptions and discharge instructions
- Explain nature, purpose and expected duration of use of new medications. Specific attention is paid to potential interactions between antiarrhythmic medications and anticoagulation. Relate importance of secondary prevention of cardiac disease through risk factor reduction (abstinence from smoking, ideal body weight, glucose control (if indicated), Beta blockers, Statins, ACE inhibition and antiplatelet agents.
- Review the patient's home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Specific attention is paid to dietary interactions with anticoagulation medications.
- Dictate discharge summary
- Communicate with patient's primary care physician(s)

Post-op office work – After discharge from hospital:

- Examine and talk with patient
- Check wounds and patient progress
- Review ECG and rhythm strip, labs, diary of anticoagulation
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians

- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Verdi DiSesa, MD					
Specialty(s):	cardiothoracic surgery					
CPT Code:	33265					
Sample Size:	547	**Resp n:** 35		**Response:** 6.3 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		13.00	20.00	**25.00**	35.00	43.00
Pre-Service Evaluation Time:				**60.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		60.00	120.00	**150.00**	180.00	360.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
32663	090	18.44

CPT Descriptor Thoracoscopy, surgical; with lobectomy, total or segmental

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
44626	090	25.32

CPT Descriptor 1 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

MPC CPT Code 2	Global	Work RVU
47760	090	25.81

CPT Descriptor 2 Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 22.8 %

TIME ESTIMATES (Median)

	CPT Code: 33265	Key Reference CPT Code: 32663
Median Pre-Service Time	95.00	105.00
Median Intra-Service Time	150.00	240.00
Median Immediate Post-service Time	40.00	200.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	0.00
Median Discharge Day Management Time	36.0	0.00
Median Office Visit Time	61.0	69.00
Median Total Time	**472.00**	**614.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.77	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	3.79
Urgency of medical decision making	2.77	3.21

Technical Skill/Physical Effort (Mean)

Technical skill required	4.26	3.96
Physical effort required	4.14	3.86

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.17	3.86
Outcome depends on the skill and judgment of physician	4.37	4.18
Estimated risk of malpractice suit with poor outcome	4.09	3.75

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.09	3.83
Intra-Service intensity/complexity	4.20	4.00
Post-Service intensity/complexity	3.46	3.45

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the median RVW's for the Maze family of codes with the standard pre and post times identified for the cardiothoracic procedures from the 5-year review process. We find that the times, values, and IWPUTs are appropriate for these codes and that they are consistent with the values for the same parameters approved by the RUC during the 5-year review process for comparable codes.

The Maze procedures are slightly different from other cardiac procedures in that the patients are more complex to manage in the post-hospital setting. This is due to the fact that many of the patients require anti-arrhythmic medication

and anti-coagulation for up to 6 months following the procedure. These medications also interact, and frequent adjustment is often required. As a result, we agree with the survey respondents that two post-hospital visits are typically required during the global period.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33253-52, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 409
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33266 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **34.00**
RUC RVU: **31.52**

CPT Descriptor: Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (e.g. maze procedure), without cardiopulmonary bypass

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 43-year-old woman presented with a two-year history of chronic atrial fibrillation that was unresponsive to antiarrhythmic medications. Preoperatively, an echocardiogram and a cardiac catheterization demonstrated no coronary artery disease and good ventricular function. Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, modified maze procedure), with cardiopulmonary bypass is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work – Day before surgery:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- History and physical examination
- Chest x-rays
- Electrocardiogram/echo
- Laboratory results (CBC, electrolytes, renal and liver function)
- Cardiology/pulmonary assessment as indicated
- Review planned incisions and procedure
- History and physical examination
- Confirm OR start time – notify patient and family
- Arrange for surgical assistant

Pre-service work – Day of surgery;
- Change into scrub clothes
- Check with lab – check on availability of blood and/or cross match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Obtain informed consent
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that perioperative drugs (antibiotics, heparin) have been administered
- Place bladder catheter
- Position patient appropriately for planned procedure
- Carefully pad the extremities to prevent pressure injury
- Prep and drape skin appropriate to procedure

Description of Intra-Service Work: • General anesthesia permitting one-lung ventilation is induced
- Multiple ports are placed into the right and left chests.
- With thoracoscopic assistance, the pericardium is opened, the pulmonary veins are encircled, and a series of atrial lesions are created using surgical incision and/or an ablative energy source to isolate or redirect abnormal atrial depolarization site(s).

- An extensive lesion set is made, involving both atria or creating conduction block involving the AV annulus
- The left and right atrial appendages are excised using stapling devices.
- Chest tubes and external pacing wires are placed.
- The multiple chest wounds are closed with absorbable suture.

Description of Post-Service Work: Post-op same day work through admission to intensive care unit:

- Apply sterile dressings to the incision
- Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected
- This attention continues as the patient is moved to the ICU bed for transfer
- In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor
- Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed
- Accompany patient to the ICU and direct the team should the patient's condition change en route
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted)
- Write orders for post-op labs, films, medications, diet, and patient activity
- Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any)
- Establish short term goals for patient with ICU nursing staff
- Discuss procedure outcome with family describing procedure performed, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term
- Discuss procedure outcome with patient after emergence from anesthesia
- Dictate post-op report
- Discuss procedure outcome with referring physician if any
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care Unit Stay

- Assess neurological state
- Monitor emergence from anesthesia
- Administer sedatives, paralyzing agents and analgesics as needed
- Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present
- Repeat evaluation until intraoperative neurologic injury is ruled out.
- Assess hemodynamic condition
- Evaluate cardiac rhythm
- Assess rate, conduction abnormalities
- Consider temporary pacemaker
- Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects
- Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis)
- Assess blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index
- Correlate pulmonary artery diastolic pressure, wedge pressure and CVP at baseline, confirm calibration of transducers with zero level at the level of the right heart, assess waveforms
- Administer crystalloid fluids or blood products depending on cardiac index, mixed venous oxygen saturation, hemoglobin, and central filling pressures
- Adjust inotropic and vasoactive agents given by continuous infusion to optimize O2 delivery and minimize adverse end-organ effects
- Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results
- Monitor chest tube bleeding

- Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot)
- Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam.
- Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma
- Consider other adjunctive pharmacologic therapies for coagulopathy
- Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present
- Respiratory System
- Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam
- Assess ventilator settings, observe underlying respiratory pattern, observe baseline airway pressures generated and minute gas flow
- Re-evaluate post-operative chest x-ray if necessary
- Confirm endo-tracheal tube placement by review of post-operative chest x-ray
- Monitor lungs for infiltrate/atalectasis
- Assess pleural spaces for fluid collection
- Assess blood gases and adjust ventilator as needed
- Wean from ventilator
- Assess readiness for extubation
- Extubate patient and assure airway and adequacy of ventilation
- Assess adequacy of urine output
- Check post-operative creatinine in light of pre-operative renal function
- Assess volume status and administer fluids as needed
- Decide if diuretic is indicated, determine dose, monitor response
- Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function
- Monitor distal extremity perfusion
- Assess peripheral pulses
- Compare to preoperative findings
- Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to critical care interventions.
- Review nursing/other staff patient chart notes
- Discuss interval plans with nursing staff
- Set parameters for interval adjustments in patient treatment
- Establish interval to next patient evaluation if expected goals met
- Answer nursing/other staff questions
- Answer patient family questions
- Write orders
- Chart patient progress notes

Post-op other hospital work – beginning on post-op day 1 until discharge day:

- Examine and talk with patient
- Encourage ambulation and vigorous pulmonary physiotherapy
- Check wounds and patient progress
- Review chest radiograph and 12-lead ECG
- Treat cardiac arrhythmias (in up to 40% of patients)
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Carefully assess and monitor postoperative nutritional status as maintained by both enteral and oral feedings
- Chart patient progress notes

Discharge day work:

- Perform detailed interval history and physical exam
- Check final pathology/lab/film reports and discuss with patient

- Check wounds and patient progress
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointments to office, etc.
- Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated.
- Specific attention is paid to evaluating post hospital rhythm disturbances and the importance of maintenance of sinus rhythm by early detection and follow-up.
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Write prescriptions and discharge instructions
- Explain nature, purpose and expected duration of use of new medications. Specific attention is paid to potential interactions between antiarrhythmic medications and anticoagulation. Relate importance of secondary prevention of cardiac disease through risk factor reduction (abstinence from smoking, ideal body weight, glucose control (if indicated), Beta blockers, Statins, ACE inhibition and antiplatelet agents.
- Review the patient's home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Specific attention is paid to dietary interactions with anticoagulation medications.
- Dictate discharge summary
- Communicate with patient's primary care physician(s)

Post-op office work – After discharge from hospital:

- Examine and talk with patient
- Check wounds and patient progress
- Review ECG and rhythm strip, labs, diary of anticoagulation
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Verdi DiSesa, MD				
Specialty(s):	cardiothoracic surgery				
CPT Code:	33266				
Sample Size:	547	**Resp n:** 35	**Response:** 6.3 %		
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	16.00	27.75	**34.00**	35.00	50.00
Pre-Service Evaluation Time:			**60.0**		
Pre-Service Positioning Time:			**15.0**		

code: 33266

Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		70.00	180.00	**200.00**	240.00	360.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**40.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**120.0**	99231x **1.0**	99232x **2.0**	99233x **1.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**61.0**	99211x **0.0**	12x **0.0**	13x **1.0**	14x **1.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33426	090	32.95

CPT Descriptor Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
35531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 17.1 %

TIME ESTIMATES (Median)

	CPT Code: 33266	**Key Reference CPT Code: 33426**
Median Pre-Service Time	95.00	43.00
Median Intra-Service Time	200.00	220.00
Median Immediate Post-service Time	40.00	60.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	120.0	136.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	76.00
Median Total Time	**552.00**	**571.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.94	3.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.89
Urgency of medical decision making	2.77	3.59

Technical Skill/Physical Effort (Mean)

Technical skill required	4.43	4.36
Physical effort required	4.29	4.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.29	4.18
Outcome depends on the skill and judgment of physician	4.43	4.25
Estimated risk of malpractice suit with poor outcome	4.17	3.89

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.17	4.03
Intra-Service intensity/complexity	4.51	4.45
Post-Service intensity/complexity	3.60	3.71

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The STS recommends the median RVW's for the Maze family of codes with the standard pre and post times identified for the cardiothoracic procedures from the 5-year review process. We find that the times, values, and IWPUTs are appropriate for these codes and that they are consistent with the values for the same parameters approved by the RUC during the 5-year review process for comparable codes.

The Maze procedures are slightly different from other cardiac procedures in that the patients are more complex to manage in the post-hospital setting. This is due to the fact that many of the patients require anti-arrhythmic medication

and anti-coagulation for up to 6 months following the procedure. These medications also interact, and frequent adjustment is often required. As a result, we agree with the survey respondents that two post-hospital visits are typically required during the global period.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33253-52, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 409
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
33254 CC1	**Operative tissue ablation and reconstruction of atria, limited (e.g. modified maze procedure)**	090
33255 CC2	**Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass**	090
33256 CC3	**Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass**	090
33265 CC4	**Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass**	090
33266 CC5	**Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (e.g. maze procedure), without cardiopulmonary bypass**	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied at an RN staff level which was approved by the PEAC for cardiothoracic surgery procedures.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multispecialty office visit supplies and incision care have been applied.

	A	B	C	D	E	F	G
1				33254		33255	
2				CC1		CC2	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		**Operative tissue ablation and reconstruction of atria, limited (e.g. modified maze procedure)**		**Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass**	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	**N/A**	**161**	**N/A**	**161**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		**89**		**89**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L051A	RN		**5**		**5**
13	Coordinate pre-surgery services	L051A	RN		**20**		**20**
14	Schedule space and equipment in facility	L051A	RN		**8**		**8**
15	Provide pre-service education/obtain consent	L051A	RN		**20**		**20**
16	Follow-up phone calls & prescriptions	L051A	RN		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L051A	RN		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L051A	RN				
48	99212 27 minutes	L051A	RN				
49	99213 36 minutes	L051A	RN		**1**		**1**
50	99214 53 minutes	L051A	RN		**1**		**1**
51	99215 63 minutes	L051A	RN				
52	***Total Office Visit Time***				**89**		**89**
53	Other.						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	**Code**	**Unit**				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**2**		**2**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	**Code**					
60	table, power	**EF031**			**89**		**89**
61	light, exam	**EQ168**			**89**		**89**

	A	B	C	H	I	J	K
1				33256		33265	
2				CC3		CC4	
3	**Meeting Date: April 2006** **RUC Recommendation**	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass		Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	
4				090		090	
5		Code	StaffType	NF	FAC	NF	FAC
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	N/A	161	N/A	161
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		60		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		12		12
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		89		89
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L051A	RN		5		5
13	Coordinate pre-surgery services	L051A	RN		20		20
14	Schedule space and equipment in facility	L051A	RN		8		8
15	Provide pre-service education/obtain consent	L051A	RN		20		20
16	Follow-up phone calls & prescriptions	L051A	RN		7		7
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L051A	RN		12		12
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L051A	RN				
48	99212 27 minutes	L051A	RN				
49	99213 36 minutes	L051A	RN		1		1
50	99214 53 minutes	L051A	RN		1		1
51	99215 63 minutes	L051A	RN				
52	***Total Office Visit Time***				89		89
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		2		2
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		1		1
58							
59	**Equipment**	Code					
60	table, power	**EF031**			89		89
61	light, exam	**EQ168**			89		89

	A	B	C	L	M
1				33266	
2				CC5	
3	**Meeting Date: April 2006** **RUC Recommendation**	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (e.g. maze procedure), without cardiopulmonary bypass	
4				090	
5		Code	StaffType	NF	FAC
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	N/A	161
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		12
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		89
10	**PRE-SERVICE**				
11	***Start: After visit for procedure/service***				
12	Complete pre-service diagnostic & referral forms	L051A	RN		5
13	Coordinate pre-surgery services	L051A	RN		20
14	Schedule space and equipment in facility	L051A	RN		8
15	Provide pre-service education/obtain consent	L051A	RN		20
16	Follow-up phone calls & prescriptions	L051A	RN		7
18	***End: Pt. enters site for procedure/service***				
19	**SERVICE PERIOD**				
40	Discharge day management 99238 –12 minutes	L051A	RN		12
41	Other Clinical Activity (please specify)				
42	***End: Patient leaves site of procedure/service***				
43	**POST-SERVICE Period**				
44	***End: Patient leaves site of procedure/service***				
45	Conduct phone calls/call in prescriptions				
46	*List Number and Level of Office Visits*				
47	99211 16 minutes	L051A	RN		
48	99212 27 minutes	L051A	RN		
49	99213 36 minutes	L051A	RN		1
50	99214 53 minutes	L051A	RN		1
51	99215 63 minutes	L051A	RN		
52	***Total Office Visit Time***				89
53	Other				
54	***End: Last office visit in global period***				
55	**MEDICAL SUPPLIES**	Code	Unit		
56	pack, minimum multi-specialty visit	**SA048**	**pack**		2
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		1
58					
59	**Equipment**	Code			
60	table, power	**EF031**			89
61	light, exam	**EQ168**			89

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Multiple Ventricular Septal Defect Corrections

The CPT Editorial Panel created three new codes to report the treatment of multiple ventricular septal defects which occur in roughly 5% of children with ventricular septal defect.

33675 Closure of multiple ventricular septal defects;

The RUC reviewed the physician surveyed times that the specialty society recommended for code 33675. The RUC discovered that these times were the pre-service times used for the cardiothoracic procedures from the Five Year Review (60 minutes evaluation time, 15 minutes positioning time and 20 minutes scrub, dress and wait time). The RUC agreed that this crosswalk of times was inappropriate and recommended that the pre- and post-service times be changed to the median surveyed times (70 minutes evaluation time, 15 minutes positioning time and 15 minutes scrub, dress and wait time). After amending the pre- times, the RUC reviewed the reference code 33681 *Closure of ventricular septal defect, with or without patch* (Work RVU = 30.56) in comparison to the surveyed code and agreed that because the total times associated with the surveyed code were higher than the reference code (594 minutes and 497 minutes respectively) and the intensity and complexity measures for the surveyed code were substantially greater than the reference code. Therefore, the RUC agreed that the survey median of 34.00 RVUs was appropriate. To further support the median value, the RUC attempted to use a building block methodology by utilizing time and intensity components of the existing code 33681 *Closure of single ventricular septal defect, with or without patch;* (RVU=30.56) and applying this to this new code. The resultant RVU of this process exceeded the survey median further supporting the RUC's recommendation. **The RUC recommends the survey median of 34.00 work RVUs for 33675.**

33676 Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)

The RUC reviewed the physician surveyed times that the specialty society recommended for code 33676. The RUC discovered that these times were the pre-service times used for the cardiothoracic procedures from the Five Year Review (60 minutes evaluation time, 15 minutes positioning time and 20 minutes scrub, dress and wait time). The RUC agreed that this crosswalk of times was inappropriate and

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recommended that the pre- and post-service times be changed to the median surveyed times (70 minutes evaluation time, 15 minutes positioning time and 15 minutes scrub, dress and wait time). After amending the pre- times, the RUC reviewed the reference code 33694 *Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch* (Work RVU = 33.95) in comparison to the surveyed code and agreed that although the total times associated with the surveyed code were lower than the reference code (624 minutes and 704 minutes respectively), the intensity and complexity measures for the surveyed code were substantially greater than the reference code. Therefore the RUC agreed that the survey median of 35.00 RVUs was appropriate. To further support the median value, the RUC attempted to use a building block methodology by utilizing time and intensity components of the existing code 33684 *Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)* (RVU=29.61) and applied this to this new code. The resultant RVU of this process exceeded the survey median further supporting the RUC's recommendation. **The RUC recommends the survey median of 35.00 work RVUs for 33676.**

33677 Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset

The RUC reviewed the physician surveyed times that the specialty society recommended for code 33677. The RUC discovered that these times were the pre-service times used for the cardiothoracic procedures from the Five Year Review (60 minutes evaluation time, 15 minutes positioning time and 20 minutes scrub, dress and wait time). The RUC agreed that this crosswalk of times was inappropriate and recommended that the pre- and post-service times be changed to the median surveyed times (70 minutes evaluation time, 15 minutes positioning time and 15 minutes scrub, dress and wait time). After amending the pre- times, the RUC reviewed the reference code 33694 *Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch* (Work RVU = 33.95) in comparison to the surveyed code and agreed that although the total times associated with the surveyed code were lower than the reference code (654 minutes and 704 minutes respectively), the intensity and complexity measures for the surveyed code were substantially greater than the reference code. Therefore the RUC agreed that the survey median of 36.50 RVUs was appropriate. To further support the median value, the RUC attempted to use a building block methodology by utilizing time and intensity components of the existing code 33688 *Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset* (RVU=30.57) and applied this to this new code. The resultant RVU of this process exceeded the survey median further supporting the RUC's recommendation. **The RUC recommends the survey median of 36.50 work RVUs for 33677.**

The RUC addressed the work neutrality issue surrounding these new and revised codes. The specialty society informed the RUC that the utilization for 33681, 33684, 33688, 33675, 33676 and 33677 is estimated to be 1924, 285, 285, 76, 15 and 15, respectively. The utilization for these codes was derived from the STS database as this is the most accurate source of information for these codes as the patient population is children. With that in mind the RUC calculated the following work neutrality analysis:

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	Existing Work RVUs	Frequency	Existing RVUs
33681	30.56	2000	61,120
33684	29.61	300	8,883
33688	30.5	300	9,170
Total Existing RVUs			79,173

	RUC's Recommended Work RVUs	Specialty Society's Estimated Frequency	Potential New RVUs
33681	30.56	1924	58,797
33684	29.61	285	8,439
33688	30.50	285	8,693
33675	34.00	76	2,584
33676	35.00	15	525
33677	36.50	15	548
Potential Total New RVUs			79,586

Because the deleted total existing RVUs is comparable to the potential total new RVUs, the RUC's recommendation is work neutral.

Practice Expense: The RUC recommends the standard 090 day global direct practice expense inputs with the clinical staff of RN.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33675	DD1	Closure of multiple ventricular septal defects;	090	34.00
●33676	DD2	with pulmonary valvotomy or infundibular resection (acyanotic)	090	35.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33677	DD3	with removal of pulmonary artery band, with or without gusset (Do not report 33675 in conjunction with 32002, 32020, 32100, 33210, 33681, 33684, 33688) (For transmyocardial closure, see Category III codes 0100X2T and 0100X3T) (For percutaneous closure, use 93581	090	36.50
e▲33681		Closure of single ventricular septal defect, with or without patch;	090	30.56 (No Change)
e▲33684		with pulmonary valvotomy or infundibular resection (acyanotic)	090	32.50 (Five-Year Review Recommendation-Oct 2006)
e▲33688		with removal of pulmonary artery band, with or without gusset (For pulmonary vein repair requiring creation of atrial septal defect, use 33724)	090	32.88 (Five-Year Review Recommendation-Oct 2006)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33675 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **34.00**
RUC RVU: **34.00**

CPT Descriptor: Closure of multiple ventricular septal defects;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A child with multiple ventricular septal defects presents in heart failure. Echocardiography demonstrates a large perimembranous VSD and a second smaller but significant muscular VSD. It is clear that closing only the perimembranous VSD would still leave the child with a significant residual left-to-right shunt and ongoing heart failure.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: • Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review Radiology
- Review Cardiac Catheterization and ECHO Cardiograms
- Review Laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: Under general endotracheal anesthesia, in the supine position, the patient was prepped and draped in standard aseptic fashion. Skin incision made via standard median sternotomy. Sternum is divided in the midline. Cardiac cannulas placed Cardiopulmonary bypass initiated. Snares are snugged down on the caval cannulae allowing for complete heart bypass. The aorta is crossclamped and cold cardioplegic solution is injected into the aortic root. The right atrium is opened and the perimembranous VSD is visualized through the tricuspid valve. And closed with a patch. The second VSD is located by passing a right angle clamp through the patent foramen ovale and through the mitral valve and gently probing the left ventricular side of the ventricular septum searching for the second defect. This may require a separate ventriculotomy incision either on the right ventricle or the left ventricle to gain ıdequate visualization. Once the additional VSD is located, it is closed either with another patch or with interrupted sutures. The atriotomy (and ventriculotomy if one was made) is now closed, air is evacuated from the cardiac chambers, and the crossclamp is released. After satisfactory rewarming and resuscitation, the child is then weaned from cardiopulmonary bypass. The cannulas are removed and the sites secured. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue closed in layers.

Description of Post-Service Work: • Apply dressings
- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Kirk Kanter, MD					
Specialty(s):	congenital cardiac surgery					
CPT Code:	33675					
Sample Size:	96	**Resp n:** 15		**Response:** 15.6 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	32.00	33.00	**34.00**	35.00	38.00	
Pre-Service Evaluation Time:			**70.0**			
Pre-Service Positioning Time:			**15.0**			
Pre-Service Scrub, Dress, Wait Time:			**15.0**			
Intra-Service Time:	60.00	135.00	**180.00**	240.00	300.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**60.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**117.0**	99231x **3.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33681	090	30.56

CPT Descriptor Closure of ventricular septal defect, with or without patch;

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
33531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 53.3 %

TIME ESTIMATES (Median)

	CPT Code: 33675	**Key Reference CPT Code: 33681**
Median Pre-Service Time	100.00	53.00
Median Intra-Service Time	180.00	150.00
Median Immediate Post-service Time	60.00	60.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	117.0	114.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	84.00
Median Total Time	**594.00**	**497.00**
Other time if appropriate		

the multiple VSD family of codes compared to the single VSD family of codes, the incremental work associated with location and closing the additional VSDs seems appropriate.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33681, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty congenital cardiac surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 60
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:33676 Global Period: 090 Specialty Society RVU: **35.00**

RUC RVU: **35.00**

CPT Descriptor: Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2-year-old child presents with a cardiac murmur and mild cyanosis. Echocardiogram and catheterization demonstrates a perimembranous ventricular septal defect as well as a second inaccessible muscular ventricular septal defect with obstructing right ventricular muscle bundles in the right ventricle (double-chambered right ventricle). Aortic saturation is 85%.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review Radiology
- Review Cardiac Catheterization and ECHO Cardiograms
- Review Laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: Under general endotracheal anesthesia, in the supine position, the patient was prepped and draped in standard aseptic fashion. Skin incision made via standard median sternotomy. Sternum is divided in the midline. Cardiac cannulas placed Cardiopulmonary bypass initiated. Snares are snugged down on the caval cannulae allowing for complete heart bypass. The aorta is crossclamped and cold cardioplegic solution is injected into the aortic root. The right atrium is opened and the perimembranous VSD is visualized through the tricuspid valve. And closed with a patch. The second VSD is located by passing a right angle clamp through the patent foramen ovale and through the mitral valve and gently probing the left ventricular side of the ventricular septum searching for the second defect. This may require a separate ventriculotomy incision either on the right ventricle or the left ventricle to gain adequate visualization. Once the additional VSD is located, it is closed either with another patch or with interrupted sutures. The pulmonary artery and/or the infundibilum is incised and the pulmonary valvotomy is carried out sharply incising the commissures. If there is infundibiluar muscle obstruction in the right ventircular outflow tract, the infidibular muslces are incised and/or excised. The pulmonary arteriotomy is closed primarily with running suture, the

infundibiluar incision (if one was made) is closed primarily with running suture or with a patch. The atriotomy is now closed, air is evacuated from the cardiac chambers, and the crossclamp is released. After satisfactory rewarming and resuscitation, the child is then weaned from cardiopulmonary bypass. The cannulas are removed and the sites secured. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue closed in layers.

Description of Post-Service Work: • Apply dressings

- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films

- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Kirk Kanter MD					
Specialty(s):	congenital cardiac surgery					
CPT Code:	33676					
Sample Size:	96	**Resp n:** 15		**Response:** 15.6 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		32.00	34.00	**35.00**	37.20	40.00
Pre-Service Evaluation Time:				**70.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		90.00	165.00	**210.00**	270.00	360.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**60.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**117.0**	99231x **3.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33694	090	33.95

CPT Descriptor Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
35531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 73.3 %

TIME ESTIMATES (Median)

	CPT Code: 33676	Key Reference CPT Code: 33694
Median Pre-Service Time	100.00	45.00
Median Intra-Service Time	210.00	285.00
Median Immediate Post-service Time	60.00	110.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	117.0	190.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**624.00**	**704.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.47	2.87
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	2.87
Urgency of medical decision making	2.80	2.80

Technical Skill/Physical Effort (Mean)

Technical skill required	3.80	3.40
Physical effort required	3.73	3.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.67	3.20
Outcome depends on the skill and judgment of physician	4.00	3.53
Estimated risk of malpractice suit with poor outcome	3.53	3.40

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.57	2.86
Intra-Service intensity/complexity	3.71	2.87
Post-Service intensity/complexity	3.14	2.80

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While the response rate of 15 for the multiple VSD repair family of codes (33675 - 33677) is lower then the required number of responses, the STS feels that this number provides a statistically valid sample out of the 250 practicing congenital surgeons in the US.

The STS feels that the median RVWs and median intra-service work values for the multiple VSD repair family of codes accurately reflects the work involved and that the values and IWPUTs fit well within the congenital family codes. For

the multiple VSD family of codes compared to the single VSD family of codes, the incremental work associated with location and closing the additional VSDs seems appropriate.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33681, 33688, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty congential cardiac surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:33677 Global Period: 090 Specialty Society RVU: **36.50**

RUC RVU: **36.50**

CPT Descriptor: Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-year-old child underwent pulmonary artery banding at 6 weeks of age for multiple ventricular septal defects. The child presents for elective repair with systemic level right ventricular pressures and a net left to right shunt of 1.9:1. In addition to a moderate sized perimembranous ventricular septal defect there are two additional significant apical muscular ventricular septal defects. There is some distortion of the branch origins of the right and left pulmonary arteries from the band.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review Radiology
- Review Cardiac Catheterization and ECHO Cardiograms
- Review Laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: Under general endotracheal anesthesia, in the supine position, the patient was prepped and draped in standard aseptic fashion. Skin incision made via standard median sternotomy. Sternum is divided in the midline. Cardiac cannulas placed Cardiopulmonary bypass initiated. Snares are snugged down on the caval cannulae allowing for complete heart bypass. The aorta is crossclamped and cold cardioplegic solution is injected into the aortic root. The right atrium is opened and the perimembranous VSD is visualized through the tricuspid valve. And closed with a patch. The second VSD is located by passing a right angle clamp through the patent foramen ovale and hrough the mitral valve and gently probing the left ventricular side of the ventricular septum searching for the second defect. This may require a separate ventriculotomy incision either on the right ventricle or the left ventricle to gain adequate visualization. Once the additional VSD is located, it is closed either with another patch or with interrupted sutures. The pulmonary artery band is now removed and the pulmonary artery is reconstructed either by removing the scar tissue and performing an end to end anastomosis or placing a patch to enlarge the narrowed area of the pulmonary

aretery. The atriotomy (and ventriculotomy if one was made) is now closed, air is evacuated from the cardiac chambers, and the crossclamp is released. After satisfactory rewarming and resuscitation, the child is then weaned from cardiopulmonary bypass. The cannulas are removed and the sites secured. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue closed in layers.

Description of Post-Service Work: • Apply dressings

- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family

- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Kirk Kanter, MD					
Specialty(s):	congenital cardiac surgery					
CPT Code:	33677					
Sample Size:	96	**Resp n:** 15		**Response:** 15.6 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	33.00	34.00	**36.50**	40.00	42.00	
Pre-Service Evaluation Time:			**70.0**			
Pre-Service Positioning Time:			**15.0**			
Pre-Service Scrub, Dress, Wait Time:			**15.0**			
Intra-Service Time:	120.00	195.00	**240.00**	300.00	400.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**60.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**117.0**	99231x **3.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33694	090	33.95

CPT Descriptor Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
35531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 60.0 %

TIME ESTIMATES (Median)

	CPT Code: 33677	Key Reference CPT Code: 33694
Median Pre-Service Time	100.00	45.00
Median Intra-Service Time	240.00	285.00
Median Immediate Post-service Time	60.00	110.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	117.0	190.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**654.00**	**704.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.13
Urgency of medical decision making	2.73	2.87

Technical Skill/Physical Effort (Mean)

Technical skill required	4.13	3.47
Physical effort required	3.93	3.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.40
Outcome depends on the skill and judgment of physician	4.13	3.67
Estimated risk of malpractice suit with poor outcome	3.40	3.33

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.93	3.00
Intra-Service intensity/complexity	4.07	3.14
Post-Service intensity/complexity	3.43	3.14

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While the response rate of 15 for the multiple VSD repair family of codes (33675 - 33677) is lower then the required number of responses, the STS feels that this number provides a statistically valid sample out of the 250 practicing congenital surgeons in the US.

The STS feels that the median RVWs and median intra-service work values for the multiple VSD repair family of codes accurately reflects the work involved and that the values and IWPUTs fit well within the congenital family codes. For

the multiple VSD family of codes compared to the single VSD family of codes, the incremental work associated with location and closing the additional VSDs seems appropriate. .

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33681, 33688, 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty congential cardiac surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
33675 DD1	**Closure of multiple ventricular septal defects;**	090
33676 DD2	**Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)**	090
33677 DD3	**Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset**	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied at an RN staff level which was approved by the PEAC for cardiothoracic surgery procedures.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multispecialty office visit supplies and incision care have been applied.

	A	B	C	D	E	F	G	H	I
1				33675		33676		33677	
2				DD1		DD2		DD3	
3	**Meeting Date: April 2006** **RUC Recommendations**	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Closure of multiple ventricular septal defects;		Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)		Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	
4				090		090		090	
5		Code	StaffType	NF	FAC	NF	FAC	NF	FAC
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	N/A	125	N/A	125	N/A	125
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		60		60		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		12		12		12
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		53		53		53
10	**PRE-SERVICE**								
11	***Start: After visit for procedure/service***								
12	Complete pre-service diagnostic & referral forms	L051A	RN		5		5		5
13	Coordinate pre-surgery services	L051A	RN		20		20		20
14	Schedule space and equipment in facility	L051A	RN		8		8		8
15	Provide pre-service education/obtain consent	L051A	RN		20		20		20
16	Follow-up phone calls & prescriptions	L051A	RN		7		7		7
18	***End: Pt. enters site for procedure/service***								
19	**SERVICE PERIOD**								
40	Discharge day management 99238 --12 minutes	L051A	RN		12		12		12
41	Other Clinical Activity (please specify)								
42	***End: Patient leaves site of procedure/service***								
43	**POST-SERVICE Period**								
44	***End: Patient leaves site of procedure/service***								
45	Conduct phone calls/call in prescriptions								
46	*List Number and Level of Office Visits*								
47	99211 16 minutes	L051A	RN						
48	99212 27 minutes	L051A	RN						
49	99213 36 minutes	L051A	RN						
50	99214 53 minutes	L051A	RN		1		1		1
51	99215 63 minutes	L051A	RN						
52	***Total Office Visit Time***				53		53		53
53	Other								
54	***End: Last office visit in global period***								
55	**MEDICAL SUPPLIES**	Code	Unit						
56	pack, minimum multi-specialty visit	**SA048**	**pack**		1		1		1
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		1		1		1
58									
59	**Equipment**	Code							
60	table, power	**EF031**			53		53		53
61	light, exam	**EQ168**			53		53		53

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Venous Anomalies

The CPT Editorial Panel created one new code for the repair of sinus venosus atrial septal defect, usually associated with partial anomalous venous return or drainage. However, isolated partial anomalous pulmonary venosus return can occur as an isolated defect without an associated atrial septal defect. The CPT Editorial Panel created a second new code for this related service, to repair isolated pulmonary vein stenosis, which previously had an almost universally fatal outcome. As such, there was no coding to accurately describe the services. The changes resulted in the deletion of two codes and renumbering of four subsequent codes.

Code 33724

The RUC reviewed the survey results for 33724 *Repair of isolated partial anomalous pulmonary venous return* from the specialty society especially in comparison to the key reference service code 33645 *Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage* (work RVU = 24.78). The RUC noted that the total physician time of the surveyed code is slightly higher than the reference code, 183 minutes and 164 minutes respectively. In addition, the RUC agreed that 33724 requires more mental effort and judgment as well as greater technical skill and physical effort accounting for the survey respondents reporting higher work intensity and complexity for the pre-service, intra-service, and post-service periods. However, the RUC agreed the surveys response rate was low and the specialty society's recommended survey median may not accurately reflect the service. In comparison to the reference code, the RUC concurred that the 25th percentile survey work RVU of 26.13 is the most accurate relative value. **The RUC recommends a work RVU of 26.13 for code 33724.**

Code 33726

The RUC reviewed the survey results and presentation for 33726 *Repair of pulmonary venous stenosis* provided by the specialty society and observed that the key reference service code considered, 33730 *Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)* (work RVUs = 34.20) had lower intra-service time (225 minutes) in comparison to the surveyed code (240 minutes). Additionally, in comparing the two codes, the RUC noted that the intensity/complexity measures for the surveyed code were significantly higher than the reference service code in almost every category within the mental effort and judgment, technical skill/physical effort, and psychological stress components. Therefore, the RUC agreed with the specialty society's

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recommendation of 35.50 work RVUs, the survey median data for code 33726. **The RUC recommends a work RVU of 35.50 for code 33726.**

Practice Expense
This service is performed in the facility setting only. The specialty society's practice expense inputs for the facility setting were accepted, including a clinical staff type of RN. These practice expense inputs are consistent with other cardiothoracic surgery procedures approved by the PEAC and the RUC in the past.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
33645		Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage (Do not report 33645 in conjunction with 33724, 33726)	090	24.78 (No Change)
33681		Closure of ventricular septal defect, with or without patch;	090	30.56 (No Change)
33684		with pulmonary valvotomy or infundibular resection (acyanotic)	090	32.50 (Five-Year Review Recommendation Oct 2005)
33688		with removal of pulmonary artery band, with or without gusset (For pulmonary vein repair requiring creation of atrial septal defect, use 33724)	090	32.88 (Five-Year Review Recommendation Oct 2005)
Venous Anomalies				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●33724	EE1	Repair of isolated partial anomalous pulmonary venous return (eg. Scimitar Syndrome) (Do not report 33724 in conjunction with 32020, 33210, 33211)	090	26.13
●33726	EE2	Repair of pulmonary venous stenosis (Do not report 33726 in conjunction with 32020, 33210, 33211) (For partial anomalous pulmonary venous return, ~~see atrial septal defect~~use 33724; for repair of pulmonary venous stenosis, use 33726)	090	35.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33724 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **29.50**
RUC RVU: **26.13**

CPT Descriptor: Repair of isolated partial anomalous pulmonary venous return (eg. Scimitar Syndrome)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Child noted to have a murmur on physical examination and evaluation by echocardiogram or cardiac catheterization or MRI and is found to have drainage of the pulmonary veins from a single lobe or single lung to the systemic venous circulation with volume loading of the right ventricle.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: • Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review Radiology
- Review Cardiac Catheterization and ECHO Cardiograms
- Review Laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: Right lung
Under general endotracheal anesthesia, in the supine position, the patient was prepped and draped in standard aseptic fashion. Skin incision made via standard median sternotomy. Sternum is divided in the midline. Pericardium is open and a pericardial patch is taken. Cardiac cannulas placed Cardiopulmonary bypass initiated. The aortic cross clamp applied and cardioplegic arrest obtained. Right atriotomy is made, atrial septal defect is created at a location near the entrance site of the anomalous draining pulmonary veins, a baffle (pericardium or prosthetic material) is constructed to direct the pulmonary venous drainage to the left atrium across the surgically created atrial septal defect. The superior or inferior vena cava may require a second patch to enlarge its junction with the right atrium. Atriotomy is closed. Heart and aorta are de-aired, cross-clamp is removed, the patient is re-warmed and separated from bypass. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue closed in layers.

Description of Post-Service Work: • Apply dressings
- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed

- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia
- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Kirk Kanter, MD

Specialty(s):	congenital cardiac surgery		
CPT Code:	33724		
Sample Size:	96	**Resp n:** 18	**Response:** 18.7 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	25.00	26.13	**29.50**	34.00	36.00
Pre-Service Evaluation Time:			**60.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	70.00	128.00	**183.00**	240.00	260.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**53.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**68.0**	99231x **2.0** 99232x **1.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33645	090	24.78

CPT Descriptor Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
33681	090	30.56

CPT Descriptor 1 Closure of ventricular septal defect, with or without patch;

MPC CPT Code 2	Global	Work RVU
35646	090	30.95

CPT Descriptor 2 Bypass graft, with other than vein; aortobifemoral

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 66.6 %

TIME ESTIMATES (Median)

	CPT Code: 33724	Key Reference CPT Code: 33645
Median Pre-Service Time	95.00	95.00
Median Intra-Service Time	183.00	164.00
Median Immediate Post-service Time	53.00	40.00
Median Critical Care Time	63.0	60.00
Median Other Hospital Visit Time	68.0	90.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**536.00**	**523.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.06	2.50

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.06	2.61
Urgency of medical decision making	2.56	2.44

Technical Skill/Physical Effort (Mean)

Technical skill required	3.33	2.89
Physical effort required	3.00	2.83

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.28	2.83
Outcome depends on the skill and judgment of physician	3.39	3.06
Estimated risk of malpractice suit with poor outcome	3.22	3.39

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.83	2.50
Intra-Service intensity/complexity	3.28	2.89
Post-Service intensity/complexity	2.72	2.50

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While the response rate of 18 for the pulmonary venous anomaly repair family of codes (33724 - 33726) is lower then the required number of responses, the STS feels that this number provides a statistically valid sample out of the 250 practicing congenital surgeons in the US.

The STS feels that the median RVWs and median intra-service work values for the pulmonary venous anomaly family of codes accurately reflects the work involved. The values and IWPUTs fit well within the family of pulmonary venous anomaly codes and the congenital family of codes as well.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35211, 35271

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty congenital cardiac surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33726 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **35.50**
RUC RVU: **35.50**

CPT Descriptor: Repair of pulmonary venous stenosis

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Child has evidence of increasing respiratory difficulties and is noted to have pulmonary venous stenosis on echocardiogram or cardiac catheterization.

Percentage of Survey Respondents who found Vignette to be Typical: 61%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write pre-operative orders for peri-operative medications
- Review pre-operative work-up
- Review Radiology
- Review Cardiac Catheterization and ECHO Cardiograms
- Review Laboratory findings
- Obtain informed consent
- Review planned incisions and procedure
- Confirm OR start time - notify patient and family
- Arrange for surgical assistant
- Change into scrub clothes
- Check with lab - check on availability of blood and/or x-ray match
- Review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family
- Answer patient and family questions
- Review length and type of anesthesia with anesthesiologist
- Review planned procedure and positioning and draping of patient
- Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite
- Monitor patient positioning and draping, and assist with positioning as needed
- Scrub and gown
- Available in operating room during insertion of monitoring lines and induction of anesthesia

Description of Intra-Service Work: Under general endotracheal anesthesia, in the supine position, the patient was prepped and draped in standard aseptic fashion. Skin incision made via standard median sternotomy. Sternum is divided in the midline. Cardiac cannulas placed Cardiopulmonary bypass initiated. The aortic cross clamp applied and cardioplegic arrest obtained. Incision(s) are made in the affected pulmonary veins extending into the left atrium. Atrial and in-situ pericardial flaps are sewn together to create a new enlarged pulmonary venous pathway. Heart and aorta are de-aired, cross-clamp is removed, the patient is re-warmed and separated from bypass. Chest tubes and temporary pacing wires are placed. The sternum is closed with wires, the abdominal fascia, skin and subcutaneous tissue closed in layers.

Description of Post-Service Work:
- Apply dressings
- Dictate operative note for patients chart
- Sign OR forms, indicating pre and post-op diagnoses, operation performed
- Write orders for post-op labs, films, medications, diet, and patient activity
- Review recovery room care and medications with staff
- Discuss procedure outcome with family
- Discuss procedure outcome with patient after emergence from anesthesia

- Write post-op report
- Discuss procedure outcome with referring physician
- Coordinate care with other physicians
- Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company
- Remain with patient in ICU 1-3 hours until patient is hemodynamically stable and there is no evidence of postoperative bleeding
- Visit ICU 2-3 times (15-20 minutes each) and before leaving hospital at the end of the day
- Examine patient, check wounds and patient progress
- Review nursing/other staff patient chart notes
- Answer patient family questions
- Answer nursing/other staff questions
- Write orders for following day's labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check wounds and patient progress
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Answer patient/family questions
- Answer nursing/other staff questions (verbal and written)
- Answer insurance staff questions
- Write orders for post-op labs, films, medications, diet, and patient activity
- Chart patient progress notes
- Examine and talk with patient
- Check final pathology/lab/film reports and discuss with patient
- Carefully explain to patient and a family member dietary management, activities permitted, bathing, management of wound, return appointment to office, etc.
- Check wounds and patient progress
- Coordinate care with other physicians
- Review nursing/other staff patient chart notes
- Review post-discharge wound care and activity limitations with patient
- Answer patient/family questions
- Answer nursing/other staff questions
- Answer insurance staff questions
- Write orders for post-discharge labs, films, and medications
- Chart patient discharge notes
- Examine and talk with patient Check wounds and patient progress
- Answer patient/family questions
- Answer insurance staff questions
- Discuss patient progress with referring physician (verbal and written)
- Coordinate care with other physicians
- Write orders for medications
- Review post-discharge labs/films
- Discuss progress with patient/family
- Remove sutures/drains
- Dictate patient progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Kirk Kanter, MD		
Specialty(s):	congenital cardiac surgery		
CPT Code:	33726		
Sample Size:	96	**Resp n:** 18	**Response:** 18.7 %

code: 33726

Sample Type: Random						
		Low	25th pctl	Median*	75th pctl	High
Survey RVW:		32.00	35.00	**35.50**	38.00	42.00
Pre-Service Evaluation Time:				**60.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		80.00	203.00	**240.00**	270.00	360.00
Post-Service	Total Min**	CPT code / # of visits				
Immed. Post-time:	60.00					
Critical Care time/visit(s):	63.0	99291x **1.0** 99292x **0.0**				
Other Hospital time/visit(s):	128.0	99231x **3.0** 99232x **1.0** 99233x **1.0**				
Discharge Day Mgmt:	36.0	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	38.0	99211x **0.0** 12x **0.0** 13x **0.0** 14x **1.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
33730	090	34.20

CPT Descriptor Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
35531	090	36.15

CPT Descriptor 2 Bypass graft, with vein; aortoceliac or aortomesenteric

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 77.7 %

TIME ESTIMATES (Median)

	CPT Code: 33726	Key Reference CPT Code: 33730
Median Pre-Service Time	95.00	45.00
Median Intra-Service Time	240.00	225.00
Median Immediate Post-service Time	60.00	100.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	128.0	190.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	61.00
Median Total Time	**660.00**	**657.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.94	3.39

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.11	3.50
Urgency of medical decision making	3.67	3.83

Technical Skill/Physical Effort (Mean)

Technical skill required	4.39	3.83
Physical effort required	3.78	3.61

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.56	3.94
Outcome depends on the skill and judgment of physician	4.39	4.00
Estimated risk of malpractice suit with poor outcome	3.39	3.44

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.72	3.44
Intra-Service intensity/complexity	4.39	3.89
Post-Service intensity/complexity	3.83	3.56

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

While the response rate of 18 for the pulmonary venous anomaly repair family of codes (33724 - 33726) is lower then the required number of responses, the STS feels that this number provides a statistically valid sample out of the 250 practicing congenital surgeons in the US.

The STS feels that the median RVWs and median intra-service work values for the pulmonary venous anomaly family of codes accurately reflects the work involved. The values and IWPUTs fit well within the family of pulmonary venous anomaly codes and the congenital family of codes as well.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35211, 35271

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty congenital cardiac surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
33724 EE1	**Repair of isolated partial anomalous pulmonary venous return (eg. Scimitar Syndrome);**	090
33726 EE2	**Repair of pulmonary venous stenosis**	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied at an RN staff level which was approved by the PEAC for cardiothoracic surgery procedures.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard PEAC minimum multispecialty office visit supplies and incision care have been applied.

	A	B	C	D	E	F	G
1				33724		33726	
2				EE1		EE2	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		**Repair of isolated partial anomalous pulmonary venous return (eg. Scimitar Syndrome)**		**Repair of pulmonary venous stenosis**	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L051A	RN	**N/A**	**125**	**N/A**	**125**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L051A	RN		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L051A	RN		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L051A	RN		**53**		**53**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L051A	RN		**5**		**5**
13	Coordinate pre-surgery services	L051A	RN		**20**		**20**
14	Schedule space and equipment in facility	L051A	RN		**8**		**8**
15	Provide pre-service education/obtain consent	L051A	RN		**20**		**20**
16	Follow-up phone calls & prescriptions	L051A	RN		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L051A	RN		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L051A	RN				
48	99212 27 minutes	L051A	RN				
49	99213 36 minutes	L051A	RN				
50	99214 53 minutes	L051A	RN		**1**		**1**
51	99215 63 minutes	L051A	RN				
52	***Total Office Visit Time***				**53**		**53**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**1**		**1**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	Code					
60	table, power	**EF031**			**53**		**53**
61	light, exam	**EQ168**			**53**		**53**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Thromboendarterectomy

These changes in CPT coding were at the original request of the RUC during its Five Year Review Process. During the Five Year Review, the RUC agreed with the specialty society that code 35381 *Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal* (Work RVU = 15.79) cannot undergo the RUC evaluation process before having its descriptor revised to reflect a single operation rather than multiple or the code needs to be deleted. Therefore CPT Editorial Panel editorially revised one code, created five new codes and deleted one code to add some clarity, specificity and granularity to the thromboendartectomy procedures.

35302 Thromboendarterectomy, including patch graft if performed; superficial femoral artery

The RUC reviewed the specialty surveyed physician service time recommended for code 35302. The RUC discussed the pre-service times and post-operative visits associated with this code and determined that specialty society recommended pre-service times (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the specialty recommended that a 99213 office visit be changed to a 99212 office visit as this was more typical of the service provided. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35141 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial* (Work RVU=19.97) in comparison to the surveyed code and agreed that due to slightly more total service time of the surveyed code in comparison to the reference code (419 minutes and 412 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 20.75 seemed appropriate. However, to account for the reduction change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

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Median RVU		20.75
	Reduction from a 99213 to a 99212 office visit	(0.22)
RUC's recommended work RVU for 35302		20.53

Therefore, the RUC recommends a work RVU of 20.53 for code 35302.

35303 Thromboendarterectomy, including patch graft if performed; popliteal artery

The RUC reviewed the specialty surveyed physician service time recommended for code 35303. The RUC discussed the pre-service times and post-operative visits associated with this code and determined that specialty society recommended pre-service times (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the specialty recommended that a 99213 office visit be changed to a 99212 office visit as this was more typical of the service provided. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35151 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery* (Work RVU=22.61) in comparison to the surveyed code and agreed that although the total service time of the surveyed code is lower than total service time of the reference code (419 minutes and 456 minutes, respectively), the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 23.00 seemed appropriate. However, to account for the reduction change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

Median RVU		23.00
	Reduction from a 99213 to a 99212 office visit	(0.22)
RUC's recommended work RVU for 35303		22.78

Therefore, the RUC recommends a work RVU of 22.78 for code 35303.

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35304 Thromboendarterectomy, including patch graft if performed; tibioperoneal trunk artery

The RUC reviewed the specialty surveyed physician service time recommended for code 35304. The RUC discussed the pre-service times and post-operative visits associated with this code and determined that specialty society recommended pre-service times (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the specialty recommended that a 99213 office visit be changed to a 99212 office visit as this was more typical of the service provided. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35151 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery* (Work RVU=22.61) in comparison to the surveyed code and agreed that although the total service time of the surveyed code is slightly lower than total service time of the reference code (449 minutes and 456 minutes, respectively), the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 24.00 seemed appropriate. However, to account for the reduction change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

Median RVU		24.00
	Reduction from a 99213 to a 99212 office visit	(0.22)
RUC's recommended work RVU for 35304		23.78

Therefore, the RUC recommends a work RVU of 23.78 for code 35304.

35305 Thromboendarterectomy, including patch graft if performed; tibial artery

The RUC reviewed the specialty surveyed physician service time recommended for code 35305. The RUC discussed the pre-service times and post-operative visits associated with this code and determined that specialty society recommended pre-service times (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the specialty recommended that a 99213 office visit be changed to a 99212 office visit as this was more typical of the service provided. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35151 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery* (Work RVU=22.61) in comparison to the

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surveyed code and agreed that although the total service time of the surveyed code is slightly lower than total service time of the reference code (429 minutes and 456 minutes, respectively), the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 23.00 seemed appropriate. However, to account for the reduction change in post-operative visits, the RUC recommended that the associated work with this change be removed from the median RVU.

Median RVU	23.00
Reduction from a 99213 to a 99212 office visit	(0.22)
RUC's recommended work RVU for 35305	22.78

Therefore, the RUC recommends a work RVU of 22.78 for code 35305.

35306 Thromboendarterectomy, including patch graft if performed; each additional tibial or peroneal artery

The RUC reviewed the service times that the specialty society recommended for code 35306. The RUC discussed the intra-service time associated with this code and agreed it was appropriate. The RUC then compared the surveyed code to the reference code 35500 *Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure* (Work RVU=6.44) and agreed that because the intra-service time of the surveyed code is higher than intra-service time of the reference code (90 minutes and 60 minutes, respectively), and the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 9.25 seemed appropriate. **Therefore, the RUC recommends a work RVU of 9.25 RVUs for code 35306.**

Practice Expense: The RUC recommends the specialty society's recommended inputs for these procedures as they are standard facility only 090 day global inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(For coronary artery, see 33510-33536 and 33572) (35301-35381 include harvest of saphenous or upper extremity vein when performed)				
▲35301	FF1	Thromboendarterectomy, ~~with or without~~including patch graft if performed; carotid, vertebral, subclavian, by neck incision	090	18.67 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●35302	FF2	superficial femoral artery	090	20.53
●35303	FF3	popliteal artery (Do not report 35302, 35303 in conjunction with 35483, 35500)	090	22.78
●35304	FF4	tibioperoneal trunk artery	090	23.78
●35305	FF5	tibial or peroneal artery, initial vessel	090	22.78
+●35306	FF6	each additional tibial or peroneal artery (List separately in addition to code for primary procedure) (Use 35306 in conjunction with 35305) (Do not report 35304, 35305, 35306 in conjunction with 35485, 35500)	090	9.25
D 35381		~~femoral and/or popliteal, and/or tibioperoneal~~ (35381 has been deleted) (For thromboendarterectomy of the superficial femoral artery, use 35302. For thromboendarterectomy of the popliteal artery, use 35303. For thromboendarterectomy of the tibioperoneal trunk, use 35304. For thromboendarterectomy of the tibial or peroneal artery see 35305, 35306)	090	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35302 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **20.75**
RUC RVU: **20.53**

CPT Descriptor: Thromboendarterectomy, including patch graft if performed; superficial femoral artery

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has an irregular bulky plaque causing a critical stenosis of his superficial femoral artery. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. A thromboendarterectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs
- Supervise patient positioning, skin prep, and draping.
  Mark position of DP and PT Doppler signals on foot
- Wait for anesthetic to become effective

Description of Intra-Service Work:
- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin overlying the superficial femoral artery
- Dissect through soft tissue until artery is located
- Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection proximally and distally to gain appropriate starting and end-points

Vein Harvest, if performed
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to artery
- Incise artery and carry arteriotomy across length of vessel to be treated
- Examine pathology inside artery to ensure that endarterectomy will be effective
- Perform endarterectomy by carefully excision plaque, intima, and most of media, leaving adventitia

- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Make final decision about patch closure
- Close arteriotomy
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin
- Listen with Doppler device to ensure adequate blood flow to foot prior to leaving OR

Additional intra-service work for vein harvest if performed

- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to recovery area
- Write orders
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor
- Daily visits, takes history, performs physical exam
  Listen with Doppler device on daily or nearly daily basis to ensure adequate blood flow to foot
  Make assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

Additional post-service work for vein harvest site, if performed

- Daily inpatient examinations of vein harvest site with treatment as needed
- Office visit examinations of vein harvest site with treatment as needed

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35302					
Sample Size:	200	**Resp n:** 34		**Response:** 17.0 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	15.00	19.97	**20.75**	23.00	25.00	

code: 35302

Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		90.00	120.00	**150.00**	160.00	240.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**90.0**	99231x **1.0**	99232x **1.0**	99233x **1.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**38.0**	99211x **0.0**	12x **1.0**	13x **1.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35141	090	19.97

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 67.6 %

TIME ESTIMATES (Median)

	CPT Code: 35302	**Key Reference CPT Code: 35141**
Median Pre-Service Time	75.00	90.00
Median Intra-Service Time	150.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	68.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**419.00**	**412.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.70	3.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.52	3.40
Urgency of medical decision making	3.17	3.25

Technical Skill/Physical Effort (Mean)

Technical skill required	3.74	3.50
Physical effort required	3.30	3.35

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.39	3.50
Outcome depends on the skill and judgment of physician	3.74	3.50
Estimated risk of malpractice suit with poor outcome	3.13	4.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.39	3.25
Intra-Service intensity/complexity	3.76	3.60
Post-Service intensity/complexity	3.96	3.00

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. It was not evaluated during the July/August 2005 5-year review cycle because the service had to be referred to CPT for revision of the service descriptor. The descriptor of the original "mother" code was "Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal" so you can understand immediately why CPT had to refine the descriptor before work could be evaluated accurately.

This is a rarely performed procedure. The "mother" code, which is performed approximately 3,000 times per year in Medicare patients, is now being divided into 5 "daughter" codes. There are no extant data to allow prediction of daughter code frequency, so we simply devided the 3,000 by 5 to arrive at a predicted frequency of 600 per year.

IWPUT of the service as recommended is 0.084, well within the range of complex arterial surgery.

The recommended RVW of 20.75 is 0.78 RVUs more than the reference service because the intra-service intensity is judged greater by the 23 respondents who chose 35141 as the reference service (3.76 vs 3.60) while the intra-service time is equal (150 min).

Two-thirds of the respondents who chose 35141 as the key reference stated that 3538A is more work than the reference service.

Nine percent of survey respondents voiced disagreement with the clinical vignette, with appended note stating that the typical patient has more medical comorbidities, including coronary disease, hypertension, ischemic rest pain or tissue loss, and diabetes. In fact, diabetes is substantially more prevalent in the cohort of patients requiring open lower extremity arterial thromboendarterectomy compared to the reference service, which is an aneurysm repair.

This is a five-year review code so we asked the 5-year review questions on the survey. 64% of survey respondents said the work had changed in the last 5 years, and of that subset who said the work has changed, 100% said the patients are more complex. This is because percutaneous angioplasty and stenting have carved out most of the straightforward patients who would have undergone this operation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery	How often? Sometimes
Specialty general surgery	How often? Sometimes
Specialty thoracic surgery	How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty vascular	Frequency 350	Percentage 58.33 %
Specialty general	Frequency 200	Percentage 33.33 %
Specialty thoracic	Frequency 50	Percentage 8.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty vascular	Frequency 350	Percentage 58.33 %
Specialty general	Frequency 200	Percentage 33.33 %
Specialty thoracic	Frequency 50	Percentage 8.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35303 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **23.00**
RUC RVU: **22.78**

CPT Descriptor: Thromboendarterectomy, including patch graft if performed; popliteal artery

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking and an ischemic foot ulcer has an irregular bulky plaque causing a critical stenosis of his popliteal artery. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. A thromboendarterectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs
- Supervise patient positioning, skin prep, and draping.
  Mark position of DP and PT Doppler signals on foot
- Wait for anesthetic to become effective

Description of Intra-Service Work:
- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin overlying popliteal artery
- Dissect through soft tissue until artery is located
- Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection proximally and distally to gain appropriate starting and end-points

Vein Harvest, if performed
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use

Continued Intra-service work for all codes:
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to artery
- Incise artery and carry arteriotomy across length of vessel to be treated
- Examine pathology inside artery to ensure that endarterectomy will be effective

- Perform endarterectomy
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Make final decision about patch closure
- Close arteriotomy
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin.

LISTEN to Doppler signals in foot to ensure adequate blood flow to foot prior to leaving OR

Additional intra-service work for vein harvest

- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to recovery area
- Write orders
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor
- Daily visits, takes history, performs physical exam

Listen with Doppler device daily or almost daily to ensure adequate blood flow to foot

Make daily assessment and plan

- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

Additional post-service work for vein harvest site, if performed

- Daily inpatient examinations of vein harvest site with treatment as needed
- Office visit examinations of vein harvest site with treatment as needed .

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35303				
Sample Size: 200	**Resp n:** 33	**Response:** 16.5 %			
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**

code: 35303

Survey RVW:		15.00	22.61	**23.00**	24.00	25.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		90.00	150.00	**150.00**	180.00	220.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**38.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35151	090	22.61

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 69.6 %

TIME ESTIMATES (Median)

	CPT Code: 35303	Key Reference CPT Code: 35151
Median Pre-Service Time	75.00	100.00
Median Intra-Service Time	150.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	87.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	53.00
Median Total Time	**419.00**	**456.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.91	3.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.55
Urgency of medical decision making	3.48	3.40

Technical Skill/Physical Effort (Mean)

Technical skill required	4.17	3.90
Physical effort required	3.65	3.60

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.70	3.65
Outcome depends on the skill and judgment of physician	4.22	4.00
Estimated risk of malpractice suit with poor outcome	3.61	3.70

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.70	3.40
Intra-Service intensity/complexity	4.09	3.90
Post-Service intensity/complexity	3.13	3.10

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. It was not evaluated during the July/August 2005 5-year review cycle because the service had to be referred to CPT for revision of the service descriptor. The descriptor of the original "mother" code was "Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal" so you can understand immediately why CPT had to refine the descriptor before work could be evaluated accurately.

This is a rarely performed procedure. The "mother" code, which is performed approximately 3,000 times per year in Medicare patients, is now being divided into 5 "daughter" codes. There are no extant data to allow prediction of daughter code frequency, so we simply devided the 3,000 by 5 to arrive at a predicted frequency of 600 per year.

IWPUT of the service as recommended is 0.099, well within the range of complex open arterial reconstructions.

The IWPUT of this popliteal endarterectomy is the highest in the series of four 90-day global daughter codes (the 5th code in family is a ZZZ) because the complexity of the popliteal thromboendarterectomy is greater. The artery lies directly behind the knee, very closely apposed to adjacent nerves and veins. Because the access is directly behind the knee, it can be extremely difficult to visualize the vessel for access.

The recommended RVW of 23.00 is 0.39 RVUs more than the reference service because the intra-service intensity is judged greater by the 23 respondents who chose 35151 as the reference service (4.09 vs 3.90) while the intra-service time is equal (150 min).

Of the respondents who chose 35151 as the key reference, 83% stated that 35303 is more work than the reference.

Nine percent of survey respondents disagreed with the clinical vignette, with appended note stating that the typical patient has more comorbidities than the vignette patient, including coronary disease, hypertension, ischemic rest pain or tissue loss, and diabetes. In fact, diabetes is substantially more prevalent in the cohort of patients requiring open lower extremity arterial thromboendarterectomy compared to the reference service, which is an aneurysm repair.

This is a five-year review code so we asked the 5-year review questions on the survey. 63% of survey respondents said the work had changed in the last 5 years, and of that subset who said the work has changed, 100% said the patients are more complex. This is because percutaneous angioplasty and stenting have carved out most of the straightforward patients who would have undergone this operation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty Cardiac Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty vascular Frequency 350 Percentage 58.33 %

Specialty general Frequency 200 Percentage 33.33 %

Specialty CT Frequency 50 Percentage 8.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty vascular Frequency 350 Percentage 58.33 %

Specialty general Frequency 200 Percentage 33.33 %

Specialty CT Frequency 50 Percentage 8.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35304 Global Period: 090 Specialty Society RVU: **24.00**

RUC RVU: **23.78**

CPT Descriptor: Thromboendarterectomy, including patch graft if performed; tibioperoneal trunk artery

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking and an ischemic foot ulcer has an irregular bulky plaque causing a critical stenosis of his tibioperoneal trunk artery. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. A thromboendarterectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs
  Mark position of DP and PT Doppler signals on foot
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin overlying the tibioperoneal trunk artery
- Dissect through soft tissue until artery is located
- Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection proximally and distally to gain appropriate starting and end-points

Vein Harvest, if performed

- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use

Continued Intra-service work :

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to artery
- Incise artery and carry arteriotomy across length of vessel to be treated
- Examine pathology inside artery to ensure that endarterectomy will be effective

- Perform endarterectomy
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Make final decision about patch closure
- Close arteriotomy
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin

LISTEN to Doppler signals in foot to ensure adequate blood flow to foot prior to leaving OR

Additional intra-service work for vein harvest

- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to recovery area
- Write orders
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor
- Daily visits, takes history, performs physical exam

Listen to Doppler signals in foot daily or almost daily to ensure continued blood flow to foot

Make daily assessment and plan

- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

Additional post-service work for vein harvest site, if performed

- Daily inpatient examinations of vein harvest site with treatment as needed
- Office visit examinations of vein harvest site with treatment as needed

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35304				
Sample Size: 200	**Resp n:** 33	**Response:** 16.5 %			
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**

code: 35304

Survey RVW:		17.00	22.16	**24.00**	24.25	26.37
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	150.00	**180.00**	180.00	240.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**90.0**	99231x **1.0**	99232x **1.0**	99233x **1.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**38.0**	99211x **0.0**	12x **1.0**	13x **1.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35151	090	22.61

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 36.3 %

TIME ESTIMATES (Median)	**CPT Code: 35304**	**Key Reference CPT Code: 35151**
Median Pre-Service Time	75.00	100.00
Median Intra-Service Time	180.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	87.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	53.00
Median Total Time	**449.00**	**456.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.92	3.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.83	3.55
Urgency of medical decision making	3.58	3.45

Technical Skill/Physical Effort (Mean)

Technical skill required	4.25	3.82
Physical effort required	3.83	3.64

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.91
Outcome depends on the skill and judgment of physician	4.25	3.91
Estimated risk of malpractice suit with poor outcome	3.92	3.82

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.45
Intra-Service intensity/complexity	4.25	4.09
Post-Service intensity/complexity	3.33	3.18

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. It was not evaluated during the July/August 2005 5-year review cycle because the service had to be referred to CPT for revision of the service descriptor. The descriptor of the original "mother" code was "Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal" so you can understand immediately why CPT had to refine the descriptor before work could be evaluated accurately.

This is a rarely performed procedure. The "mother" code, which is performed approximately 3,000 times per year in Medicare patients, is now being divided into 5 "daughter" codes. There are no extant data to allow prediction of daughter code frequency, so we simply devided the 3,000 by 5 to arrive at a predicted frequency of 600 per year.

IWPUT of the service as recommended is 0.088, well within the range of complex open arterial surgery.

The recommended RVW of 24.00 is 1.39 RVUs more than the reference service, which is a modest increment considering the intra-service time is 30 minutes longer than the reference (180 vs. 150) AND the intra-service intensity is greater for the new service (4.25 vs. 4.09).

Nine percent of survey respondents disagreed with the clinical vignette, with appended note stating that the typical patient has more comorbidities than the vignette patient, including coronary disease, hypertension, ischemic rest pain or tissue loss, and diabetes. In fact, diabetes is substantially more prevalent in the cohort of patients requiring open lower extremity arterial thromboendarterectomy compared to the reference service, which is an aneurysm repair.

This is a five-year review code so we asked the 5-year review questions on the survey. 58% of survey respondents said the work had changed in the last 5 years, and of that subset who said the work has changed, 100% said the patients are more complex. This is because percutaneous angioplasty and stenting have carved out most of the straightforward patients who would have undergone this operation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS	Frequency 350	Percentage 58.33 %
Specialty GS	Frequency 200	Percentage 33.33 %
Specialty CT	Frequency 50	Percentage 8.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS	Frequency 350	Percentage 58.33 %
Specialty GS	Frequency 200	Percentage 33.33 %
Specialty CT	Frequency 50	Percentage 8.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35305 Global Period: 090 Specialty Society RVU: **23.00**

RUC RVU: **22.78**

CPT Descriptor: Thromboendarterectomy, including patch graft if performed; tibial artery

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking and an ischemic foot ulcer has an irregular bulky plaque causing a critical stenosis of his anterior tibial artery. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. A thromboendarterectomy is performed.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs

  Mark position of DP and PT Doppler signals on foot
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin overlying the anterior tibial, posterior tibial, or peroneal artery
- Dissect through soft tissue until artery is located
- Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection proximally and distally to gain appropriate starting and end-points

  Vein Harvest, if performed:
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use

  Continued Intra-service work :
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to artery
- Incise artery and carry arteriotomy across length of vessel to be treated
- Examine pathology inside artery to ensure that endarterectomy will be effective

- Perform endarterectomy
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Make final decision about patch closure
- Close arteriotomy
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin

Listen to Doppler signals in foot to ensure adequate blood flow to foot prior to leaving OR

Additional intra-service work for vein harvest:

- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to recovery area
- Write orders
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor
- Daily visits, takes history, performs physical exam

Listen to Doppler signals in foot to ensure adequate blood flow

Make daily assessment and plan

- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

Additional post-service work for vein harvest site, if performed

- Daily inpatient examinations of vein harvest site with treatment as needed
- Office visit examinations of vein harvest site with treatment as needed .

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35305				
Sample Size:	200	**Resp n:** 33	**Response:** 3.0 %		
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**

code: 35305

Survey RVW:		15.00	22.00	**23.00**	24.00	28.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	150.00	**160.00**	180.00	240.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**90.0**	99231x **1.0**	99232x **1.0**	99233x **1.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**38.0**	99211x **0.0**	12x **1.0**	13x **1.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35151	090	22.61

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 36.3 %

TIME ESTIMATES (Median)

	CPT Code: 35305	**Key Reference CPT Code: 35151**
Median Pre-Service Time	75.00	100.00
Median Intra-Service Time	160.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	87.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	53.00
Median Total Time	**429.00**	**456.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.92	3.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.33
Urgency of medical decision making	3.58	3.50

Technical Skill/Physical Effort (Mean)

Technical skill required	4.08	3.67
Physical effort required	3.83	3.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.83
Outcome depends on the skill and judgment of physician	4.08	3.83
Estimated risk of malpractice suit with poor outcome	3.92	3.75

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.75	3.42
Intra-Service intensity/complexity	4.17	3.92
Post-Service intensity/complexity	3.33	3.25

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. It was not evaluated during the July/August 2005 5-year review cycle because the service had to be referred to CPT for revision of the service descriptor. The descriptor of the original "mother" code was "Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal" so you can understand immediately why CPT had to refine the descriptor before work could be evaluated accurately.

This is a rarely performed procedure. The "mother" code, which is performed approximately 3,000 times per year in Medicare patients, is now being divided into 5 "daughter" codes. There are no extant data to allow prediction of daughter code frequency, so we simply devided the 3,000 by 5 to arrive at a predicted frequency of 600 per year.

IWPUT of the service as recommended is 0.093, well within the range of complex open arterial surgery.

The recommended RVW of 23.00 is ONLY 0.39 RVUs more than the reference service, which is a modest increment considering the intra-service time is 10 minutes longer than the reference (160 vs. 150) AND the intra-service intensity is greater for the new service (4.17 vs. 3.92).

Twelve percent of survey respondents disagreed with the clinical vignette, with appended note stating that the typical patient has more comorbidities than the vignette patient, including coronary disease, hypertension, ischemic rest pain or tissue loss, and diabetes. In fact, diabetes is substantially more prevalent in the cohort of patients requiring open lower extremity arterial thromboendarterectomy compared to the reference service, which is an aneurysm repair.

This is a five-year review code so we asked the 5-year review questions on the survey. 55% of survey respondents said the work had changed in the last 5 years, and of that subset who said the work has changed, 100% said the patients are more complex. This is because percutaneous angioplasty and stenting have carved out most of the straightforward patients who would have undergone this operation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Vascular Surgery How often? Sometimes

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS	Frequency 350	Percentage 58.33 %
Specialty GS	Frequency 200	Percentage 33.33 %
Specialty CT	Frequency 50	Percentage 8.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS	Frequency 350	Percentage 58.33 %
Specialty GS	Frequency 200	Percentage 33.33 %
Specialty CT	Frequency 50	Percentage 8.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35306 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **9.25**
RUC RVU: **9.25**

CPT Descriptor: Thromboendarterectomy, including patch graft if performed; each additional tibial or peroneal artery.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking and an ischemic foot ulcer has an irregular bulky plaque causing a critical stenosis of his anterior tibial and peroneal arteries. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention, and anterior tibial endarterectomy has been performed. The Doppler blood flow signals in his foot have not improved. A thromboendarterectomy of the peroneal artery is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: 35306 is a ZZZ global. There is no pre-service work above and beyond that of the primary service code

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin overlying additional tibial artery
- Dissect through soft tissue until artery is located
- Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection proximally and distally to gain appropriate starting and end-points

Vein Harvest, if performed:

- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use

Continued Intra-service work:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to artery
- Incise artery and carry arteriotomy across length of vessel to be treated
- Examine pathology inside artery to ensure that endarterectomy will be effective
- Perform endarterectomy
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Make final decision about patch closure
- Close arteriotomy
- Prior to closing the suture line, flush all vessels to remove air and debris

- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin

Additional intra-service work for vein harvest:

- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work: 35306 has a ZZZ global. There is no additional post-service work above and beyond that of the primary code.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D		
Specialty(s):	Society for Vascular Surgery		
CPT Code:	35306		
Sample Size:	200	**Resp n:** 30	**Response:** 15.0 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	4.50	6.93	**9.25**	10.00	15.00
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	40.00	60.00	**90.00**	100.00	120.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35500	ZZZ	6.44

CPT Descriptor Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35600	ZZZ	4.94

CPT Descriptor 1 Harvest of upper extremity artery, one segment, for coronary artery bypass

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 23.3 %

TIME ESTIMATES (Median)	CPT Code: 35306	Key Reference CPT Code: 35500
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	90.00	60.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**90.00**	**60.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.71	2.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	2.71
Urgency of medical decision making	4.29	2.71

Technical Skill/Physical Effort (Mean)

Technical skill required	4.29	3.00
Physical effort required	3.86	3.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.14	2.86
Outcome depends on the skill and judgment of physician	4.43	3.29
Estimated risk of malpractice suit with poor outcome	3.71	2.57

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.29	3.29
Post-Service intensity/complexity		

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. It was not evaluated during the July/August 2005 5-year review cycle because the service had to be referred to CPT for revision of the service descriptor. The descriptor of the original "mother" code was "Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal" so you can understand immediately why CPT had to refine the descriptor before work could be evaluated accurately.

This is a rarely performed procedure. The "mother" code, which is performed approximately 3,000 times per year in Medicare patients, is now being divided into 5 "daughter" codes. There are no extant data to allow prediction of daughter code frequency, so we simply devided the 3,000 by 5 to arrive at a predicted frequency of 600 per year.

IWPUT of the service as recommended is 0.103, well within the range of ZZZ codes for complex open arterial surgery. For instance, the IWPUT of the key reference service is 0.107. IWPUT of a clinically less complex MPC code, 35600, is 0.124.

The recommended RVW of 9.25 is almost 50% greater than the key reference service (9.25 vs. 6.44), but the intra-service time of the new service is exactly 50% greater than that of the key reference (90 min vs. 60 min). Since this service is valued only for intra-service work, the total work is linearly proportional to the intra-service time and intensity. The clinical intensity of thromboendarterectomy was judged substantially greater than that of the key reference service (4.29 vs. 3.29). With 50% more time, and substantially greater intensity, it is extremely reasonable that the RVW of the new service be valued 50% greater than the reference.

The MPC list service 35600, harvest of upper extremity artery for coronary bypass is another excellent reference service for the additional tibial artery add-on. As you can imagine, harvest of a small artery - the radial - is clinically less complex than trying to remove plaque from the inside of an equally small artery - a tibial. Thus, thromboendarterectomy of the tibial is more complex than harvest of the radial artery. Harvest of radial is valued at 4.94 RVUs for 40 minutes. The tibial endarterectomy add-on is 90 minutes. Comparison of 90/40 x 4.94 rvus = 11.15 RVUs, easily justifying the 9.25 recommended for this new service.

Twelve percent of survey respondents disagreed with the clinical vignette, with appended note stating that the typical patient has more comorbidities than the vignette patient, including coronary disease, hypertension, ischemic rest pain or tissue loss, and diabetes. In fact, diabetes is substantially more prevalent in the cohort of patients requiring open lower extremity arterial thromboendarterectomy compared to the reference service, which is an aneurysm repair.

This is a five-year review code so we asked the 5-year review questions on the survey. 50% of survey respondents said the work had changed in the last 5 years, and of that subset who said the work has changed, 100% said the patients are more complex. This is because percutaneous angioplasty and stenting have carved out most of the straightforward patients who would have undergone this operation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in

your scenario. This procedure is an add-on code for 3538D, Thromboendarterectomy, including patch graft if performed, tibial artery. 3538D is a 90-day global code with a recommended RVW of 23.00. If the add-on code described herein were also performed, and if the RUC/CMS agree with our recommended RVW for the add-on of 9.25 RVUs, the total RVW for the two combined procedures would be 31.25. The total intra-service time for the two procedures combined would be 160+90=250 minutes.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty CT Surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 350 Percentage 58.33 %

Specialty GS Frequency 200 Percentage 33.33 %

Specialty CT Frequency 50 Percentage 8.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 350 Percentage 58.33 %

Specialty GS Frequency 200 Percentage 33.33 %

Specialty CT Frequency 50 Percentage 8.33 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period and one ZZZ Global
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35302	FF2	Thromboendarterectomy, including patch graft if performed, superficial femoral artery	090
35303	FF3	Thromboendarterectomy, including patch graft if performed, popliteal artery	090
35304	FF4	Thromboendarterectomy, including patch graft if performed, tibioperoneal trunk artery	090
35305	FF5	Thromboendarterectomy, including patch graft if performed, tibial artery	090
35306	FF6	Thromboendarterectomy, including patch graft if performed, each additional tibial or peroneal artery	ZZZ

CLINICAL STAFF TIME:
Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35302-05.

Pre-service clinical time for ZZZ code has been assigned 0-minutes

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35302-05.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35302-05.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:
Standard EM post-op OFFICE visit times have been applied to 35302-05.

	A	B	C	D	E	F	G
1				35302		35303	
2				FF2		FF3	
3	**Meeting Date: April 2006**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Thromboendarterectomy, including patch graft if performed, superficial femoral artery		Thromboendarterectomy, including patch graft if performed, popliteal artery	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	N/A	135	N/A	135
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		60		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		12		12
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		63		63
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		12		12
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		1		1
49	99213 36 minutes	L037D	RN/LPN/MTA		1		1
50	99214 53 minutes	L037D	RN/LPN/MTA				
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			0	63	0	63
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		2		2
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		1		1
58							
59	**Equipment**	Code					
60	table, power	**EF031**			63		63
61	light, exam	**EQ168**			63		63

	A	B	C	H	I	J	K
1				35304		35305	
2				FF4		FF5	
3	**Meeting Date: April 2006**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Thromboendarterectomy, including patch graft if performed, tibioperoneal trunk artery		Thromboendarterectomy, including patch graft if performed, tibial artery	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**135**	**N/A**	**135**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**63**		**63**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**1**		**1**
50	99214 53 minutes	L037D	RN/LPN/MTA				
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**63**	**0**	**63**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**2**		**2**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	Code					
60	table, power	**EF031**			**63**		**63**
61	light, exam	**EQ168**			**63**		**63**

	A	B	C	L	M
1				35306	
2	**Meeting Date: April 2006**			FF6	
3		CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		Thromboendarterectomy, including patch graft if performed, each additional tibial artery	
4				ZZZ	
5		**Code**	**StaffType**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA		**0**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**0**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**0**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**0**
10	**PRE-SERVICE**				
11	***Start: After visit for procedure/service***				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		
18	***End: Pt. enters site for procedure/service***				
19	**SERVICE PERIOD**				
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		
41	Other Clinical Activity (please specify)				
42	***End: Patient leaves site of procedure/service***				
43	**POST-SERVICE Period**				
44	***End: Patient leaves site of procedure/service***				
45	Conduct phone calls/call in prescriptions				
46	*List Number and Level of Office Visits*				
47	99211 16 minutes	L037D	RN/LPN/MTA		
48	99212 27 minutes	L037D	RN/LPN/MTA		
49	99213 36 minutes	L037D	RN/LPN/MTA		
50	99214 53 minutes	L037D	RN/LPN/MTA		
51	99215 63 minutes	L037D	RN/LPN/MTA		
52	***Total Office Visit Time***				
53	Other				
54	***End: Last office visit in global period***				
55	**MEDICAL SUPPLIES**	Code	Unit		
56	pack, minimum multi-specialty visit	**SA048**	**pack**		
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		
58					
59	**Equipment**	Code			
60	table, power	**EF031**			
61	light, exam	**EQ168**			

RUC Recommendations for CPT 2007 Volume II

RUC Meetings
September 2006, February 2006 and
April 2006

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2007

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AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Carotid Bypass

These changes in CPT coding were at the original request of the RUC during its Five Year Review Process. During the Five Year Review, the RUC agreed with the specialty society that code 35501 *Bypass graft, with vein; common carotid-ipsilateral internal carotid* and 35509 *Bypass graft, with vein; carotid-contralateral carotid* cannot undergo the RUC evaluation process before having its descriptor revised to reflect a single operation rather than multiple or the code needs to be deleted. Therefore, the CPT Editorial Panel revised two existing codes to add some clarity to the existing carotid bypass procedures as the current descriptors are ambiguous and do not specify the inflow artery and the target outflow artery like every other bypass graft operation.

35501 Bypass graft, with vein; common carotid-ipsilateral internal carotid

The RUC reviewed the specialty surveyed physician service time recommended for code 35501. The RUC discussed the pre-service times with this code and determined that specialty society recommended pre-service times (60 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time. In addition, the RUC recommended replacing the 99291 crtical care visit with a 99233 hospital visit as this was agreed to be more reflective of the procedure being performed as this procedure does not require the immediate presence of a physician in the post-operative period to manage the patient at the critical care level. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35510 *Bypass graft, with vein; carotid-brachial* (Work RVU=22.97) in comparison to the surveyed code and agreed that due to more total service time of the surveyed code in comparison to the reference code (477 minutes and 431 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 28.00 seemed appropriate. **The RUC recommends 28.00 RVUs for 35501.**

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35509 Bypass graft, with vein; carotid-contralateral carotid

The RUC reviewed the specialty surveyed physician service time recommended for code 35509. The RUC discussed the pre-service times with this code and determined that specialty society recommended pre-service times (60 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time. In addition, the RUC recommended replacing the 99291 crtical care visit with a 99233 hospital visit as this was agreed to be more reflective of the procedure being performed as this procedure does not require the immediate presence of a physician in the post-operative period to manage the patient at the critical care level. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35510 *Bypass graft, with vein; carotid-brachial* (Work RVU=22.97) in comparison to the surveyed code and agreed that due to more total service time of the surveyed code in comparison to the reference code (467 minutes and 431 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 27.00 seemed appropriate. **The RUC recommends 27.00 RVUs for 35501**

Practice Expense: The RUC recommends the specialty society's recommended inputs for these procedures as they are standard facility only 090 day Global inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲35501	GG1	Bypass graft, with vein; common carotid-ipsilateral internal carotid	090	28.00
▲35509	GG2	carotid-contralateral carotid	090	27.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35501 Global Period: 090 Specialty Society RVU: **28.00**

RUC RVU: **28.00**

CPT Descriptor: Bypass graft, with vein; common carotid-ipsilateral internal carotid

(This is a new descriptor for 2007 as part of the 5-year review. Previous descriptor was "Bypass graft with vein; carotid"

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old cigarette-smoking hyperlipidemic hypertensive diabetic woman underwent carotid artery stenting for a critical stenosis of the carotid bifurcation two years ago. Subsequently, she developed early recurrent stenosis on three separate occasions, each requiring percutaneous retreatment. She returns three months after the most recent intervention with yet another critically severe stenosis and hemispheric transient ischemic attacks. She is deemed not a candidate for further percutaneous intervention. A bypass graft using vein conduit is recommended. It will extend from her proximal cervical common carotid artery to the distal extracranial internal carotid artery beyond the region of multiply recurrent stenosis.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Review cerebral arteriogram, CT and/or MR of brain, CTA, MRA, duplex, cardiac stress test
- Update H&P (required by JCAHO)
  Perform detailed final pre-op neurological exam
  Examine limb from which vein conduit will be harvested, ensure vein is mapped if necessary
- Review operative plan and informed consent with patient and family
- Specifically discuss risk of perioperative stroke
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Call to ensure Critical Care bed availability
- Change into OR scrubs
- Supervise patient positioning, skin prep, and draping
  Ensure limb from which vein will be harvested is prepped and draped appropriately
- Wait for anesthetic to become effective

Description of Intra-Service Work:

Initial Dissection

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary. Surgeons typically use optical magnifying loupes for this form of operation.
- Incise skin from posterior to ear lobe along anterior border of sternocleidomastoid muscle to clavicle
  Divide platysma muscle
- Dissect through soft tissue until the carotid sheath is located
  Dissect jugular vein away from carotid artery
  Divide facial vein and suture ligate it
- Locate and AVOID vagus nerve

Identify common carotid artery at base of neck
Circumferentially dissect artery and pass a soft rubber loop around it for control
- Extend dissection distally to expose bifurcation, proximal external and internal carotid
- Mobilize and AVOID cranial nerves X and XII as needed to reach a normal segment of ICA
- Divide the digastric muscle as needed to reach a normal segment of ICA
- Sublux the jaw, if needed, to reach a normal segment of ICA
- Pass loops around each artery for control

Identify superior thyroid artery, dissect free, pass fine rubber loop around it for control

Vein Harvest
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for bypass
- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Prepare vein by gentle distension and suture any leaks with 7-0 monofilament
- Preserve vein in heparinized saline until time for use

Perform Bypass
- Make final check to ensure sufficient proximal and distal arterial control beyond stented region

Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamp to ICA beyond diseased/stented area
- Apply vascular clamp to ECA
- Apply vascular clamp to CCA proximal to diseased/stented area
- Incise CCA proximal to stented/stenotic portion and carry arteriotomy across length of vessel to a normal portion of distal ICA
- Remove old stents - use wire-cutters if necessary
- Place vein conduit on soft plastic shunt and insert proximal end of shunt into CCA after opening clamp

Reclamp CCA around shunt
Test shunt to ensure arterial inflow
Open distal ICA clamp and insert distal end of shunt
Backbleed as needed to remove all air from shunt
Reestablish blood flow to brain by opening shunt
- Transect CCA & prepare proximal normal segment for proximal anastomosis
- Perform proximal anastomosis of vein conduit to CCA with fine polypropylene suture
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Test anastomosis for leaks, apply additional suture as needed to achieve hemostasis
- Prepare distal internal carotid for anastomosis, transect ICA at a segment of normal artery
- Trim vein to appropriate length
- Perform distal anastomosis of vein conduit to ICA with fine polypropylene suture
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close subcutaneous and skin in multiple layers with special attention to skin edges
- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue and skin

Description of Post-Service Work:
- Apply dressings
- Perform detailed neurologic exam in OR as soon as patient wakes up

- Transfer patient to stretcher, accompany patient to critical care unit
- Write orders

  Write JCAHO mandated Brief Op note and dictate operative note

  Participate with the anesthesiologist to ensure emergence or make decision to keep intubated

  Surgeon typically spends 60 minutes or more providing critical care, including support of cardiovascular and hemodynamic instability that typically follows extensive dissection of the carotid artery and the carotid body baroreceptors. This instability typically requires application of and minute-to-minute adjustment of vasopressors such as neosynephrine, dopamine and/or dobutamine. Some of these patients have paradoxical severe hypertension that requires nitroglycerin or nitroprusside drips to prevent reperfusion hyperemia and post-operative seizures. Ventilator management, ventilator weaning, and clinical decisions regarding safety and timing of extubation are performed. Also included are review of chest x-rays, pulse oximetry, blood gases, and management of vascular access.
- Communicate with family, referring and consulting physicians
- Discuss results of procedure with the patient once he/she is extubated and fully awake
- When stable, the patient is transferred to the floor, typically after 24-48 hours in critical care unit
- Daily visits, takes history, performs physical exam, make assessment and plan
- Daily neurological examinations
- Daily evaluations of vein harvest site incision
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period
- Neurological evaluations during office visits
- Vein harvest site wound checks during office visits.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35501					
Sample Size:	200	**Resp n:** 35		**Response:** 17.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		22.00	25.00	**28.00**	30.00	36.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	180.00	**200.00**	225.00	250.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**46.0**	99211x **0.0** 12x **0.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35510	090	22.97

CPT Descriptor Bypass graft, with vein; carotid-brachial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35531	090	36.15

CPT Descriptor 1 Bypass graft, with vein; aortoceliac or aortomesenteric

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 80.0 %

TIME ESTIMATES (Median)	CPT Code: 35501	Key Reference CPT Code: 35510
Median Pre-Service Time	75.00	95.00
Median Intra-Service Time	200.00	180.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	60.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	46.0	30.00
Median Total Time	**477.00**	**431.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.25	3.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.25	3.84
Urgency of medical decision making	4.00	3.64

Technical Skill/Physical Effort (Mean)

Technical skill required	4.63	4.04
Physical effort required	4.00	3.68

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.67	3.96
Outcome depends on the skill and judgment of physician	4.70	4.28
Estimated risk of malpractice suit with poor outcome	4.48	3.92

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.07	3.72
Intra-Service intensity/complexity	4.46	3.88
Post-Service intensity/complexity	3.61	3.24

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code was submitted to the 5-year review, but it was determined that it needed to be referred to CPT for revision of its descriptor prior to being evaluated by the RUC. The problem with the descriptor was that it failed to specify inflow and outflow artery as is done for every other vascular bypass graft. For example, CPT 35606 is "Bypass with other than vein, carotid-subclavian", meaning that the carotid artery is the inflow and the subclavian artery is the target outflow vessel. In contrast, the descriptor for 35501 was simply "Bypass graft, with vein; carotid".

The February, 2006 CPT Panel redefined 35501 as "Bypass graft, with vein; common carotid-ipsilateral internal carotid".

This is a VERY RARE service, being reported only 152 times in Medicare, 2004 according to RUC database.

The RUC survey was completed by 35 respondents. Median survey RVW is 28.00. Median pre-service time is 95, intra-service time 200, and immediate post-service time 30. Survey respondents identified 4 hospital visits (including one critical care visit) and 2 office visits.

IWPUT for this service is 0.086 at the median survey RVW of 28.00. This is actually lower than we would anticipate for vascular surgery involving the distal internal carotid artery, extending high in the neck towards the base of the skull, a situation in which a single false move can result in a major stroke.

The recommended RVW of 28.00 fits appropriately with the key reference service 35510, with RVW 22.97. 35501 and reference 35510 have identical pre-service times (95min). 35501 has 20 min more intra-service time (200 vs. 180). IN ADDITION, the technical skill required, physical effort, risk of significant complications, morbidity and/or mortality, estimated risk of malpractice suit, and the overall outcome dependence on skill and judgment of the physician are SUBSTANTIALLY GREATER for 35501 than for reference 35510. The explanation is that while the distal outflow vessel of reference 35510 is in a relatively safe spot in the arm (the brachial artery), the distal outflow vessel for 35501 is high up in the neck, tucked in between the Vagus and Hypoglossal Cranial Nerves. Any technical mishaps in that high risk territory can result in huge, life-long morbidity.

The other major difference between 35501 and reference code 35510 is the need for one critical care visit in 35501 that is not present in the reference. Despite careful dissection, it is impossible to avoid activation of, or frank disruption of the carotid body baroreceptors. For reasons yet unknown, patients who have undergone multiple carotid artery manipulations (such as the vignette patient who has undergone carotid stent placement and multiple subsequent angioplasties) are particularly sensitive to this problem, and the majority of them require vasopressor drips such as neosynephrine or dopamine to maintain a functional mean arterial pressure. Paradoxically, a small proportion of patients become profoundly HYPERtensive, requiring nitroglycerin, or more likely nitroprusside drips to prevent hypertensive crisis. In these patients, blood pressure must be tightly controlled. Excessive hypertension can result in reperfusion hyperemia, seizures and hemorrhagic stroke. Hypotension can lead to thrombosis of the newly placed bypass graft, and ischemic stroke.

For these reasons, 66% of survey respondents indicated that patients undergoing this operation meet the critical care criteria for one-hour, characterized primarily by treating circulatory failure to avoid central nervous system catastrophe. The recommended RVW for 35501 (28.00) is justified by the added intra-operative intensity and post-operative care that is required above and beyond that of key reference code 35510, which has an RVW of 22.97.

An RVW for 35501 may be extrapolated from MPC "A-list" service 35531 Bypass graft with vein, aortoceliac or aortomesenteric. 35531 has an RVW of 36.15. Pre-service time is very similar (95 for 35501, 90 for reference 35531). Intra-service time is greater for 35531 (240 min) compared to 200 min for 35501. Intra-service intensity, as indicated by IWPUT is equal (0.086 for both). An intra-service adjustment can be derived (40 min x 0.086 = -3.44). Both services have one critical care visit. 35531 has two 99233s that are not in 35501 (-3.02) and one extra 99232 (-1.06) but one 99231 must be added back (+0.64). The office adjustment carves out one 99212 (-0.43). Thus, the RVW for 35501 may be calculated as 36.15 - 3.44 - 3.02 - 1.06 + 0.64 = 29.27. This relative value comparison indicates that 28.00 is a conservative value for 35501.

Finally, the relationship between 35501 and 35601 is important and must be maintained. These two procedures are essentially the same operation, except that 35501 includes harvest of a segment of autogenous vein, while 35601 uses synthetic conduit. The increment of 20 minutes of intra-time to harvest the vein translates to a work increment of 2.0 RVUs. Our recommendations of 28.00 RVUs and 26.00 RVUs maintain that 2.0 RVU increment to represent the work of vein harvest.

Since this is a 5-year review code, we asked the 5-year review questions on the survey. 66% of survey respondents said the work of this service has changed during the past 5-years, and all of those said the patients were more complex. There has been no site-of-service change. This is, and hopefully will always be a hospital inpatient procedure.

In conclusion, based on 1) an IWPUT analysis (0.086), 2) a comparison with the key reference 35510, 3) a comparison with an MPC List service (35531), and 4) comparison to companion code 35601, we believe the median survey value of 28.00 is appropriate for CPT 35501.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35501, 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 450
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 150 Percentage 33.33 %

Specialty GS Frequency 150 Percentage 33.33 %

Specialty CT Frequency 150 Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 135 Percentage 33.75 %

Specialty GS Frequency 135 Percentage 33.75 %

Specialty CT Frequency 130 Percentage 32.50 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 35510 does not have high enough risk profile for PLI RVUs. We suggest crosswalk to 35531

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35509 Global Period: 090 Specialty Society RVU: **27.00**
RUC RVU: **27.00**

CPT Descriptor: Bypass graft, with vein; carotid-contralateral carotid

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old cigarette-smoking hyperlipidemic hypertensive diabetic woman complains of right hemispheric transient ischemic attacks and a severe sense of lightheadedness. Diagnostic evaluation reveals a complete occlusion of her innominate artery. The right internal carotid artery is patent, fed by retrograde flow in the external carotid. Blood flow in his right vertebral artery is retrograde, supplying his right subclavian artery distribution. The left common carotid artery is widely patent. A left-to-right carotid-carotid bypass graft is performed using vein conduit.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Review cerebral arteriogram, CT and/or MR of brain, CTA, MRA, duplex, cardiac stress test
- Update H&P (required by JCAHO)
  Perform detailed final pre-op neurological exam
  Examine limb from which vein conduit will be harvested, ensure vein is mapped if necessary
- Review operative plan and informed consent with patient and family
- Specifically discuss risk of perioperative stroke
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Call to ensure Critical Care bed availability
- Change into OR scrubs
- Supervise patient positioning, skin prep, and draping
  Ensure limb from which vein will be harvested is prepped and draped appropriately
- Wait for anesthetic to become effective

Description of Intra-Service Work:
Initial Dissection

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin from ear lobe to clavicle along anterior border of sternocleidomastoid muscle
  Divide platysma muscle
- Dissect through soft tissues until carotid sheath is located
  Dissect jugular vein away from carotid artery
  Divide facial vein and suture-ligate the divided ends
  Locate and AVOID the vagus nerve
  Identify common carotid artery
- Circumferentially dissect common carotid artery and pass soft rubber loop around
- Dissect and expose carotid bifurcation, including distal common carotid, proximal external carotid and internal carotid end-points. Pass loops around each artery for control

Repeat ALL above steps on opposite side of neck

Create tunnel from one side of neck to the other, usually retropharyngeal

Vein Harvest

- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for bypass
- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Prepare vein by gentle distension and suture any leaks with 7-0 monofilament
- Preserve vein in heparinized saline until time for use

Perform Proximal Anastomosis

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to inflow CCA
- Incise CCA to create longitudinal arteriotomy
- Bevel vein conduit to match length of arteriotomy
- Perform proximal anastomosis in end-of-vein to side-of-artery fashion
- Prior to completing anastomosis, remove clamps briefly to flush out air and debris
- Finish last stitches of anastomosis
- Remove clamps and examine for leaks
- Apply additional sutures as needed to seal all leaks

Pass Vein Through Tunnel

- Pass vein graft through tunnel to opposite side of neck
- Check vein to ensure no kinks
- Transiently open clamp to check for adequate inflow of blood

Perform Distal Anastomosis

- Place vascular clamps on common carotid, internal carotid, external carotid
- Perform longitudinal arteriotomy
- Trim vein graft to appropriate length and bevel end to match arteriotomy length
- Place shunt from vein graft into internal carotid if required
- Perform anastomosis using fine polypropylene suture
- Flush air and debris prior to completing anastomosis
- Remove shunt
- Complete anastomosis
- Remove clamps and test for leaks
- Apply additional sutures as needed to stop leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect

Close Incisions

- Irrigate all three incisions copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close all neck incisions in multiple layers with special attention
- Close skin
- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue and skin at vein harvest site.

Description of Post-Service Work:

- Apply dressings
- Perform detailed neurologic exam in OR as soon as patient wakes up
- Transfer patient to stretcher, accompany patient to critical care unit
- Write orders

Write JCAHO mandated Brief Op note and dictate operative note

Participate with the anesthesiologist to ensure emergence or make decision to keep intubated

Surgeon typically spends 60 minutes or more providing critical care, including support of cardiovascular and hemodynamic instability that typically follows extensive dissection of bilateral carotid arteries and the carotid body baroreceptors. This instability typically requires application of and minute-to-minute adjustment of vasopressors such as neosynephrine or dopamine. Some of these patients have paradoxical severe hypertension that requires nitroglycerin or nitroprusside drips to prevent reperfusion hyperemia and post-operative seizures. Ventilator management, ventilator weaning, and clinical decisions regarding safety and timing of extubation are performed. Also included are review of chest x-rays, pulse oximetry, blood gases, and management of vascular access.

- Communicate with family, referring and consulting physicians
- Discuss results of procedure with the patient once he/she is extubated and fully awake
- When stable, the patient is transferred to the floor, typically after 24-48 hours in critical care unit
- Daily visits, takes history, performs physical exam, make assessment and plan
- Daily neurological examinations
- Daily evaluations of vein harvest site incision
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period
- Neurological evaluations during office visits
- Vein harvest site wound checks during office visits

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., and Robert Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35509					
Sample Size:	200	**Resp n:** 33		**Response:** 16.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		22.00	25.00	**27.00**	30.00	30.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	180.00	**190.00**	240.00	300.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**46.0**	99211x **0.0** 12x **0.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35510	090	22.97

CPT Descriptor Bypass graft, with vein; carotid-brachial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35531	090	36.15

CPT Descriptor 1 Bypass graft, with vein; aortoceliac or aortomesenteric

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 81.8 %

TIME ESTIMATES (Median)	CPT Code: 35509	Key Reference CPT Code: 35510
Median Pre-Service Time	75.00	95.00
Median Intra-Service Time	190.00	180.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	60.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	46.0	30.00
Median Total Time	**467.00**	**431.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.41	3.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.41	3.68
Urgency of medical decision making	4.11	3.44

Technical Skill/Physical Effort (Mean)

Technical skill required	4.59	3.96
Physical effort required	4.07	3.60

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.74	3.88
Outcome depends on the skill and judgment of physician	4.74	4.16
Estimated risk of malpractice suit with poor outcome	4.63	3.88

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.41	3.84
Intra-Service intensity/complexity	4.44	3.80
Post-Service intensity/complexity	3.85	3.40

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code, 35509, was submitted to the 5-year review, but it was determined that it needed to be referred to CPT for revision of its descriptor prior to being evaluated by the RUC. The problem with the descriptor appeared to be the same operation as 35501. Specifically, the descriptor for 35501 was "Bypass graft, with vein; carotid", while the descriptor of 35509 was "Bypass graft, with vein; carotid-carotid". There was no way to tell these two apart, no vignettes, nothing.

The February, 2006 CPT Panel redefined 35509 as "Bypass graft, with vein; carotid-contralateral carotid". This is a distinct operation that will no longer be confused with 35501.

This is a VERY RARE service, being reported only 101 times in Medicare, 2004 according to RUC database.

The RUC survey was completed by 33 respondents. Median survey RVW is 27.00. Median pre-service time is 95, intra-service time 190, and immediate post-service time 30. Survey respondents identified 4 hospital visits (including one critical care visit) and 2 office visits.

IWPUT for this service is 0.085 at the median survey RVW of 27.00. This is actually lower than we would anticipate for vascular surgery involving BILATERAL carotid arteries, extending through a tunnel from one side of the neck to the other. A single false move on either side could result in a major stroke.

The recommended RVW of 27.00 fits appropriately with the key reference service 35510, with RVW 22.97. 35509 and reference 35510 have identical pre-service times (95min). 35509 has 10 min more intra-service time (190 vs. 180). IN ADDITION, the technical skill required, physical effort, risk of significant complications, morbidity and/or mortality, estimated risk of malpractice suit, and the overall outcome dependence on skill and judgment of the physician are SUBSTANTIALLY GREATER for 35509 than for reference 35510. The explanation is that while reference 35510 involves dissection and manipulation of ONE carotid artery, 35509 requires dissection and manipulation of BOTH carotids, with bilateral risks of Vagus nerve injury, etc. Any technical mishap on either side can result in huge, life-long morbidity.

The other major difference between 35509 and reference code 35510 is the need for one critical care visit in 35509 that is not present in the reference. Despite careful dissection, it is impossible to avoid activation of, or frank disruption of the carotid body baroreceptors. Dissecting both carotids, and hence manipulation of bilateral caortid body baroreceptors, results in the typical patient requiring vasopressor drips such as neosynephrine or dopamine to maintain a functional mean arterial pressure. Paradoxically, a small proportion of patients become profoundly HYPERtensive, requiring nitroglycerin, or more likely nitroprusside drips to prevent hypertensive crisis. In all these patients, blood pressure must be tightly controlled. Excessive hypertension can result in reperfusion hyperemia, seizures and hemorrhagic stroke. Hypotension can lead to thrombosis of the newly placed bypass graft, and ischemic stroke.

For these reasons, 73% of survey respondents indicated that patients undergoing this operation meet the critical care criteria for one-hour, characterized primarily by treating circulatory failure to avoid central nervous system catastrophe. The recommended RVW for 35509 (27.00) is justified by the added intra-operative intensity and post-operative care that is required above and beyond that of key reference code 35510, which has an RVW of 22.97.

An RVW for 35509 may be extrapolated from MPC "A-list" service 35531 Bypass graft with vein, aortoceliac or aortomesenteric. 35531 has an RVW of 36.15. Pre-service time is very similar (95 for 35509, 90 for reference 35531). Intra-service time is greater for 35531 (240 min) compared to 190 min for 35509. Intra-service intensity, as indicated by IWPUT is essentially equal (0.085 / 0.086). An intra-service adjustment can be derived (50 min x 0.086 = -4.30). Both services have one critical care visit. 35531 has two 99233s that are not in 35509 (-3.02) and one extra 99232 (-1.06) but one 99231 must be added back (+0.64). The office adjustment carves out one 99212 (-0.43). Thus, the RVW for 35509 may be calculated as 36.15 - 4.30 - 3.02 - 1.06 + 0.64 = 28.41. This relative value comparison indicates that 27.00 is a conservative value for 35509.

Finally, the relationship between 35501 and 35509 is important and must be maintained. These two procedures are similar, both being bypass grafts performed exclusively in the neck and involving significant risk for stroke. The only difference in the components of these two operations is an increment of 10 minutes of intra-time, less in 35509 than 35501. This translates to a work increment of 1.0 RVUs. Our recommendations of 28.00 RVUs for 35501 and 27.00 RVUs for 35509 maintain a 1.0 RVU increment to represent a difference of 10 minutes of high-intensity intra-service time.

Since this is a 5-year review code, we asked the 5-year review questions on the survey. 45% of survey respondents said the work of this service has changed during the past 5-years, and all of those said the patients were more complex. There has been no site-of-service change. This is, and hopefully will always be a hospital inpatient procedure.

In conclusion, based on 1) an IWPUT analysis (0.085), 2) a comparison with the key reference 35510, 3) a comparison with an MPC List service (35531), and 4) comparison to companion code 35501, we believe the median survey value of 27.00 is appropriate for CPT 35509.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35509, 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS	Frequency 140	Percentage 70.00 %
Specialty GS	Frequency 50	Percentage 25.00 %
Specialty CT	Frequency 10	Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS	Frequency 100	Percentage 66.66 %
Specialty GS	Frequency 40	Percentage 26.66 %
Specialty CT	Frequency 10	Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35501	GG1	Bypass graft with vein, common carotid-ipsilateral internal carotid	090
35509	GG2	Bypass graft with vein, carotid-contralateral carotid	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35501 and 35509.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35501 and 35509.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35501 and 35509.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35501 and 35509.

	A	B	C	D	E	F	G
1				35501		35509	
2				GG1		GG2	
3	**Meeting Date: April 2006**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Bypass graft with vein, common carotid-ipsilateral internal carotid		Bypass graft with vein, carotid-contralateral carotid	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**144**	**N/A**	**144**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**72**		**72**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**0**		**0**
49	99213 36 minutes	L037D	RN/LPN/MTA		**2**		**2**
50	99214 53 minutes	L037D	RN/LPN/MTA		**0**		**0**
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**72**	**0**	**72**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**2**		**2**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	Code					
60	table, power	**EF031**			**72**		**72**
61	light, exam	**EQ168**			**72**		**72**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Aortobifemoral-Aortofemoral Bypass

These changes in CPT coding were at the original request of the RUC during its Five Year Review Process. During the Five Year Review, the RUC agreed with the specialty society that code 35546 *Bypass graft, with vein; aortofemoral or bifemoral* (Work RVU= 25.50) cannot undergo the RUC evaluation process before having its descriptor revised to reflect a single operation rather than multiple or the code needs to be deleted. Therefore, CPT Editorial Panel created two new codes to differentiate between an aortofemoral bypass procedure and an aortobifemoral bypass procedure as these are two distinct and well established services.

35539 Bypass graft, with vein; aortofemoral
The RUC reviewed the specialty surveyed physician service time recommended for code 35539. The RUC discussed the pre-service times and post-operative visits with this code and determined that specialty society recommended pre-service times (75 minutes evaluation time, 20 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (60 minutes evaluation time, 20 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC recommended that the 99239 discharge day management visit be changed to a 99328 visit and the and 99214 office visit be removed. In addition, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35531 *Bypass graft, with vein; aortoceliac or aortomesenteric* (Work RVU=36.15) in comparison to the surveyed code and noted that there was more total service time of the surveyed code in comparison to the reference code (770 minutes and 681 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code. The RUC then reviewed the specialty society's recommendation of the 75th percentile 44.50 RVUs and agreed that this value was inappropriate. The RUC, using a building block approach, computed the following calculation:

Work RVUs for 35531 (Reference Code)	36.15
60 Minutes of Intra-Service Time and the IWPUT of 33531 (0.087)	5.22
Addition of a 99231	0.64
Resultant RVU	42.01

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Further support for the building block approach is that with the exclusion of 5 Year Review codes from the reference service list may have created the problems with accurate magnitude estimation of these fairly highly valued services. The reference service chosen was, according to the presenters, the highest valued service on the list. Consequently, the complexity of the aortobifemoral/aortofemoral cases exceeded that of the reference service. **The RUC recommends 42.01 RVUs for 35539**

35540 Bypass graft with vein; aortobifemoral

The RUC reviewed the service times that the specialty society recommended for code 35540, a low utilization procedure. The RUC discussed the pre-service times and post-operative visits with this code and determined that specialty society recommended pre-service times (75 minutes evaluation time, 20 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (60 minutes evaluation time, 20 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC recommended that the 99239 discharge day management visit be changed to a 99328 visit; the 99214 office visit be removed and a 99231 and 99232 hospital visit be removed. In addition, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35531 *Bypass graft, with vein; aortoceliac or aortomesenteric* (Work RVU=36.15) in comparison to the surveyed code and noted that there was more total service time of the surveyed code in comparison to the reference code (830 minutes and 681 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code. The RUC then reviewed the specialty society's recommendation of the 75th percentile 48.00 RVUs and agreed that this value was inappropriate. The RUC, using a building block approach, computed the following calculation:

Proposed Work RVUs for 35539 (Reference Code)	42.01
60 Minutes of Intra-Service Time and the IWPUT of 33531 (0.087)	5.22
Resultant RVU	47.23

Further support for the building block approach is that with the exclusion of 5 Year Review codes from the reference service list may have created the problems with accurate magnitude estimation of these fairly highly valued services. The reference service chosen was, according to the presenters, the highest valued service on the list. Consequently, the complexity of the aortobifemoral/aortofemoral cases exceeded that of the reference service. **The RUC recommends 47.23 RVUs for 35540.**

Practice Expense: The RUC recommends the specialty society's recommended inputs for these procedures as they are facility only standard 090 day global inputs with the associated modifications as described above.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●35539	HH1	Bypass graft, with vein; aortofemoral (For bypass graft performed with synthetic graft, use 35647) (Do not report 35539 in addition to 35540)	090	42.01
●35540	HH2	aortobifemoral (For bypass graft performed with synthetic graft, use 35646) (Do not report 35540 in conjunction with 35539)	090	47.23
D 35546		~~aortofemoral or bifemoral~~ ~~(For bypass graft performed with synthetic graft, use 35646)~~ (35546 has been deleted. For aortofemoral graft with vein use 35539. For aortobifemoral graft with vein, use 35540)	090	N/A

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35539 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **44.50**
RUC RVU: **42.01**

CPT Descriptor: Bypass graft, with vein; aortofemoral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has undergone removal of an infected synthetic aortoiliac graft. His past medical history is notable for a prior above-knee amputation on the right side. His remaining left lower extremity is found to be severely ischemic. An aortofemoral bypass graft is performed using vein conduit..

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
  Ensure that space has been reserved in the critical care unit
- Review complex operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Examine all potential donor sites for vein conduit
- Don OR scrubs
  Call Critical Care Unit to ensure bed availability
  Insonate pedal arteries with Doppler and mark sites on skin
- Supervise patient positioning, skin prep, and draping
  Ensure all limbs that may serve as donor sites for vein conduit are appropriately included
- Wait for anesthetic to become effective

Description of Intra-Service Work:

- Every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin in groin
- Dissect through subcutaneous fat and soft tissue to find common, superficial and deep femoral arteries
- Carefully dissect each of these arteries free of connective tissue and encircle with loop
- Incise skin of abdomen or retroperitoneum
- Dissect through scarred soft tissue and lyse adhesions until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to create tunnel from abdomen to groin incision

Vein Harvest

- Shift attention to vein harvest sites – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used

- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Gently distend vein with heparinized saline to test for leaks
- Repair all leaks with 7-0 very fine vascular suture

Examine caliber of vein to determine size match with aorta

In almost call cases the saphenous vein will need to be transected and sewn longitudinally or in a spiral manner to make a "paneled" graft with diameter to match the aorta.

Perform as many vein harvests as needed to acquire sufficient vein conduit

- Preserve vein in heparinized saline until needed

Perform Proximal Anastomosis:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to iliac arteries
- Trim end/edges of aorta as required to perform proximal anastomosis
- Suture ligate the common iliac arteries to stop backbleeding
- Bring vein conduit onto field and bevel as required for conduit
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis
- Pass distal end of vein through tunnel to groin
- Briefly open clamp to check blood flow, ensure no kinks in vein, etc.

Perform Distal Anastomosis:

- Place vascular clamps on common, superficial and deep femoral arteries
- Perform arteriotomy in common femoral for distal anastomosis
- Trim length of vein as required for accurate fit
- Bevel vein end as required to match femoral arteriotomy
- Suture distal anastomosis between vein and femoral artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into femoral artery and lower extremity
- Revise as required if flow is inadequate
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin

Close femoral site

- At femoral anastomosis site, use electrocautery or suture ligation to achieve hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Close all vein harvest sites

Irrigate wounds

Achieve hemostasis with sutures and electrocautery

Close subcutaneous tissue with interrupted sutures

Last check for hemostasis

Close skin

Repeat above steps for all vein harvest sites

Description of Post-Service Work:

- Apply dressings to abdomen and groin

Insonate feet with handheld Doppler to ensure adequate blood flow

- Transfer patient to stretcher, accompany patient to Critical Care Unit

- Write orders & dictate operative note
- Communicate with family, referring and consulting physicians
- Work with anesthesiologist to ensure emergence from anesthesia, likely remain intubated
  Manage hemodynamic instability, coagulopathy and third spacing fluid requirements as needed with volume repletion, pressors, blood products, coagulation products
- Discuss results of procedure with the patient once he/she is extubated and awake
- When stable, the patient is transferred to the floor, usually after several days in critical care unit
- Daily visits, takes history, performs physical exam, makes assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Daily evaluation of abdominal and groin incision sites
- Discharge day management includes communicating with all support services such as communicating with referring physician, nursing home care-givers, and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc. These patients are typically very debilatated and usually require transfer to skilled nursing facilities.
- All related outpatient office visits until completion of global period including care for abdominal and groin incisions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D		
Specialty(s):	Society for Vascular Surgery		
CPT Code:	35539		
Sample Size: 200	**Resp n:** 33	**Response:** 16.5 %	
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	30.00	35.00	**38.00**	44.50	58.00
Pre-Service Evaluation Time:			**60.0**		
Pre-Service Positioning Time:			**20.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	240.00	270.00	**300.00**	360.00	600.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**180.0**	99231x **2.0** 99232x **2.0** 99233x **2.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35531	090	36.15

CPT Descriptor Bypass graft, with vein; aortoceliac or aortomesenteric

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
61700	090	50.44

CPT Descriptor 1 Surgery of simple intracranial aneurysm, intracranial approach, carotid circulation

MPC CPT Code 2	Global	Work RVU
47130	090	53.27

CPT Descriptor 2 Hepatectomy, resection of liver, total right lobectomy

Other Reference CPT Code	Global	Work RVU
	090	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 33.3 %

TIME ESTIMATES (Median)

	CPT Code: 35539	**Key Reference CPT Code: 35531**
Median Pre-Service Time	100.00	90.00
Median Intra-Service Time	300.00	240.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	63.0	63.00
Median Other Hospital Visit Time	180.0	161.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	61.00
Median Total Time	**770.00**	**681.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.91	4.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5.00	4.64
Urgency of medical decision making	4.55	4.09

Technical Skill/Physical Effort (Mean)

Technical skill required	5.09	4.82
Physical effort required	4.82	4.73

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.91	4.82
Outcome depends on the skill and judgment of physician	4.91	4.82
Estimated risk of malpractice suit with poor outcome	4.55	4.36

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.82	4.73
Intra-Service intensity/complexity	5.00	4.82
Post-Service intensity/complexity	4.91	4.73

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with vein, aortofemoral or bifemoral". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is an EXTREMELY RARE and complex operation, performed on patients who are extremely ill. The original "mother" code is performed only about 300 times per year in the Medicare population, and very rarely outside the Medicare population. Each of the new offspring codes will therefore be performed much less than 300 per year, best estimate = 150.

We are recommending the 75th percentile survey RVW because in their magnitude estimation the survey respondents have undervalued the sum of the components. We justify the 75th percentile based on the three following arguments:

1. At median survey RVW of 38.00, the IWPUT is only 0.067. This is inappropriately low for an extremely complex aortic reconstruction. At the 75th percentile RVW of 44.50 the IWPUT is still in the lower end of the arterial reconstruction range at 0.089.

2. Comparison with the Key Reference 35531 (RVW 36.15), which is also an MPC "A-List" service, demonstrates that the new service has
   60 more minutes of intra-service time than the reference (300 vs 240)
   greater intra-service intensity than the reference (5.00 vs. 4.82).
   At median survey RVW of 38.00 for the new service it would fail to value the major intraoperative increment between the new service and the key reference.

3. Comparison of the new service with MPC key references from neurosurgery and general surgery indicates that the new service is appropriate at an RVW of 44.50
   CPT 61700 repair simple intracranial aneurysm
   RVW 50.44
   Intra-time 270 minutes
   Total time 901 minutes

   CPT 47130 right hepatic lobectomy
   RVW 53.27
   Intra-time 240 minutes
   Total time 793 minutes

   CPT 3554Y1 Aorto-femoral bypass with vein
   RVW 44.50 proposed
   Intra-time 300 minutes
   Total time 832 minutes

These patients are always in the Critical Care unit for more than one day. Inclusion of one critical care service and the use of 99233 for the remainder of the stay represents a major downshift from survey respondent values. Two respondents identified FIVE critical care visits for the typical patient. Three respondents cited FOUR critical care visits. Six respondents cited THREE critical care visits, while eleven respondents cited TWO critical care visits. Overall, 97% of survey respondents stated they provide critical care services following performance of this operation. Inclusion of only ONE critical care visit is an extremely conservative recommendation.

Finally, it is important to note that of those survey respondents who said the vignette was not typical, the overwehlming majority added a written comment that their "typical" patient was much sicker than described in the vignette.

We believe the evidence cited herein justifies the 75th percentile recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This procedure is typically performed in a patient who has undergone removal of an infected synthetic aortic prosthesis. Timing of aortic reconstruction depends on how ischemic the patient's legs are after removal of the infected graft. If not critically ischemic it is better to wait and let the infection within the abdomen resolve, at least to some extent. If the legs are critically ischemic, the aortic reconstruction with vein may have to be performed on the same day as removal of infected graft.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35546

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS	Frequency 120	Percentage 60.00 %
Specialty GS	Frequency 70	Percentage 35.00 %
Specialty CT	Frequency 10	Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS	Frequency 100	Percentage 66.66 %
Specialty GS	Frequency 40	Percentage 26.66 %
Specialty CT	Frequency 10	Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35540 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **48.00**
RUC RVU: **47.23**

CPT Descriptor: Bypass graft with vein; aortobifemoral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has undergone removal of an infected synthetic aortobi-iliac graft. His lower extremities are found to be severely ischemic. An aortobifemoral bypass graft is performed using vein conduit.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Reserve space in the critical care unit
- Don OR scrubs
- Supervise patient positioning, skin prep, and draping
  Ensure all limbs that may serve as donor sites for vein harvesting have been included and prepped
- Wait for anesthetic to become effective

Description of Intra-Service Work:
- Every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin of BOTH groins
- Dissect through subcutaneous fat and soft tissue to find common, superficial and deep femoral arteries bilat
- Carefully dissect each of these arteries free of connective tissue and encircle with loop
- Incise skin of abdomen or retroperitoneum
- Dissect through scarred soft tissue and lyse adhesions until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to create BILATERAL tunnels from abdomen to groin

Vein Harvest
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used
- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Gently distend vein with heparinized saline to test for leaks
- Repair all leaks with 7-0 very fine vascular suture

Examine caliber of vein to determine size match with aorta
In almost call cases the saphenous vein will need to be transected and sewn longitudinally or in a spiral manner to make a "paneled" graft with diameter to match the aorta.

- Preserve vein in heparinized saline until needed

Perform Proximal Anastomosis:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to iliac arteries
- Trim end/edges of aorta as required to perform proximal anastomosis
- Suture ligate the common iliac arteries to stop backbleeding
- Bring vein conduit onto field and bevel as required for conduit
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis
- Pass distal end of vein through tunnel to one groin
- Briefly open clamp to check blood flow, ensure no kinks in vein, etc.

Perform First Distal Anastomosis:

- Place vascular clamps on common, superficial and deep femoral arteries
- Perform arteriotomy in common femoral for distal anastomosis
- Trim length of vein as required for accurate fit
- Bevel vein end as required to match femoral arteriotomy
- Suture distal anastomosis between vein and femoral artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into femoral artery and lower extremity
- Revise as required if flow is inadequate

Perform Venovenostomy

- Determine location on first aortofemoral segment where the second leg should be sewn
- Clamp above and below this spot on vein conduit
- Perform large venotomy
- Bevel next piece of vein to match venotomy
- Perform anastomosis between second leg of bypass and original leg using fine suture
- Remove clamps and test for leaks
- Apply additional sutures as required to achieve hemostasis
- Pass this second femoral limb through tunnel to opposite groin
- Open clamp briefly to test flow and ensure no kinks in vein conduit

Perform second Distal Anastomosis

- Place vascular clamps on common, superficial and deep femoral arteries
- Perform arteriotomy in common femoral for distal anastomosis
- Trim length of vein as required for accurate fit
- Bevel vein end as required to match femoral arteriotomy
- Suture distal anastomosis between vein and femoral artery
- Briefly open clamps to blow out air and debris
- Finish suture line
- Remove clamps and examine for suture line leaks
- Apply additional sutures as needed to achieve hemostasis
- Check blood flow to both legs, revise as required to achieve good flow
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin of abdomen

Close both groins

- Irrigate both groins copiously with sterile saline
- Achieve final hemostasis
- Close both incisions in multiple layers
- Close skin

Close vein harvest sites

- At all vein harvest sites, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings to all incisions
  Insonate pedal vessels with handheld Doppler to ensure blood flow
- Transfer patient to stretcher, accompany patient to Critical Care Unit
  Manage hemodynamic instability, coagulopathy, ongoing blood loss, third spacing fluid requirements with pressors, volume repletion, blood products, coagulation products as required to keep pt viable
- Discuss results of procedure with the patient once he/she is fully awake
- Write orders
  Write JCAHO mandated brief op note
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Work with the anesthesiologist to ensure emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor, usually within 2-4 days post-op
- Daily visits, takes history, performs physical exam, makes assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Daily evaluation of abdominal incisions, groin incision(s), and vein harvest site
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc. The typical patient having undergone this operation will likely be transferred to a skilled nursing facility or rehab center following acute care hospitalization, and this require much more interaction
- All related outpatient office visits until completion of global period including care for groin incisions and vein harvest site

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35540				
Sample Size:	200	**Resp n:** 33		**Response:** 16.5 %	
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	37.00	40.00	**42.00**	48.00	66.00
Pre-Service Evaluation Time:			**60.0**		
Pre-Service Positioning Time:			**20.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		

code: 35540

Intra-Service Time:		240.00	330.00	**360.00**	480.00	540.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**				
Other Hospital time/visit(s):	**180.0**	99231x **2.0** 99232x **2.0** 99233x **2.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35531	090	36.15

CPT Descriptor Bypass graft, with vein; aortoceliac or aortomesenteric

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
61700	090	50.44

CPT Descriptor 1 Surgery of simple intracranial aneurysm, intracranial approach, carotid circulation

MPC CPT Code 2	Global	Work RVU
47130	090	53.27

CPT Descriptor 2 Hepatectomy, resection of liver, total right lobectomy

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 33.3 %

TIME ESTIMATES (Median)

	CPT Code: 35540	**Key Reference CPT Code: 35531**
Median Pre-Service Time	100.00	90.00
Median Intra-Service Time	360.00	240.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	63.0	63.00
Median Other Hospital Visit Time	180.0	161.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	61.00
Median Total Time	**830.00**	**681.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.91	4.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5.00	4.70
Urgency of medical decision making	4.73	4.20

Technical Skill/Physical Effort (Mean)

Technical skill required	5.09	4.80
Physical effort required	4.82	4.70

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.91	4.80
Outcome depends on the skill and judgment of physician	4.91	4.80
Estimated risk of malpractice suit with poor outcome	4.45	4.30

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.82	4.80
Intra-Service intensity/complexity	5.00	4.90
Post-Service intensity/complexity	5.00	4.80

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with vein, aortofemoral or bifemoral". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is an EXTREMELY RARE and complex operation, performed on patients who are extremely ill. The original "mother" code is performed only about 300 times per year in the Medicare population, and very rarely outside the Medicare population. Thus, the two new offspring codes will be performed much less than 300 per year, best estimate = 150.

We are recommending the 75th percentile survey RVW because in their magnitude estimation the survey respondents have undervalued the sum of the components. We justify the 75th percentile based on the three following arguments:

1. At median survey RVW of 42.00, the IWPUT is only 0.062. This is inappropriately low for an extremely complex aortic reconstruction. At the 75th percentile RVW of 48.00 the IWPUT is still in the lower end of the arterial reconstruction range at 0.079.

2. Comparison with the Key Reference 35531 (RVW 36.15), which is also an MPC "A-List" service, demonstrates that the new service has
   120 more minutes of intra-service time than the reference (360 vs 240)
   greater intra-service intensity than the reference (5.00 vs. 4.90).
   At median survey RVW of 42.00 for the new service it would fail to value the major intraoperative increment between the new service and the key reference.

3. Comparison of the new service with MPC key references from neurosurgery and general surgery indicates that the new service is appropriate at an RVW of 48.00
   CPT 61700 repair simple intracranial aneurysm
   RVW 50.44
   Intra-time 270 minutes
   Total time 901 minutes

   CPT 47130 right hepatic lobectomy
   RVW 53.27
   Intra-time 240 minutes
   Total time 793 minutes

   CPT 3554Y1 Aorto-femoral bypass with vein
   RVW 48.00 proposed
   Intra-time 360 minutes
   Total time 941 minutes

These patients are always in the Critical Care unit for more than one day. Inclusion of one critical care service and the use of 99233 for the remainder of the stay represents a major downshift from survey respondent values. Two respondents identified FIVE critical care visits for the typical patient. Three respondents cited FOUR critical care visits. Six respondents cited THREE critical care visits, while eleven respondents cited TWO critical care visits. Overall, 97% of survey respondents state that they provide critical care services to the patient following this operation. Inclusion of only ONE critical care visit is an extremely conservative recommendation.

Finally, it is important to note that of those survey respondents who said the vignette was not typical, the overwehlming majority added a written comment that their "typical" patient was much sicker than described in the vignette.

We believe the evidence cited herein justifies the 75th percentile recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This procedure is typically performed in a patient who has undergone removal of an infected synthetic aortic prosthesis. Timing of aortic reconstruction depends on how ischemic the patient's legs are after removal of the infected graft. If not critically ischemic it is better to wait and let the infection within the abdomen resolve, at least to some extent. If the legs are critically ischemic, the aortic reconstruction with vein may have to be performed on the same day as removal of infected graft.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35546

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 120 Percentage 60.00 %

Specialty GS Frequency 70 Percentage 35.00 %

Specialty CT Frequency 10 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 100 Percentage 66.66 %

Specialty GS	Frequency 40	Percentage 26.66 %
Specialty CT	Frequency 10	Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35539	HH1	Bypass graft with vein, aortofemoral	090
35540	HH2	Bypass graft with vein, aortobifemoral	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35539 and 35540.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35539 and 35540.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35539 and 35540.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35539 and 35540.

	A	B	C	D	E	F	G
1				35539		35540	
2				HH1		HH2	
3	**Meeting Date: April 2006**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Bypass graft with vein, aortofemoral		Bypass graft with vein, aortobifemoral	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**171**	**N/A**	**171**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**99**		**99**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**2**		**2**
50	99214 53 minutes	L037D	RN/LPN/MTA				
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**99**	**0**	**99**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	**Code**	**Unit**				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**3**		**3**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	**Code**					
60	table, power	**EF031**			**99**		**99**
61	light, exam	**EQ168**			**99**		**99**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Aortobiliac-Aortoiliac Bypass

These changes in CPT coding were at the original request of the RUC during its Five Year Review Process. During the Five Year Review, the RUC agreed with the specialty society that code 35541 *Bypass graft, with vein; aortoiliac or bi-iliac* (Work RVU=25.76) and 35641 *Bypass graft, with other than vein; aortoiliac or bi-iliac* (Work RVU=24.53) cannot undergo the RUC evaluation process before having its descriptor revised to reflect a single operation rather than multiple or these codes need to be deleted. Therefore, the CPT Editorial Panel created four new codes to distinguish between the aortobiliac and aortoiliac bypass procedures as these are two separate and distinct procedures.

35537 Bypass graft with vein; aortoiliac
The RUC reviewed the specialty physician surveyed times that the specialty society recommended for code 35537. The RUC discussed the pre-service times and post-operative visits with this code and determined that specialty society recommended pre-service times (75 minutes evaluation time, 18 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC recommended that the 99214 office visit be changed to a 99213 office visit. Furthermore, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35531 *Bypass graft, with vein; aortoceliac or aortomesenteric* (Work RVU=36.15) in comparison to the surveyed code and noted that there was more total service time of the surveyed code in comparison to the reference code (734 minutes and 681 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code. The RUC then reviewed the specialty society's recommendation of the 75th percentile 44.50 RVUs and agreed that this value was inappropriate. The RUC, using a building block approach, computed the following calculation:

Work RVUs for 35531 (Reference Code)	36.15
48 Minutes of Intra-Service Time and the IWPUT of 33531 (0.087)	4.18
Reduction from a 99214 to a 99213 Office Visit	(0.43)
Resultant RVU	39.90

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Further support for the building block approach is that with the exclusion of 5 Year Review codes from the reference service list may have created the problems with accurate magnitude estimation of these fairly highly valued services. The reference service chosen was, according to the presenters, the highest valued service on the list. Consequently, the complexity of the aorto-iliac cases exceeded that of the reference service. **Therefore, the RUC recommends 39.90 RVUs for 35537**

35538 Bypass graft with vein; aortobiiliac

The RUC reviewed the specialty physician surveyed times that the specialty society recommended for code 35538. The RUC discussed the pre-service times and post-operative visits with this code and determined that specialty society recommended pre-service times (75 minutes evaluation time, 18 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (50 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. After amending the pre-service times, the RUC reviewed the reference code 35531 *Bypass graft, with vein; aortoceliac or aortomesenteric* (Work RVU=36.15) in comparison to the surveyed code and noted that there was more total service time of the surveyed code in comparison to the reference code (847 minutes and 681 minutes, respectively), however the surveyed code's intensity/complexity measures were significantly lower as compared to the reference code. The RUC then attempted to derive the work RVU for this procedure by utilizing the building block approach, computed the following calculation:

Proposed Work RVUs for 35537 (Reference Code)	42.01
72 Minutes of Intra-Service Time and the IWPUT of 33531 (0.087)	6.26
Additional 99214 Office Visit	1.08
Resultant RVU	49.35

However, the RUC agreed this value overstated the amount of work associated with this procedure and would create rank order anomalies. Therefore, the RUC supports the 75th percentile survey RVU of 44.63 due to the aforementioned comparison with the reference code. Further support for the building block approach is that with the exclusion of 5 Year Review codes from the reference service list may have created the problems with accurate magnitude estimation of these fairly highly valued services. The reference service chosen was, according to the presenters, the highest valued service on the list. Consequently, the complexity of the aorto-biiliac cases exceeded that of the reference service. **The RUC recommends 44.63 RVUs for 35538.**

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35637 Bypass graft, with other than vein; aortoiliac
The RUC reviewed the specialty physician surveyed times that the specialty society recommended for code 35637. The RUC discussed the service time associated with this code. The RUC discussed the pre-service times associated with this code and determined that specialty society recommended pre-service times (65 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. The RUC then compared the surveyed code to the reference code 35646 *Bypass graft with other than vein, aortobifemoral* (Work RVU=30.95) and agreed that because the total service time of the surveyed code is similar to the total service time of the reference code (614 minutes and 602 minutes, respectively), and the surveyed code and the reference code had similar intensity/complexity measures, the surveyed median RVU of 30.95 seemed appropriate. **Therefore, the RUC recommends a work RVU of 30.95 RVUs for code 35637.**

35638 Bypass graft, with other than vein; aortobiliac
The RUC reviewed the service times that the specialty society recommended for code 35638. The RUC discussed the times associated with this code. The RUC discussed the pre-service times associated with this code and determined that specialty society recommended pre-service times (65 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC agreed that the 99291 critical care visit associated with this procedure was warranted for the typical patient described. The RUC then compared the surveyed code to the reference code 35646 *Bypass graft with other than vein, aortobifemoral* (Work RVU=30.95) and agreed that because the intra-service time of the surveyed code is higher than intra-service time of the reference code (240 minutes and 210 minutes, respectively), and the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 31.50 seemed appropriate. **Therefore, the RUC recommends a work RVU of 31.50 RVUs for code 35638.**

Practice Expense: The RUC recommends the specialty society's recommended inputs for these facility only procedures as they are standard 090 Day Global inputs.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●35537	II1	Bypass graft, with vein;aortoiliac (For bypass graft performed with synthetic graft, use 35637) (Do not report 35537 in conjunction with 35538)	090	39.90
●35538	II2	aortobi-iliac (For bypass graft performed with synthetic graft, use 35638) (Do not report 35538 in conjunction with 35537)	090	44.63
D 35541		~~aortoiliac or bi-iliac~~ ~~(For bypass graft performed with synthetic graft, use 35641)~~ (35541 has been deleted. For aortoiliac graft with vein, use 35537. For aortobi-iliac graft with vein, use 35538)	090	N/A
●35637	II3	Bypass graft, with other than vein; aortoiliac (Do not report 35637 in conjunction with 35638, 35646) (For bypass graft performed with synthetic graft, use 35647)	090	30.95
●35638	II4	aortobi-iliac (Do not report 35638 in conjunction with 35637, 35646)	090	31.50

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 35641		~~aortoiliac or bi-iliac~~ (35641 has been deleted. For aortoiliac graft constructed with conduit other than vein use 35637. For aortobi-iliac graft with other than vein, use 35638) (For open placement of aortobi-iliac prosthesis following unsuccessful endovascular repair, use 34831)	090	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35537 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **40.00**
RUC RVU: **39.90**

CPT Descriptor: Bypass graft with vein; aortoiliac

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has an irregular bulky plaque causing a critical stenosis at his aorto-iliac bifurcation. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. An aorto-iliac bypass graft is performed using vein.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review complex operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Examine all potential vein conduit donor sites to ensure no IVs etc
- Don OR scrubs
  Call to ensure Critical Care Bed is available
- Supervise patient positioning, skin prep, and draping
  Ensure all limbs that may serve as donor sites for vein conduit are appropriately prepped and included
- Wait for anesthetic to become effective.

Description of Intra-Service Work:
- Every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin of abdomen or retroperitoneum
- Dissect through scarred soft tissue and lyse adhesions until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to gain access to a normal section of iliac artery

Vein Harvest
- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used
- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Gently distend vein with heparinized saline to test for leaks
- Repair all leaks with 7-0 very fine vascular suture
  Examine caliber of vein to determine size match with aorta
  In almost all cases the saphenous vein will need to be transected and sewn longitudinally or in a spiral manner to make a "paneled"graft with diameter to match the aorta

- Preserve vein in heparinized saline until needed

Perform Proximal Anastomosis:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to iliac along a normal segment of artery
- Trim end/edges of aorta as required to perform proximal anastomosis
- Bring vein conduit onto field and bevel as required for conduit
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis

Perform Distal Anastomosis:

- Trim iliac artery as required to "freshen up" the end for anastomosis
- Trim length of vein as required for accurate fit
- Bevel vein end as required to match iliac
- Suture distal anastomosis between vein and iliac artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into iliac artery and lower extremity
- Revise as required if flow is inadequate
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin

Close vein harvest sites

- At vein harvest sites, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to Critical Care Unit
- Write orders
- Dictate operative note

  Manage hemodynamic instability, coagulopathy, and third spacing fulid requirements as needed with volume repletion, blood products, coagulation products and all manner of pressors

  Participate with anesthesiologist to ensure emergence from anesthesia, or decision to keep intubated
- Communicate with family, referring and consulting physicians
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor, usually after several days in the critical care unit
- Daily visits, takes history, performs physical exam, makes assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Daily evaluation of vein harvest sites
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period including care for vein harvest sit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35537				
Sample Size: 200	**Resp n:** 34	**Response:** 17.0 %			
Sample Type:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	28.00	32.00	**36.00**	40.00	53.00
Pre-Service Evaluation Time:			**50.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	180.00	240.00	**288.00**	360.00	380.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**161.0**	99231x **1.0** 99232x **2.0** 99233x **2.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35531	090	36.15

CPT Descriptor Bypass graft, with vein; aortoceliac or aortomesenteric

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
61700	090	50.44

CPT Descriptor 1 Surgery of simple intracranial aneurysm, intracranial approach, carotid circulation

MPC CPT Code 2	Global	Work RVU
47130	090	53.27

CPT Descriptor 2 Hepatectomy, resection of liver, total right lobectomy

Other Reference CPT Code	Global	Work RVU
	090	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 23.5 %

TIME ESTIMATES (Median)	**CPT Code: 35537**	**Key Reference CPT Code: 35531**
Median Pre-Service Time	85.00	90.00
Median Intra-Service Time	288.00	240.00
Median Immediate Post-service Time	40.00	30.00
Median Critical Care Time	63.0	63.00
Median Other Hospital Visit Time	161.0	161.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	61.00
Median Total Time	**734.00**	**681.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.86	5.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.71	4.83
Urgency of medical decision making	4.29	4.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	5.00
Physical effort required	5.00	4.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.71	5.00
Outcome depends on the skill and judgment of physician	4.86	5.00
Estimated risk of malpractice suit with poor outcome	4.29	4.17

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.71	5.00
Intra-Service intensity/complexity	4.86	5.00
Post-Service intensity/complexity	4.57	4.67

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with vein, aortoiliac or bi-iliac". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is an EXTREMELY RARE and complex operation, performed on patients who are extremely ill. The original "mother" code is performed only ~100 times per year in the Medicare population, and very rarely outside the Medicare population. Thus, the two new offspring codes will be performed much less than 100 per year, best estimate = 50.

We are recommending the 75th percentile survey RVW because in their magnitude estimation the survey respondents have undervalued the sum of the components. We justify the 75th percentile based on the three following arguments:

1. At median survey RVW of 36.00, the IWPUT is only 0.068. This is inappropriately low for an extremely complex aortic reconstruction. At the 75th percentile RVW of 40.00 the IWPUT is still in the lower end of the aortic reconstruction range at 0.082.

2. Comparison with the Key Reference 35531 (RVW 36.15), which is also an MPC "A-List" service, demonstrates that the new service has
   48 more minutes of intra-service time than the reference (288 vs 240)
   nearly equivalent intra-service intensity than the reference (4.86 vs. 5.00).
   At median survey RVW of 36.00 for the new service it would fail to value ANY of the intraoperative time increment between the new service and the key reference.

3. Comparison of the new service with MPC key references from neurosurgery and general surgery that are of similarly high complexity indicates that the new service is appropriate at an RVW of 40.00

   CPT 61700 repair simple intracranial aneurysm
   RVW 50.44
   Intra-time 270 minutes
   Total time 901 minutes

   CPT 47130 right hepatic lobectomy
   RVW 53.27
   Intra-time 240 minutes
   Total time 793 minutes

   CPT 35537 Aorto-iliac bypass with vein
   RVW 40.00 proposed
   Intra-time 288 minutes
   Total time 777 minutes

These patients are always in the Critical Care unit for more than one day. Inclusion of one critical care service and the use of 99233 for the remainder of the stay represents a major downshift from survey respondent values. One respondent identified FIVE critical care visits for the typical patient. Four respondents cited FOUR critical care visits. Three respondents cited THREE critical care visits, while 14 respondents cited TWO critical care visits. In all, 94% of survey respondents stated that they perform one or more critical care services associated with this procedure. Inclusion of only ONE critical care visit is an extremely conservative recommendation.

Finally, it is important to note that 33% of the survey respondents said the vignette was not typical. The written comments stated that their "typical" patient was much more ill, a patient in whom an infected or thrombosed aortic graft had been removed.

We believe the evidence cited herein justifies the 75th percentile recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain) This procedure may be performed in a patient who has undergone removal of an infected synthetic aortic prosthesis. Timing of aortic reconstruction depends on how ischemic the patient's legs are after removal of the infected graft. If not critically ischemic it is better to wait and let the infection within the abdomen resolve, at least to some extent. If the legs are critically ischemic, the aortic reconstruction with vein may have to be performed on the same day as removal of infected graft.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35541

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 150
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 100 Percentage 66.66 %

Specialty GS Frequency 40 Percentage 26.66 %

Specialty CT Frequency 10 Percentage 6.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 70 Percentage 70.00 %

Specialty GS	Frequency 20	Percentage 20.00 %
Specialty CT	Frequency 10	Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35538 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **44.63**
RUC RVU: **44.63**

CPT Descriptor: Bypass graft with vein; aortobi-iliac

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking and an ischemic foot ulcer has an irregular bulky plaque causing a critical stenosis just proximal to his aorto-iliac bifurcation. Because of the size and location of this plaque, he is felt not to be a candidate for percutaneous intervention. An aortobi-iliac bypass graft is performed using vein.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Examine all potential vein conduit donor sites to ensure no IVs etc
  Call to ensure Critical Care Bed availability
- Don OR scrubs
- Supervise patient positioning, skin prep, and draping
  Ensure all limbs that may serve as donor sites for vein conduit are appropriately prepped and included
- Wait for anesthetic to become effective

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin of abdomen or retroperitoneum
- Dissect through scarred soft tissue and lyse adhesions until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to gain access to normal sections of BOTH iliac arteries

Vein Harvest

- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein
- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used
- Ligate transected ends of vein that remain in patient
- Examine removed segment of vein on back table to ensure suitability
- Gently distend vein with heparinized saline to test for leaks
- Repair all leaks with 7-0 very fine vascular suture
  Examine caliber of vein to determine size match with aorta

In almost all cases the saphenous vein will need to be transected and sewn longitudinally or in a spiral manner to make a "paneled"graft with diameter to match the aorta

- Preserve vein in heparinized saline until needed

Perform Proximal Anastomosis:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to BOTH iliacs along normal segments
- Trim end/edges of aorta as required to perform proximal anastomosis
- Bring vein conduit onto field and bevel as required for conduit
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis

Perform First Distal Anastomosis:

- Trim first iliac artery as required to "freshen up" the end for anastomosis
- Trim length of vein as required for accurate fit
- Bevel vein end as required to match iliac
- Suture distal anastomosis between vein and iliac artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into iliac artery and lower extremity
- Revise as required if flow is inadequate

Perform Venovenostomy

- Determine location on first aortoiliac segment where the second leg should be sewn
- Clamp above and below this spot on vein conduit
- Perform large venotomy
- Bevel next piece of vein to match venotomy
- Perform anastomosis between second leg of bypass and original leg
- Remove clamps and test for leaks
- Apply additional sutures as required to achieve hemostasis

Perform second Distal Anastomosis

- Examine and freshen up the ends of the contralateral iliac at the site for second mosis
- Cut vein conduit to appropriate length and bevel to match end of iliac
- Perform end-of-vein to end-of-iliac anastomosis
- Open clamps briefly prior to completion of anastomosis to all removal of air and debris
- Complete anastomotic suture line
- Remove clamps and test for leaks
- Apply additional sutures as needed to achieve hemostasis
- Check blood flow to both legs, revise as required to achieve
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin

Close vein harvest sites

- At vein harvest sites, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to Critical Care Unit

- Write orders
  Manage hemodynamic instability, coagulopathy, and third spacing fluid requirements as needed with volume repletion, blood products, coagulation products and all manner of pressors
- Write JCAHO mandated brief op note
  Dictate full operative note
- Communicate with family, referring and consulting physicians
- Work with the anesthesiologist to ensure emergence from anesthesia, or make decision to leave intubated
- Discuss results of procedure with the patient once he/she is extubated and fully awake
- When stable, the patient is transferred to the floor,usually after several days in the critical care unit
- Daily visits, takes history, performs physical exam, makes assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Daily evaluation of vein harvest sites
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc. Patients this ill oftentimes are transferred to skilled nursing facilities or rehab facilities, which require even more documentation and communication
- All related outpatient office visits until completion of global period including care for vein harvest site .

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35538					
Sample Size:	200	**Resp n:** 33		**Response:** 16.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		30.95	35.00	**39.58**	44.63	60.00
Pre-Service Evaluation Time:				**50.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		230.00	278.00	**360.00**	400.00	480.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**43.00**					
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**				
Other Hospital time/visit(s):	**161.0**	99231x **1.0** 99232x **2.0** 99233x **2.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**99.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **1.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35531	090	36.15

CPT Descriptor Bypass graft, with vein; aortoceliac or aortomesenteric

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
61700	090	50.44

CPT Descriptor 1 Surgery of simple intracranial aneurysm, intracranial approach, carotid circulation

MPC CPT Code 2	Global	Work RVU
47130	090	53.27

CPT Descriptor 2 Hepatectomy, resection of liver, total right lobectomy

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 21.2 %

TIME ESTIMATES (Median)

	CPT Code: 35538	Key Reference CPT Code: 35531
Median Pre-Service Time	85.00	90.00
Median Intra-Service Time	360.00	240.00
Median Immediate Post-service Time	43.00	30.00
Median Critical Care Time	63.0	63.00
Median Other Hospital Visit Time	161.0	161.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	99.0	61.00
Median Total Time	**847.00**	**681.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.71	5.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.71	5.00
Urgency of medical decision making	4.00	4.40

Technical Skill/Physical Effort (Mean)

Technical skill required	5.00	5.00
Physical effort required	4.71	4.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.71	5.00
Outcome depends on the skill and judgment of physician	4.86	5.00
Estimated risk of malpractice suit with poor outcome	4.29	4.20

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.71	5.00
Intra-Service intensity/complexity	4.86	5.00
Post-Service intensity/complexity	4.29	4.60

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with vein, aortoiliac or bi-iliac". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is an EXTREMELY RARE and complex operation, performed on patients who are extremely ill. The original "mother" code is performed only ~100 times per year in the Medicare population, and very rarely outside the Medicare population. Thus, the two new offspring codes will therefore be performed much less than 100 per year, best estimate = 50.

We are recommending the 75th percentile survey RVW because in their magnitude estimation the survey respondents have undervalued the sum of the components. We justify the 75th percentile based on the three following arguments:

1. At median survey RVW of 39.58, the IWPUT is only 0.063. This is inappropriately low for an extremely complex aortic reconstruction. At the 75th percentile RVW of 44.63 the IWPUT is still at the lower end for an aortic reconstruction using vein conduit, at 0.077.

2. Comparison with the Key Reference 35531 (RVW 36.15), which is also an MPC "A-List" service, demonstrates that the new service has
   120 more minutes of intra-service time than the reference (360 vs 240)
   nearly equivalent intra-service intensity than the reference (4.86 vs. 5.00).
   Survey RVW of 39.58 for the new service would markedly undervalue the intraoperative time increment (120 minutes) between the new service and the key reference. The RVW needs to be higher.

3. Comparison of the new service with MPC key references from neurosurgery and general surgery that are of similarly high complexity indicates that the new service is appropriate at an RVW of 44.63

   CPT 61700 repair simple intracranial aneurysm
   RVW 50.44
   Intra-time 270 minutes
   Total time 901 minutes

   CPT 47130 right hepatic lobectomy
   RVW 53.27
   Intra-time 240 minutes
   Total time 793 minutes

   For comparison, new code CPT 35537 Aorto-iliac bypass with vein:
   RVW 44.63 proposed
   Intra-time 360 minutes
   Total time 875 minutes

These patients are always in the Critical Care unit for more than one day. Inclusion of one critical care service and the use of 99233 for the remainder of the stay represents a major downshift from survey respondent values. One respondent identified FIVE critical care visits for the typical patient. Four respondents cited FOUR critical care visits. Three respondents cited THREE critical care visits, while 15 respondents cited TWO critical care visits. This means that 70% of survey respondents recommended more than the single 99291 we included in the recommendation, and 94% of respondents overall stated that provision of one or more critical care services with this procedure is typical. Inclusion of only ONE critical care visit is an extremely conservative recommendation.

Finally, it is important to note that 18% of the survey respondents said the vignette was not typical. The written comments stated that their "typical" patient was much more ill, a patient in whom an infected or thrombosed aortic graft had been removed.

We believe the evidence cited herein justifies the 75th percentile recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain) This procedure may be performed in a patient who has undergone removal of an infected synthetic aortic prosthesis. Timing of aortic reconstruction depends on how ischemic the patient's legs are after removal of the infected graft. If not critically ischemic it is better to wait and let the infection within the abdomen resolve, at least to some extent. If the legs are critically ischemic, the aortic reconstruction with vein may have to be performed on the same day as removal of infected graft.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35541

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 150
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS	Frequency 100	Percentage 66.66 %
Specialty GS	Frequency 40	Percentage 26.66 %
Specialty CT	Frequency 10	Percentage 6.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS	Frequency 70	Percentage 70.00 %
Specialty GS	Frequency 20	Percentage 20.00 %
Specialty CT	Frequency 10	Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35637 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **30.95**
RUC RVU: **30.95**

CPT Descriptor: Bypass graft,with other than vein; aortoiliac

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has ischemic rest pain and a non-healing ulcer on his left foot. His past medical history is notable for a prior above-knee amputation on the right side. His remaining left lower extremity is found to be severely ischemic by physical exam and noninvasive studies. Diagnostic studies reveal dense calcified plaque and near occlusion of the infrarenal aorta and proximal LEFT common iliac artery. The distal LEFT common iliac and external iliac have only minimal atherosclerotic plaque. The RIGHT common iliac and external iliac are occluded. An aortoiliac bypass graft using synthetic conduit is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Don OR scrubs
  Ensure that patient has a critical care unit reservation
  Listen to feet with Doppler and mark sites where arterial signals can be heard
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective

Description of Intra-Service Work:
- Every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin of abdomen or retroperitoneum
- Dissect through soft tissue until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to gain access to a normal section of iliac artery
  Now that percutaneous intervention is common, this is typically deep in the pelvis

Perform Proximal Anastomosis:
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to iliac along a normal segment of artery
- Trim end/edges of aorta as required to perform proximal anastomosis
- Bring synthetic conduit onto field and bevel as required to match arteriotomy
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis

Perform Distal Anastomosis:

- Trim iliac artery as required to "freshen up" the end for anastomosis
- Trim length of synthetic as required for accurate fit
- Bevel synthetic conduit end as required to match iliac
- Suture distal anastomosis between end of synthetic conduit and iliac artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into iliac artery and lower extremity
- Revise as required if flow is inadequate
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
- Transfer patient to stretcher, accompany patient to Critical Care Unit
- Write orders
  Manage hemodynamic instability, coagulopathy, and third space fluid requirements as needed with volume repletion, blood products, coagulation products, and all manner of pressors
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist to ensure smooth emergence from anesthesia
  Manage ventilator until patient is extubated
- Discuss results of procedure with the patient once he/she is fully awake and extubated
- When stable, the patient is transferred to the floor, this is usually after 2-3 days in critical care unit
- Daily visits, takes history, performs physical exam, make assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D				
Specialty(s):	Society for Vascular Surgery				
CPT Code:	35637				
Sample Size:	200	**Resp n:** 35	**Response:** 17.5 %		
Sample Type:	Random				

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	21.00	29.00	**30.95**	33.00	38.00
Pre-Service Evaluation Time:			**40.0**		
Pre-Service Positioning Time:			**15.0**		

code: 35637

Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		150.00	180.00	**210.00**	240.00	255.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**63.0**	99291x **1.0**	99292x **0.0**			
Other Hospital time/visit(s):	**139.0**	99231x **2.0**	99232x **2.0**	99233x **1.0**		
Discharge Day Mgmt:	**36.0**	99238x **1.00**	99239x **0.00**			
Office time/visit(s):	**61.0**	99211x **0.0**	12x **1.0**	13x **2.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35646	090	30.95

CPT Descriptor Bypass graft with other than vein, aortobifemoral

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft with other than vein; aortoceliac, aortomesenteric, aortrenal

MPC CPT Code 2	Global	Work RVU
27134	090	28.48

CPT Descriptor 2 Revision of total hip arthorplasty, both components, with or without autograft or allograft

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 77.1 %

TIME ESTIMATES (Median)

	CPT Code: 35637	Key Reference CPT Code: 35646
Median Pre-Service Time	75.00	100.00
Median Intra-Service Time	210.00	210.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	139.0	158.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	68.00
Median Total Time	**614.00**	**602.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.25	4.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.36	4.22
Urgency of medical decision making	3.64	3.67

Technical Skill/Physical Effort (Mean)

Technical skill required	4.54	4.48
Physical effort required	4.46	4.44

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.50	4.44
Outcome depends on the skill and judgment of physician	4.46	4.56
Estimated risk of malpractice suit with poor outcome	4.11	4.07

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.04	4.15
Intra-Service intensity/complexity	4.36	4.26
Post-Service intensity/complexity	4.04	4.15

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with other than vein, aortoiliac or bi-iliac". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is a rare and complex operation, performed on patients who are not candidates for percutaneous anigoplasty and stenting. Thus, their arterial disease is very advanced. Typically, the atherosclerotic plaque lies in close proximity to the renal artery origins, making percutaneous intervention frought with danger of embolization and renal failure. The original "mother" code is performed only 1,000 times per year in the Medicare population, and only rarely outside the Medicare population. Thus, the two new offspring codes will be performed much less than 1,000 per year, best estimate = 500.

We are recommending the median survey RVW of 30.95. We justify the median survey based on the following four arguments:

1. At median survey RVW the IWPUT is only 0.078. This is very low for a complex intra-abdominal aortic reconstruction.

2. Comparison with the Key Reference 35646 (RVW 30.95), which is also an MPC "A-List" service, demonstrates that the new service has
   exactly the same intra-service time as the reference (210)
   slightly higher intra-service intensity compared to the reference (4.36 vs. 4.26).
   nearly the same intensity and complexity values across the board

3. Comparison of the new service with MPC key reference service 35631 demonstrates
   CPT 35631 is Bypass graft, other than vein, aortoceliac, aortomesenteric, aortorenal
   35631 has an RVW of 33.95
   35631 Intra-time 225 minutes slightly more than 210 for 35637
   35631 has total time 609 minutes slightly less than 636 for 35637
   35631 has one critical care visit, similar to 35637
   The conclusion of this comparison is that 35637 will be very reasonably valued at 30.95

4. Comparison with MPC list orthopaedic operation CPT 27134 revision of total hip
   27134 has an RVW of 28.48
   27134 has intra-time of 240 minutes slightly more than 225 minutes for 35637
   The re-do ortho operation is intense and complex but slightly less than aortic reconstruction
   27134 has total time of 608 minutes, considerably less htan 636 for 35637
   This conclusion of this comparison is that 35637 should be ~2.5 RVUs more than 27134 based on intraoperative intensity and total time.

We recommend that this package includes one Critical Care service. 86% of the survey respondents stated that one or more critical care services are included in the work they provide to patients undergoing this aortic reconstruction. Indeed, 49% of respondents noted that there are TWO or MORE critical care services in this package. Inclusion of only ONE critical care visit is a conservative recommendation. Patients who undergo aortic reconstructions typically require treatment for a degree of hemodynamic instability, coagulopathy, potential ongoing hemorrhage, and marked third-space fluid requirements.

With regard to the 5-year review questions, 60% said the work of this service has changed in the past five years, and all of those stated that the change was due to the patients becoming more complex. Patients with routine aortoiliac occlusive disease are currently treated with percutaneous angioplasty and stenting. Only the most complex patients now require open aortic reconstruction.

We believe the evidence cited herein justifies the median survey recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35641

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Rarely

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 300 Percentage 50.00 %

Specialty GS Frequency 200 Percentage 33.33 %

Specialty CT Frequency 100 Percentage 16.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 350 Percentage 70.00 %

Specialty GS Frequency 200 Percentage 40.00 %

code: 35637

Specialty CT Frequency 50 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35638 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **31.50**
RUC RVU: **31.50**

CPT Descriptor: Bypass graft, with other than vein; aortobi-iliac

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking has ischemic rest pain and bilateral non-healing foot ulcers. His lower extremities are found to be severely ischemic. Diagnostic studies reveal dense calcified plaque and near occlusion of the infrarenal aorta and both proximal common iliac arteries. The distal common iliacs and both external iliacs are widely patent. An aortobi-iliac bypass graft using synthetic conduit is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Ensure that patient has a critical care unit reservation
- Don OR scrubs
- Supervise patient positioning, skin prep, and draping
  Listen to feet with Doppler and mark sites where arterial signals can be heard
- Wait for anesthetic to become effective

Description of Intra-Service Work:
- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin of abdomen or retroperitoneum
- Dissect through soft tissue until infrarenal aorta is identified
- Insert and adjust mechanical retractors to keep viscera out of operative field
- Circumferentially dissect aorta and pass a soft rubber loop around it for control
- Extend dissection distally to gain access to normal sections of BOTH iliac arteries

Perform Proximal Anastomosis:
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to a section of normal aorta below the renal artery origins
- Apply vascular clamp to BOTH iliacs along normal segments
- Trim end/edges of aorta as required to perform proximal anastomosis
- Bring bifurcated synthetic conduit onto field and bevel as required for conduit
- Perform proximal anastomosis with appropriately sized vascular suture
- Open clamps and test for hemostasis
- Apply additional sutures as required to achieve hemostasis

Perform First Distal Anastomosis:
- Trim first iliac artery as required to "freshen up" the end for anastomosis
- Trim length of synthetic conduit as required for accurate fit

- Bevel conduit end as required to match iliac
- Suture distal anastomosis between synthetic conduit and iliac artery
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Check for adequate flow through new graft into iliac artery and lower extremity
- Revise as required if flow is inadequate

Perform second Distal Anastomosis

- Examine and freshen up the ends of the contralateral iliac at the site for second mosis
- Cut second limb of bifurcated conduit to appropriate length and bevel to match iliac
- Perform end-of-synthetic conduit to end-of-iliac anastomosis
- Open clamps briefly prior to completion of anastomosis to all removal of air and debris
- Complete anastomotic suture line
- Remove clamps and test for leaks
- Apply additional sutures as needed to achieve hemostasis
- Check blood flow to both legs, revise as required to achieve
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate abdomen copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close abdomen in multiple layers
- Irrigate subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
  Listen to Doppler signals in feet prior to leaving OR to ensure successful revascularization
- Transfer patient to stretcher, accompany patient to critical care unit
- Write orders
  Write JCAHO mandated brief op note
  Manage hemodynamic instability, coagulopathy, and third space fluid requirements as needed with volume repletion, blood products, coagulation products, and all manner of pressors
- Dictate operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist to ensure smooth emergence from anesthesia
  Manage ventilator until patient is extubated
- Discuss results of procedure with the patient once he/she is extubated and awake
- When stable, the patient is transferred to the floor, this is usually after 2-3 days in critical care unit
- Daily visits, takes history, performs physical exam, make assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global periode

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D
Specialty(s):	Society for Vascular Surgery
CPT Code:	35638

code: 35638

Sample Size: 200	**Resp n:** 34	**Response:** 17.0 %
Sample Type: Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	28.00	30.00	**31.50**	25.99	40.00
Pre-Service Evaluation Time:			**40.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	150.00	210.00	**240.00**	284.00	300.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**63.0**	99291x **1.0** 99292x **0.0**
Other Hospital time/visit(s):	**139.0**	99231x **2.0** 99232x **2.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35646	090	30.95

CPT Descriptor Bypas graft with othe rthan vein, aortobifemoral

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35631	090	33.95

CPT Descriptor 1 Bypass graft with other than vein, aortoceliac, aortomesenteric, aortorenal

MPC CPT Code 2	Global	Work RVU
27134	090	28.48

CPT Descriptor 2 Revision of total hip arthroplasty, both components, with or without autograft or allograft

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 29 **% of respondents:** 85.2 %

TIME ESTIMATES (Median)

	CPT Code: 35638	Key Reference CPT Code: 35646
Median Pre-Service Time	75.00	100.00
Median Intra-Service Time	240.00	210.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	63.0	0.00
Median Other Hospital Visit Time	139.0	158.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	68.00
Median Total Time	**644.00**	**602.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.28	4.26
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.41	4.30
Urgency of medical decision making	3.79	3.78

Technical Skill/Physical Effort (Mean)

Technical skill required	4.52	4.56
Physical effort required	4.48	4.48

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.52	4.48
Outcome depends on the skill and judgment of physician	4.45	4.56
Estimated risk of malpractice suit with poor outcome	4.17	4.15

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.21	4.22
Intra-Service intensity/complexity	4.48	4.37
Post-Service intensity/complexity	4.14	4.19

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code is presented as part of the five-year review. The compelling evidence is that 1) vascular surgery was not included in the Harvard studies and no vascular surgeons were involved in evaluating the codes, 2) virtually all RVWs for the 200 original vascular surgery CPT codes were reached by extrapolation from only two vascular procedures, 3) major rank order anomalies were evident in the initial extrapolation, and 4) this particular code has never been evaluated by the RUC.

This code was not evaluated during the July/August 2005 5-year review meetings because the service had to be referred to CPT for revision of its service descriptor. The descriptor of the original "mother" code was "Bypass, with other than vein, aortoiliac or bi-iliac". You can see that this old code included two related but significantly different operations, and that it had to be split into individual codes to allow an accurate RUC survey.

This is a rare and complex operation, performed on patients who are not candidates for percutaneous anigoplasty and stenting. Thus, their arterial disease is very advanced. Typically, the atherosclerotic plaque lies in close proximity to the renal artery origins, making percutaneous intervention frought with danger of embolization and renal failure. The original "mother" code is performed only ~1,000 times per year in the Medicare population, and rarely outside the Medicare population. Thus, the two new offspring codes will be performed much less than 1,000 per year, best estimate = 500.

We recommend the median survey RVW of 31.50 for 3563X2. We justify the median survey based on the following four arguments:

1. At median survey RVW the IWPUT is only 0.071. This is very low for a complex intra-abdominal aortic reconstruction.

2. Comparison with the Key Reference 35646 (RVW 30.95), which is also an MPC "A-List" service, demonstrates that the new service has
   30 minutes more intra-service time than the reference (240 vs. 210)
   slightly higher rated intra-service intensity than the reference (4.48 vs. 4.37).
   nearly the same pre and post-operative intensity and complexity values across the board
   Thus, 3563X2 should easily be more than 30.95, which is RVW of 35646.

3. Comparison of the new service with MPC key reference service 35631 (Bypass graft, other than vein, aortoceliac, aortomesenteric, aortorenal) demonstrates:
   35631 has an RVW of 33.95
   35631 Intra-time 225 minutes 15 minutes LESS than 3563X2 (240 min)
   35631 has total time of 609 minutes 60 minutes LESS than 669 for 35638
   35631 has one critical care visit, equal to 35638
   The conclusion of this comparison is that 35638 should actually have a HIGHER RVW than 33.95, but we are accepting the median survey

4. Comparison with MPC list orthopaedic operation CPT 27134 revision of total hip
   27134 has an RVW of 28.48
   27134 has intra-time of 240 minutes, equal to that of 35638
   The re-do ortho operation is intense and complex but less than aortic reconstruction
   27134 has total time of 608 minutes, considerably less htan 669 for 35638
   This conclusion of this comparison is that 35638 should be several RVUs more than 27134 based on intraoperative intensity and total time.

We recommend that this package includes one Critical Care service. 86% of the survey respondents stated that one or more critical care services are included in the work they provide to patients undergoing this aortic reconstruction. Indeed, 50% of respondents noted that there are TWO or MORE critical care services in this package. Inclusion of only ONE critical care visit is a conservative recommendation. Patients who undergo aortic reconstructions typically require treatment for hemodynamic instability, coagulopathy, potential ongoing hemorrhage, ventilator management and marked third-space fluid requirements.

With regard to the 5-year review questions, 62% said the work of this service has changed in the past five years, and all of those stated that the change was due to the patients becoming more complex. Patients with routine aortoiliac occlusive disease are currently treated with percutaneous angioplasty and stenting. Only the most complex patients now require open aortic reconstruction.

We believe the evidence cited herein justifies the median survey recommendation

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35641

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 300 Percentage 50.00 %

Specialty GS Frequency 200 Percentage 33.33 %

Specialty CT Frequency 100 Percentage 16.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 350 Percentage 70.00 %

Specialty GS	Frequency 200	Percentage 40.00 %
Specialty CT	Frequency 50	Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35537	II1	Bypass graft with vein, aortoiliac	090
35538	II2	Bypass graft with vein, aortobi-iliac	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35537 and 35538.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35537 and 35538.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35537 and 35538.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35537 and 35538.

	A	B	C	D	E	F	G
1				35537		35538	
2				II1		II2	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Bypass graft with vein, aortoiliac		Bypass graft with vein, aortobi-iliac	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**171**	**N/A**	**224**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**99**		**152**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**2**		**2**
50	99214 53 minutes	L037D	RN/LPN/MTA				**1**
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**99**	**0**	**152**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**3**		**4**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	Code					
60	table, power	**EF031**			**99**		**152**
61	light, exam	**EQ168**			**99**		**152**

CPT Code: 35637 35638
Specialty Society('s) SVS

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35637	II3	Bypass graft with other than vein, aortoiliac	090
35638	II4	Bypass graft with other than vein, aortobi-iliac	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35637 and 35638.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35637 and 35638.

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SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35637 and 35638.

	A	B	C	D	E	F	G
1				35637		35638	
2				II3		II4	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Bypass graft with other than vein, aortoiliac		Bypass graft with other than vein, aortobi-iliac	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**171**	**N/A**	**171**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**99**		**99**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**2**		**2**
50	99214 53 minutes	L037D	RN/LPN/MTA		**0**		**0**
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**99**	**0**	**99**
53	Other.						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	Code	Unit				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**3**		**3**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	Code					
60	table, power	**EF031**			**99**		**99**
61	light, exam	**EQ168**			**99**		**99**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Carotid Bypass Graft

These changes in CPT coding were at the original request of the RUC during its Five Year Review Process. During the Five Year Review, the RUC agreed with the specialty society that code 35601 cannot undergo the RUC evaluation process before having its descriptor revised to reflect a single operation rather than multiple or the code needs to be deleted. Therefore, the CPT Editorial Panel revised an existing code to add clarity to the current descriptor of 35601 as the current descriptor is ambiguous and unlike any other bypass graft operation, it does not specify the inflow artery and the target outflow artery.

35601 Bypass graft with other than vein; common carotid-ipsilateral internal carotid

The RUC reviewed the service times that the specialty society recommended for code 35601. The RUC discussed the pre-service times with this code and determined that specialty society recommended pre-service times (60 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time) should be reduced and recommended that the pre-service times be changed to more accurately reflect the service (40 minutes evaluation time, 15 minutes positioning time, 20 minutes scrub, dress and wait time). In addition, the RUC recommended replacing the 99291 critical care visit with a 99233 hospital visit as this was agreed to be more reflective of the procedure being performed as this procedure does not require the immediate presence of a physician in the post-operative period to manage the patient at the critical care level. After amending the pre-service times and post-operative visits, the RUC reviewed the reference code 35510 *Bypass graft, with vein; carotid-brachial* (Work RVU=22.97) in comparison to the surveyed code and agreed that due to more total service time of the surveyed code in comparison to the reference code (457 minutes and 431 minutes, respectively), as well as the surveyed code's significantly higher intensity/complexity measures as compared to the reference code, the survey median RVU of 26.00 was appropriate. **The RUC recommends 26.00 RVUs for 35601**

Practice Expense: The RUC recommends the specialty society's recommended inputs for this procedure as it is standard 090 Day Global inputs.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲35601	JJ1	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	090	26.00

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35601 Global Period: 090 Specialty Society RVU: **26.00**

RUC RVU: **26.00**

CPT Descriptor: Bypass graft with other than vein; common carotid-ipsilateral internal carotid

(This is a new descriptor for 2007 as part of the 5-year review. Previous descriptor was "Bypass graft with other than vein; carotid")

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old cigarette-smoking hyperlipidemic hypertensive diabetic woman underwent carotid artery stenting for a critical stenosis of the carotid bifurcation two years ago. Subsequently, she developed early recurrent stenosis on three separate occasions, each requiring percutaneous retreatment. She returns three months after the most recent intervention with yet another critically severe stenosis and hemispheric transient ischemic attacks. She is deemed not a candidate for further percutaneous intervention. A bypass graft using synthetic conduit is recommended. It will extend from her proximal cervical common carotid artery to the distal extracranial internal carotid artery beyond the region of multiply recurrent stenosis.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Review cerebral arteriogram, CT of brain, MR of brain, CTA, MRA, duplex
- Update H&P (required by JCAHO)
  Perform detailed final pre-op neurological exam
- Review operative plan and informed consent with patient and family
- Specifically discuss risk of perioperative stroke
- Discuss patient comorbidities and surgical approach with Anesthesiologist
  Call to ensure reservation in Critical Care Unit
- Change into OR scrubs
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective

Description of Intra-Service Work:

Initial Dissection

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary. Surgeons typically use optical magnifying loupes for this form of vascular reconstruction
- Incise skin from posterior to ear lobe along anterior border of sternocleidomastoid muscle to clavicle
  Divide platysma muscle
- Dissect through soft tissue until the carotid sheath is located
  Dissect jugular vein away from carotid artery
  Divide facial vein and suture ligate
  Locate and AVOID vagus nerve
  Identify common carotid artery at base of neck
- Circumferentially dissect common carotid artery and pass a soft rubber loop around it for control

- Extend dissection distally to expose bifurcation, proximal external and internal carotid
- Mobilize and AVOID cranial nerves X and XII as needed to reach a normal distal segment of ICA beyond stent
- Divide the digastric muscle as needed to reach a normal segment of ICA
- Dislocate the jaw, if needed, to reach a normal segment of ICA
- Pass loops around internal and external carotid arteries for control

Identify superior thyroid artery, dissect free, pass fine rubber loop around it for control

Perform Bypass

Make final check to ensure sufficient proximal and distal arterial control beyond stented segment

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamp to ICA beyond stented area
- Apply vascular clamp to ECA
- Apply vascular clamp to CCA proximal to stented area
- Incise CCA proximal to stented/stenotic portion and carry arteriotomy across length of vessel to a normal portion of distal ICA
- Remove old stents - use wire-cutters if needed
- Place synthetic conduit on soft plastic shunt and insert proximal end of shunt into CCA after opening clamp

Reclamp CCA around shunt

Test shunt to ensure arterial inflow

Open distal ICA clamp and insert shunt

Backbleed as needed to remove all air from shunt

Re-establish bloodflow to brain by opening shunt

- Transect CCA & prepare proximal normal segment for proximal anastomosis
- Perform proximal anastomosis of synthetic conduit to CCA with fine vascular suture
- Irrigate with heparinized saline, inspect carefully to remove all loose plaque fragments
- Test anastomosis for leaks, apply additional suture as needed to achieve hemostasis
- Prepare distal internal carotid for anastomosis, transect ICA at a segment of normal artery
- Trim synthetic conduit to appropriate length
- Perform distal anastomosis of synthetic conduit to ICA with fine vascular suture
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close subcutaneous and skin in multiple layers with special attention to skin edges

Description of Post-Service Work:

- Apply dressings
- Perform detailed neurologic exam in OR as soon as patient wakes up
- Transfer patient to stretcher, accompany patient to critical care unit
- Write orders

Write JCAHO mandated brief op note and dictate operative note

- Work with the anesthesiologist to ensure emergence from anesthesia or make decision to keep intubated

Surgeon typically spends 60 minutes or more providing critical care, including support of cardiovascular and hemodynamic instability that typically follows extensive dissection of the carotid artery and the carotid body baroreceptors. This instability typically requires application of and minute-to-minute adjustment of vasopressors such as neosynephrine, dopamine and/or dobutamine. Some of these patients have paradoxical severe hypertension that requires nitroglycerin or nitroprusside drips to prevent reperfusion hyperemia and post-operative seizures. Ventilator management, ventilator weaning, and clinical decisions regarding safety and timing of extubation are performed. Also included are review of chest x-rays, pulse oximetry, blood gases, and management of vascular access.

Communicate with family, referring and consulting physicians

- Discuss results of procedure with the patient once he/she is extubated and fully awake
- When stable, the patient is transferred to the floor, typically after 24 to 48 hours in critical care unit

- Daily visits, history, physical exam, make assessment and plan
- Daily neurological examinations
- Daily evaluation of incisions
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period
- Neurological evaluations during office visits

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., Bob Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35601					
Sample Size:	200	**Resp n:** 37		**Response:** 18.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		20.00	24.00	**26.00**	28.00	35.00
Pre-Service Evaluation Time:				**40.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	150.00	**180.00**	185.00	210.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**90.0**	99231x **1.0** 99232x **1.0** 99233x **1.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**46.0**	99211x **0.0** 12x **0.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35510	090	22.97

CPT Descriptor Bypass graft, with vein; carotid-brachial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
35531	090	36.15

CPT Descriptor 1 Bypass graft with vein, aortoceliac or aortomesenteric

MPC CPT Code 2	Global	Work RVU
	090	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 56.7 %

TIME ESTIMATES (Median)	CPT Code: 35601	Key Reference CPT Code: 35510
Median Pre-Service Time	75.00	95.00
Median Intra-Service Time	180.00	180.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	90.0	60.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	46.0	30.00
Median Total Time	**457.00**	**431.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.19	3.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.24	3.89
Urgency of medical decision making	3.95	3.58

Technical Skill/Physical Effort (Mean)

Technical skill required	4.52	4.05
Physical effort required	3.95	3.74

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.62	3.89
Outcome depends on the skill and judgment of physician	4.71	4.37
Estimated risk of malpractice suit with poor outcome	4.48	4.11

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.19	3.74
Intra-Service intensity/complexity	4.38	3.84
Post-Service intensity/complexity	3.62	3.32

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code was submitted to the 5-year review, but it was determined that it needed to be referred to CPT for revision of its descriptor prior to being evaluated by the RUC. The problem with the descriptor was that it failed to specify inflow and outflow artery as is done for every other vascular bypass graft. For example, CPT 35606 is "Bypass with other than vein, carotid-subclavian", meaning that the carotid artery is the inflow and the subclavian artery is the target outflow vessel. In contrast, the descriptor for 35601 was simply "Bypass graft, with other than vein; carotid".

The February, 2006 CPT Panel redefined 35601 as "Bypass graft, with other than vein; common carotid-ipsilateral internal carotid".

This is a VERY RARE service, being reported only 276 times in Medicare, 2004, according to RUC database.

The RUC survey was completed by 37 respondents. Median survey RVW is 26.00. Median pre-service time is 95, intra-service time 180, and immediate post-service time 30. Survey respondents identified 4 hospital visits (including one critical care visit) and 2 office visits.

IWPUT for this service is 0.082 at the median survey RVW of 26.00. This is actually lower than we would anticipate for vascular surgery involving the distal internal carotid artery, extending high in the neck towards the base of the skull, a situation in which a single false move can result in a major stroke.

The recommended RVW of 26.00 fits appropriately with the key reference service 35510, with RVW 22.97. 35601 and reference 35510 have identical pre-service times (95min). Likewise, the services have identical intra-service time (180min). HOWEVER, the technical skill required, physical effort, risk of significant complications, morbidity and/or mortality, estimated risk of malpractice suit, and the overall outcome dependence on skill and judgment of the physician are SUBSTANTIALLY GREATER for 35601 than for reference 35510. The explanation is that while the distal outflow vessel of reference 35510 is in a relatively safe spot in the arm (the brachial artery), the distal outflow vessel for 35601 is high up in the neck, tucked in between the Vagus and Hypoglossal Cranial Nerves. Any technical mishaps in that high risk territory can result in huge, life-long morbidity.

The other major difference between 35601 and reference code 35510 is the need for one critical care visit in 35601 that is not present in the reference. Despite careful dissection, it is impossible to avoid activation of, or frank disruption of the carotid body baroreceptors. For reasons yet unknown, patients who have undergone multiple carotid artery manipulations (such as the vignette patient who has undergone carotid stent placement and multiple subsequent angioplasties) are particularly sensitive to this problem, and the majority of them require vasopressor drips such as neosynephrine or dopamine to maintain a functional mean arterial pressure. Paradoxically, a small proportion of patients become profoundly hypertensive, requiring nitroglycerin, or more likely nitroprusside drips to prevent dangerous hypertension. In all these patients, blood pressure must be tightly controlled. Excessive hypertension can result in reperfusion hyperemia, seizures and hemorrhagic stroke. Hypotension can lead to thrombosis of the newly placed bypass graft, and ischemic stroke.

For these reasons, 65% of survey respondents indicated that patients undergoing this operation meet the critical care criteria for one-hour, characterized primarily by treating circulatory failure to avoid central nervous system catastrophe. The recommended RVW for 35601 (26.00) is justified by the added intra-operative intensity and post-operative care that is required above and beyond that of key reference code 35510, which has an RVW of 22.97.

An RVW for 35601 may be extrapolated from MPC "A-list" service 35531 Bypass graft with vein, aortoceliac or aortomesenteric. 35531 has an RVW of 36.15. Pre-service time is very similar (95 for 35601, 90 for reference 35531). Intra-service time is greater for 35531 (240 min) compared to 180 min for 35601. Intra-service intensity, as indicated by IWPUT is very similar (0.086 for 35531, 0.082 for 35601). An intra-service adjustment can be derived (60 min x 0.086 = -5.16). Both services have one critical care visit. 35531 has two 99233s that are not in 35601 (-3.02) and one 99232 that is not in 35601 (-1.06) but one 35601 has one 99231 that must be added back (+0.64). The office adjustment carves out one 99212 (-0.43). Thus, the RVW for 35601 may be calculated as 36.15 - 5.16 - 3.02 - 1.06 + 0.64 = 27.55. This relative value comparison indicates that 26.00 is a conservative value for 35601.

Finally, the relationship between 35601 and 35501 is important and must be maintained. These two procedures are essentially the same operation, except that 35501 includes harvest of a segment of autogenous vein, while 35601 uses synthetic conduit. The increment of 20 minutes of intra-time to harvest the vein translates to a work increment of 2.0 RVUs. Our recommendations of 28.00 RVUs and 26.00 RVUs maintain that 2.0 RVU increment to represent the work of vein harvest.

Since this is a 5-year review code, we asked the 5-year review questions on the survey. 65% of survey respondents said the work of this service has changed during the past 5-years, and all of those said the patients were more complex. There has been no site-of-service change. This is, and hopefully will always be a hospital inpatient procedure.

In conclusion, based on 1) an IWPUT anlysis (0.082), 2) a comparison with the key reference 35510, 3) a comparison with an MPC List service (35531), and 4) a comparison with 35501, we believe the median survey value of 26.00 is appropriate for CPT 35601.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35601, 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Rarely

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 300 Percentage 60.00 %

Specialty GS Frequency 150 Percentage 30.00 %

Specialty CT Frequency 50 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 250 Percentage 62.50 %

Specialty GS Frequency 125 Percentage 31.25 %

Specialty CT Frequency 25 Percentage 6.25 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 35510 does not have sufficiently high risk profile for 35601. We suggest crosswalk to 35531

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35601	JJ1	Bypass graft with other than vein, common carotid-ipsilateral internal carotid	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35601.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35601.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35601.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35601.

	A	B	C	D	E
1				35601	
2				JJ1	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Bypass graft with other than vein, common carotid-ipsilateral internal carotid	
4				090	
5		**Code**	**StaffType**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	N/A	144
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		60
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		12
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		72
10	**PRE-SERVICE**				
11	***Start: After visit for procedure/service***				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7
18	***End: Pt. enters site for procedure/service***				
19	**SERVICE PERIOD**				
40	Discharge day management 99238 –12 minutes	L037D	RN/LPN/MTA		12
41	Other Clinical Activity (please specify)				
42	***End: Patient leaves site of procedure/service***				
43	**POST-SERVICE Period**				
44	***End: Patient leaves site of procedure/service***				
45	Conduct phone calls/call in prescriptions				
46	*List Number and Level of Office Visits*				
47	99211 16 minutes	L037D	RN/LPN/MTA		
48	99212 27 minutes	L037D	RN/LPN/MTA		0
49	99213 36 minutes	L037D	RN/LPN/MTA		2
50	99214 53 minutes	L037D	RN/LPN/MTA		0
51	99215 63 minutes	L037D	RN/LPN/MTA		
52	***Total Office Visit Time***			0	72
53	Other.				
54	***End: Last office visit in global period***				
55	**MEDICAL SUPPLIES**	Code	Unit		
56	pack, minimum multi-specialty visit	**SA048**	**pack**		2
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		1
58					
59	**Equipment**	Code			
60	table, power	**EF031**			72
61	light, exam	**EQ168**			72

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Femoral Anastomosis Revision

The CPT Editorial Panel created two new codes to report the prophylactic treatment of a severe anastomotic stenosis through open surgical revision with a nonautogenous or autogenous patch graft which will eliminate the stenotic region.

35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg Dacron, ePTFE, bovine pericardium)

The RUC reviewed the specialty physician surveyed times that the specialty society recommended for code 35883. The RUC discussed all of the service times associated with this code and agreedthey was appropriate. The RUC then compared the surveyed code to the reference code 35141 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)* (Work RVU=19.97) and agreed that because the intra-service time of the surveyed code is higher than intra-service time of the reference code (170 minutes and 150 minutes, respectively), and the surveyed code's significantly higher intensity/complexity measures as compared to the reference code due to the risks of injuries to the synthetic graft limb, all of the femoral bifurcation arteries and the external iliac artery that typically lies directly posterior to the aortic graft limb, that the survey median RVU of 22.00 was appropriate. **Therefore, the RUC recommends a work RVU of 22.00 RVUs for code 35883.**

35884 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft

The RUC reviewed the specialty physician surveyed times that the specialty society recommended for code 35884. The RUC discussed all of the service times associated with this code and agreedthey was appropriate. The RUC then compared the surveyed code to the reference code 35141 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)* (Work RVU=19.97) and agreed that because the intra-service time of the surveyed code is higher than intra-service time of the reference code (190 minutes and 150 minutes, respectively), and the surveyed code's significantly higher intensity/complexity measures as compared to the reference code due to the risks of injuries to the synthetic graft limb, all of the femoral bifurcation arteries and the

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

external iliac artery that typically lies directly posterior to the aortic graft limb, that the survey median RVU of 23.50 was appropriate. **Therefore, the RUC recommends a work RVU of 23.50 RVUs for code 35884.**

Practice Expense:
The RUC recommends the specialty society's recommended inputs for these facility onlyprocedures as they are standard 090 Day Global inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
35879		Revision, lower extremity arterial bypass, without thrombectomy, open;	090	15.98 (No Change)
35881		with segmental vein interposition (For revision of femoral anastomosis of synthetic arterial bypass graft, see 35883, 35884)	090	17.97 (No Change)
●35883	KK1	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg Dacron, ePTFE, bovine pericardium) (For bilateral procedure, use modifier 50) (Do not report 35883 in conjunction with 35700, 35875, 35876, 35884)	090	22.00
●35884	KK2	with autogenous vein patch graft (For bilateral procedures use modifier 50) (Do not report 35884 in conjunction with 35700, 35875, 35876, 35883)	090	23.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:35883 Global Period: 090 Specialty Society RVU: **22.00**

RUC RVU: **22.00**

CPT Descriptor: Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg Dacron, ePTFE, bovine pericardium)

(For bilateral procedure, use modifier -50)
(Do not report 35883 in conjunction with 35700, 35875, 35876, 35884)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking underwent an aorto-bifemoral bypass graft two years ago. He returns now complaining of left lower extremity calf claudication. Diagnostic studies (e.g. duplex, CT, angiography, MRA) reveal a severe focal stenosis at the anastomosis between his bypass graft limb and the femoral artery in the left groin. Surgical exposure reveals severe intimal hyperplasia in a focal pattern suitable for patch angioplasty treatment. A nonautogenous patch is chosen (e.g. Dacron, ePTFE, bovine pericardium ,etc).

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs
  Insonate pedal arteries with Doppler and mark location of DP and PT signals
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective.

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin in groin overlying the distal end of the graft limb and the femoral arteries
- Dissect through scarred soft tissue until graft limb is located
- Dissect through scarred tissue around graft limb with care to avoid nerves and veins that may be adherent to the graft limb
- Circumferentially dissect the graft limb and pass a soft rubber loop around it for control
- Circumferentially dissect the common femoral or distal-most external iliac artery and pass a soft rubber loop
- Circumferentially dissect the profunda femoris artery and pass a soft rubber loop
- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to graft limb, common femoral, profunda, superficial femoral
- Incise hood of graft and carry opening across toe of anastomosis onto native artery
- Examine pathology inside artery to ensure that patch angioplasty will be adequate treatment
- Bring patch onto surgical field and crop edges to final shape
- Using fine vascular suture, sew patch circumferentially onto arteriotomy opening
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line

- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin

Description of Post-Service Work: • Apply dressings
Insonate pedal arteries with handheld Doppler to ensure adequate blood flow

- Transfer patient to stretcher, accompany patient to recovery area
- Write orders

Write JCAHO-mandated brief op note

- Dictate full operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, the patient is transferred to the floor
- Daily visits, takes history, performs physical exam

Make assessment and create plan

- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Seabrook, M.D., and Bob Zwolak, M.D., Ph.D					
Specialty(s):	Society for Vascular Surgery					
CPT Code:	35883					
Sample Size:	200	**Resp n:** 31		**Response:** 15.5 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		16.50	19.99	**22.00**	23.50	32.00
Pre-Service Evaluation Time:				**50.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**20.0**		
Intra-Service Time:		120.00	150.00	**170.00**	180.00	230.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**79.0**	99231x **1.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35141	090	19.97

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
44140	090	20.97

CPT Descriptor 1 Colectomy, partial; with anastomosis

MPC CPT Code 2	Global	Work RVU
67038	090	21.21

CPT Descriptor 2 Vitrectomy, mechanical, pars plana approach; with epiretinal stripping

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 67.7 %

TIME ESTIMATES (Median)	**CPT Code: 35883**	**Key Reference CPT Code: 35141**
Median Pre-Service Time	85.00	90.00
Median Intra-Service Time	170.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	79.0	68.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**438.00**	**412.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.76	3.60
Urgency of medical decision making	3.43	3.45

Technical Skill/Physical Effort (Mean)

Technical skill required	4.29	3.85
Physical effort required	4.00	3.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.85
Outcome depends on the skill and judgment of physician	4.10	3.75
Estimated risk of malpractice suit with poor outcome	3.67	3.50

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.57	3.30
Intra-Service intensity/complexity	4.10	3.60
Post-Service intensity/complexity	3.33	3.25

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This is a new CPT code to report dissecting out the limb of an aorto-femoral bypass graft in a scarred re-do groin and revising the anastomosis to prevent terminal thrombosis of the reconstruction. This is almost a 3-hour operation that carries risks of injuries to the synthetic graft limb, all of the femoral bifurcation arteries, and the external iliac artery that typically lies directly posterior the aortic graft limb.

We recommend the survey median RVW of 22.00 RVUs for this service, which includes 170 minutes of intra-service time, 4 hospital visits (no critical care), and 2 office visits.

IWPUT at the recommended median survey value is 0.086, a very reasonable value for a re-do arterial reconstruction.

The recommended RVW of 22.00 fits appropriately with the key reference service 35141, repair of a femoral artery aneurysm. Reference service 35141 is an MPC "A-List" service with and RVW of 19.97. 35141 has 150 minutes of intra-service time, 4 hospital visits (no critical care) and 2 office visits. Thus, the new service has very similar pre-service work compared to the reference. 35883 has 20 minutes more intra-service time than the reference. 35883 has a slightly higher pattern of hospital visits, having to do with the extra wound care and medical attention required by the multiply comorbid patient undergoing re-do surgery for peripheral arterial occlusive disease (PAD) as opposed to first-time around aneurysm surgery patients (PAD patients have even more medical comorbidities than aneurysm patients). Office visit pattern is equivalent for 35883 and 35141. Thus, you can build an RVW for the new service by starting with the RVW for the reference (19.97), and adding 20 minutes x 0.086 = 1.72 RVUs for the extra intra-service time, and adding 0.42 RVUs, to represent the difference between the hospital visit patterns. Thus, 19.97 + 1.72 + 0.42 = 22.11. Based on this comparison, we believe the median survey RVW of 22.00 is fully justified.

CPT 44140 Partial Colectomy is another good reference service. It has an RVW of 20.97, very close to what we recommend for 35883. 44140 is an MPC "A-List" service with 150 minutes of intra-time compared to 170 min for 35883. The two services have very similar total time (460 min 44140, 438 min 35883). The nature of re-do open arterial reconstruction justifies a higher IWPUT (0.086) for 3587X1 compared to 0.072 for 44140. Thus, 35883 has 20 minutes more intra-service time, and all of the intra-service time is at a slightly higher intensity level than 44140. This easily justifies the extra 1.03 RVUs recommended for 35883 (22.00) compared to 44140 (20.97).

CPT 67038 is another MPC List service with an RWV (21.21) very close to what we recommend for 35883 (22.00). 35883 is a 170 minute open re-do arterial reconstruction with 4 hospital visits and 2 office visits. In comparison, 99% of 67038 procedures are performed in the outpatient setting (74% Hospital outpatient, 24% ASC). It is difficult to imagine that 35883 would not easily meet the 22.00 RVU measure compared to MPC List service 67038 (21.21 RVUs).

In conclusion, the recommended median survey RVW of 22.00 for 35883 is justified by IWPUT analysis, by comparison to a Vascular Surgery MPC List service, by comparison to a General Surgery MPC List service, and by comparison to an MPC List service from Ophthalmology.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 700 Percentage 70.00 %

Specialty GS Frequency 200 Percentage 20.00 %

Specialty CT Frequency 100 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 600 Percentage 75.00 %

Specialty GS Frequency 150 Percentage 18.75 %

Specialty CT Frequency 50 Percentage 6.25 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35884 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **23.50**
RUC RVU: **23.50**

CPT Descriptor: Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft

(For bilateral procedure, use modifier -50)

(Do not report 35884 in conjunction with 35700, 35875, 35876, 35883)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old man with a 60 pack-year history of smoking underwent an aorto-bifemoral bypass graft two years ago. He returns now complaining of left lower extremity calf claudication. Diagnostic studies (e.g. duplex, CT, angiography, MRA) reveal a severe focal stenosis at the anastomosis between his bypass graft limb and the femoral artery in the left groin. Surgical exposure reveals severe intimal hyperplasia in a focal pattern suitable for patch angioplasty treatment. An autogenous vein patch is chosen.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review all relevant office notes, H&P, noninvasive vascular lab studies
  Review the duplex vein mapping study to ensure that the patient has sufficient autogenous vein for a patch.
- Update H&P (required by JCAHO)
- Review operative plan and informed consent with patient and family
- Discuss patient comorbidities and surgical approach with Anesthesiologist
- Change into OR scrubs
  Remind OR staff that vein donor site needs to be prepped and draped in addition to operative site
  Insonate pedal arteries with Doppler and mark positions of DP and PT signals
- Supervise patient positioning, skin prep, and draping
- Wait for anesthetic to become effective

Description of Intra-Service Work:

- Please note that every surgeon has his or her preferred method to perform an open surgical operation. In addition, each patient's anatomy and pathology require individualization. Thus, the following is a generic description. Individual procedures will vary.
- Incise skin in groin overlying the distal end of the graft limb and the femoral arteries
- Dissect through scarred soft tissue until graft limb is located
- Dissect through scarred tissue around graft limb with care to avoid nerves and veins that may be adherent to the graft limb
- Circumferentially dissect the graft limb and pass a soft rubber loop around it for control
- Circumferentially dissect the common femoral or distal-most external iliac artery and pass a soft rubber loop
- Circumferentially dissect the profunda femoris artery and pass a soft rubber loop

Vein Harvest

- Shift attention to vein harvest site – usually predetermined and previously prepped
- Incise skin over vein
- Dissect through soft tissue to find vein

- Carefully dissect out vein, tying and dividing all side branches
- Check original operative site to ensure sufficient length of vein is exposed
- Clamp vein and excise segment to be used for patch
- Ligate transected ends of vein that remain in patient
- Open and examine removed segment of vein on back table to ensure suitability
- Crop vein to shape required to serve as patch
- Preserve vein patch in heparinized saline until time for use

Move back to primary operative site:

- Administer intravenous heparin or other anticoagulant and wait for effect
- Apply vascular clamps to graft limb, common femoral, profunda, superficial femoral
- Incise hood of graft and carry opening across toe of anastomosis onto native artery
- Examine pathology inside artery to ensure that patch angioplasty will be adequate treatment
- Bring patch onto surgical field and crop edges to final shape
- Using fine vascular suture, sew patch circumferentially onto arteriotomy opening
- Prior to closing the suture line, flush all vessels to remove air and debris
- Complete suture line
- Remove vascular clamps and check for leaks
- Apply additional sutures as needed to seal all leaks
- Administer protamine or other anticoagulant reversal agent and wait for effect
- Irrigate wound copiously with sterile saline
- Use electrocautery or suture ligation to achieve final hemostasis
- Close wound in multiple layers with special attention since reoperative site
- Close skin
- At vein harvest site, use electrocautery or suture ligation to achieve final hemostasis
- Irrigate wound copiously with sterile saline
- Close subcutaneous tissue
- Close skin

Description of Post-Service Work:

- Apply dressings
  Insonate pedal arteries with handheld Doppler to ensure adequacy of circulation after revascularization
- Transfer patient to stretcher, accompany patient to recovery area
  Write JCAHO mandated brief op note
- Write orders
- Dictate full operative note
- Communicate with family, referring and consulting physicians
- Participate with the anesthesiologist in the recovery area to ensure smooth emergence from anesthesia
- Discuss results of procedure with the patient once he/she is fully awake
- When stable, transfer patient to surgical unit
- Daily visits, takes history, performs physical exam,
  Make daily assessment and plan
- Write daily orders & notes
- Daily communication with patient, family, nurses, and other care-givers.
- Discharge day management includes communicating with all support services such as visiting nurse, meals on wheels, etc., communicating with referring physician, providing activity advice and warnings to patient and family, and arranging office follow up for wound checks, suture/staple removal, etc.
- All related outpatient office visits until completion of global period
- Daily inpatient examinations of vein harvest site with treatment as needed
- Office visit examinations of vein harvest site with treatment as needed

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006

Presenter(s):	Gary Seabrook, M.D., and Robert Zwolak, M.D., Ph.D
Specialty(s):	Society for Vascular Surgery
CPT Code:	35884

Sample Size:	200	**Resp n:** 30	**Response:** 15.0 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	18.16	21.81	**23.50**	25.00	32.00
Pre-Service Evaluation Time:			**50.0**		
Pre-Service Positioning Time:			**15.0**		
Pre-Service Scrub, Dress, Wait Time:			**20.0**		
Intra-Service Time:	120.00	166.00	**190.00**	224.00	260.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**79.0**	99231x **1.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**38.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35141	090	19.97

CPT Descriptor Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
44140	090	20.97

CPT Descriptor 1 Colectomy, partial; with anastomosis

MPC CPT Code 2	Global	Work RVU
67038	090	21.21

CPT Descriptor 2 Vitrectomy, mechanical, pars plana approachl with epiretinal stripping

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 66.6 %

TIME ESTIMATES (Median)

	CPT Code: 35884	Key Reference CPT Code: 35141
Median Pre-Service Time	85.00	90.00
Median Intra-Service Time	190.00	150.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	79.0	68.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	38.0	38.00
Median Total Time	**458.00**	**412.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.65	3.42
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.70	3.53
Urgency of medical decision making	3.35	3.37

Technical Skill/Physical Effort (Mean)

Technical skill required	4.25	3.79
Physical effort required	3.95	3.74

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.95	3.79
Outcome depends on the skill and judgment of physician	4.05	3.68
Estimated risk of malpractice suit with poor outcome	3.60	3.42

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.26
Intra-Service intensity/complexity	4.25	3.58
Post-Service intensity/complexity	3.25	3.21

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This is a new CPT code to report dissecting out the limb of an aorto-femoral bypass graft in a scarred re-do groin and revising the anastomosis to prevent terminal thrombosis of the reconstruction. This is just over a 3-hour operation that carries risks of injuries to the synthetic graft limb, all of the femoral bifurcation arteries, and the external iliac artery that typically lies directly posterior to the aortic graft limb.

We recommend the survey median RVW of 23.50 RVUs for this service, which includes 190 minutes of intra-service time, 4 hospital visits (no critical care), and 2 office visits.

IWPUT at the recommended median survey value is 0.085, a very reasonable value for re-do open arterial surgery.

The recommended RVW of 23.50 for 35884 is 1.5 RVUs greater than that of the related new code 35884, and the intra-service time for 35884 is 20 minutes more than 35883. The increments of RVUs and time are based on the need to harvest of autogenous vein for use as a patch angioplasty, a component of 35884 but not 35883.

The recommended RVW of 23.50 also fits appropriately with the key reference service 35141, repair of a femoral artery aneurysm. Reference service 35141 is an MPC "A-List" service with and RVW of 19.97. 35141 has 150 minutes of intra-service time, 4 hospital visits (no critical care) and 2 office visits. 35884 has nearly identical pre-service work compared to 35141 (85 vs. 90 min). 35884 has 40 minutes more intra-service time than the reference (190 vs 150). 35884 has a slightly higher pattern of hospital visits, having to do with the extra wound care and medical attention required by the multiply comorbid patient undergoing re-do surgery for peripheral arterial occlusive disease (PAD) as opposed to first-time around aneurysm surgery (PAD patients have even more medical comorbidities than aneurysm patients). Office visit pattern is equivalent for 35884 and 35141. Thus, you can build an RVW for 35884 by starting with the RVW for the reference (19.97), and adding intra-service work (40 minutes x 0.085 = 3.40 RVUs), and adding 0.42 RVUs, to represent the difference between the hospital visit patterns. Thus, 19.97 + 3.40 + 0.42 = 23.79. Based on this comparison with the most commonly chosen reference, we believe the median survey RVW of 23.50 is a fair value.

CPT 44140 Partial Colectomy is another good reference service. It has an RVW of 20.97, very close to what we recommend for 35884(23.50). 44140 is an MPC "A-List" service with 150 minutes of intra-time compared to 190 min for 35884. The two services have very similar total time (460 min 44140, 458 min 35884). The nature of re-do open arterial reconstruction justifies a higher IWPUT (0.085) for the new service compared to 0.072 for 44140. Thus, 35884 has 40 minutes more intra-service time, and all of the intra-service time is at a slightly higher intensity level. This easily justifies the extra 2.53 RVUs recommended for 35884 (23.50) compared to 44140 (20.97).

CPT 67038 is another MPC List service with an RWV (21.21) very close to what we recommend for 35884 (23.50). 35884 is a 190 minute open re-do arterial reconstruction with 4 hospital visits and 2 office visits. In comparison, 99% of 67038 procedures are performed in the outpatient setting (74% Hospital outpatient, 24% ASC). It is difficult to imagine that 35884 would not easily meet the 23.50 RVU measure compared to MPC List service 67038 (21.21 RVUs).

In conclusion, the recommended median survey RVW of 23.50 for this new service is justified by IWPUT analysis, by comparison to Vascular Surgery MPC List service, by comparison to an MPC List service from General Surgery, and by comparison to an MPC List service from Ophthalmology.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty CT Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty VS Frequency 700 Percentage 70.00 %

Specialty GS Frequency 200 Percentage 20.00 %

Specialty CT Frequency 100 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty VS Frequency 600 Percentage 75.00 %

Specialty GS Frequency 150 Percentage 18.75 %

Specialty CT Frequency 50 Percentage 6.25 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

ndicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT		DESCRIPTION	GLOBAL
35883	KK1	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg Dacron, ePTFE, bovine pericardium)	090
35884	KK2	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	090

CLINICAL STAFF TIME:

Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied to 35883 and 35884.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied to 35883 and 35884.

Post-service period clinical staff time: Standard EM post-op OFFICE visit times for clinical staff have been applied to 35883 and 35884.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:

Standard EM post-op OFFICE visit times have been applied to 35883 and 35884.

	A	B	C	D	E	F	G
1				35883		35884	
2				KK1		KK2	
3	**Meeting Date: April 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open, with nonautogenous patch graft (eg Dacron, ePTFE, bovine pericardium)		Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open, with autogenous vein patch graft	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**135**	**N/A**	**135**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**63**		**63**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
45	Conduct phone calls/call in prescriptions						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**1**		**1**
50	99214 53 minutes	L037D	RN/LPN/MTA		**0**		**0**
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***			**0**	**63**	**0**	**63**
53	Other						
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	**Code**	**Unit**				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**2**		**2**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58							
59	**Equipment**	**Code**					
60	table, power	**EF031**			**63**		**63**
61	light, exam	**EQ168**			**63**		**63**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April and October 2006

Uterine Fibroid Embolization

The CPT Editorial Panel created a new CPT code to provide more specificity to the procedures related to uterine fibroid embolization (UFE). The intent of the Panel was to create a new embolotherapy code that describes UFE separately and distinctly, since it is believed to have reached the point in clinical practice where it is performed with a relatively uniform technique and needed to be specified. The RUC reviewed the physician work and practice expense for this new code over the April and October 2006 meetings.

April 2006

At the April 2006 RUC meeting, specialty provided a detailed description of service, and the intensity and complexity to the RUC for code 37210 *Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure.* The RUC did not accept the survey data for this code, especially the intra-service physician time. The RUC recommended an intra-service time at the 25th percentile of 90 minutes. However, the RUC expressed concern that the 90 minutes of intra-service work remains inconsistent with time mentioned within recent literature.

The code, was compared to code 61923 *Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion* (000 global, Work RVU = 9.95), however the RUC agreed the true value should be lower. The RUC could not support a value equivalent to 9.95 at this time and recommended a value slightly lower, at 9.00, until the specialty present new survey results.

The RUC recommended that code 37210 have a interim value of 9.00 RVUs and asked the specialty society to resurvey and present this code again at the October 2006 RUC meeting. In addition, moderate sedation is inherent within this procedure and this code should be added to the moderate sedation list.

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October 2006

In October 2006, specialty presented its results from a new survey. The specialty stated that they had initially requested the new procedure be designated as a 010 day global period code, however CMS had designated the code as a 000 day. The specialty surveyed 750 physicians and received 88 respondents who provided tight statistical data with a median work RVU of 16.97. The respondents believed the intensity and complexity of this new procedure was similar, but not quite equal, to the code they most often selected as a similar service (37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (090 global, Work RVU = 18.71). Understanding the similarities in the two code, the specialty however believed and recommended a much lower work RVU of 10.60, based on the differences in the global period and physician time. The specialty believed that the survey respondents may have misunderstood that the global period for the new code and the work value was then inflated according. In addition, the RUC understood that there was a lack of a good comparison code for the new procedure at the specialty recommended value, and the RUC did believe that the intensity of the reference code could be used as a benchmark for evaluating the intra-service of physician work for the new code.

The RUC believed the reference code 37215 had a higher intra-service work per unit of time (IWPUT) of 0.122, and that the new code had at least 20% less intra-service work. The RUC and the specialty agreed the new code had an IWPUT of approximately 0.095. The RUC then used a building block approach with the IWPUT of 0.095 to establish a physician work value for the new code using the physician time components from the survey.

The RUC also believed that this 000 day global code was extraodinary, whereas a typical patient would typically require extensive pain management and observation, therefore, the RUC believed post-operatively, a half of a discharge day management procedure (99238) was appropriate physician work that should be incorporated into its value.

In April 2006 the RUC had expressed reservations about the validity of a 90 minute intra-service physician time. The RUC agreed that the October 2006 survey results of nearly 90 respondents concurred with the specialty's previous recommended time and typical patient scenario. The RUC supported the specialty's survey results and the use of code 37215 as a benchmark for establishing a relative work value in the correct rank order for new code 37210 of 10.60.

The RUC recommends a relative value of 10.60 for code 37210. In addition, moderate sedation is inherent within this procedure and this code should be added to the moderate sedation list.

Note: The CPT Editorial panel has included this code in its conscious sedation list for CPT 2007.

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Practice Expense: The practice expense inputs accepted as amended to reflect the change in intra-service work time and corrections from the PERC at the April 2006 meeting.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
37204		*Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck* (For uterine fibroid embolization (uterine artery embolization performed to treat uterine fibroids), use 37210) (For obstetrical and gynecologic embolization procedures other than uterine fibroid embolization (e.g. embolization to treat obstetrical or post-partum hemorrhage), use 37204)	000	18.11 (No Change)
Female Genital System				
⊙37210	MM1	Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure (37210 includes all catheterizations and intraprocedural imaging required for a typical UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.) (Do not report 37210 in conjunction with 37204, 75894, 75898, 36200, 36245-36248) (For all other non-central nervous system (CNS) embolization procedures, use 37204)	000	**10.60**

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
Radiology **Diagnostic Radiology** **(Diagnostic Imaging)** **Vascular Procedures** **Transcatheter Procedures**				
e▲75894		*Transcatheter therapy, embolization, any method, radiological supervision and interpretation* (For uterine fibroid embolization (uterine artery embolization performed to treat uterine fibroids), use 37210) (For obstetrical and gynecologic embolization procedures other than uterine fibroid embolization (eg, embolization to treat obstetrical or post-partum hemorrhage), use 37204)	XXX	1.31 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37210 Tracking Number D1 Specialty Society Recommended RVU: **10.60**
Global Period: 000 RUC Recommended RVU: **10.60**

CPT Descriptor: Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure
(37210 includes all catheterizations and intraprocedural imaging required for a typical UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.)
(Do not report 37210 in conjunction with 37204, 75894, 75898, 36200, 36245-36248) (For all other non-CNS embolization procedures, use 37204)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female gives a 9 month history of pelvic pain, dysmenorrhea, menorrhagia, nocturia, and urinary frequency. She has documented anemia secondary to her menstrual blood loss. A recent MRI shows 3 intramural leiomyomata, each measuring 3-5 cm in diameter. She understands all of her treatment options. A percutaneous uterine fibroid embolization is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Is conscious sedation inherent to this procedure? Yes Percent of survey respondents who stated it is typical? 97%

Is conscious sedation inherent in your reference code? Yes

Description of Pre-Service Work:
-The physician estimates the range of guiding catheters/sheaths, guidewires, selective catheters/sheaths, guidewires, selective catheters, balloons, stents, and embolic agents that may be required, and ensures all are available for use, based on review of the patient's history including MRI examination including both report and films, results from most recent Pap smear and cervical culture, as well as results of recent pertinent blood tests, endometrial biopsy if available/indicated, and other tests.
-Procedure details, including alternatives and risks are discussed with patient and family and informed consent is reviewed with patient and family.
-The physician checks the interventional suite to ensure proper function and configuration of the imaging equipment including compliance with all radiation safty issues.
-The physician ensures that all technical personnel have been familiarized with the uterine fibroid embolization techniques and are fully familiar with all required devices, especially the embolic agent.
-Physician supervises selection of all equipment, including catheters, wires, sheaths, contrast material, and ensures that all needed equipment is available.
-Prior films are re-reviewed
-Don radiation protection device

Description of Intra-Service Work:
-Position (or supervise) proper positioning of patient
-Ensure patient is properly protected from radiation
-IV set up is checked and moderate sedation is administered
-Ensure EKG and hemodynamic monitors are in place and functioning
-Local anesthesia is applied to the entry site, the femoral artery is punctured and sheath placed.
-A guidewire is advanced over the branch of the aorta into the contralateral uterine artery (or from a second puncture of the contralateral femoral artery, again advancing over the branch of the aorta)
-Arteriography is performed to provide a road map of the blood supply to the uterus and fibroids

-Technical personnel are directed throughout
-Interpretation of the imaging of all views necessary of vessels traversed and treated including ovarian arteries
-The diagnostic catheter is removed and hydrophilic wire is advanced and selective catheter is placed
-Under continuous fluoroscopic imaging, particles of embolic material are injected slowly into the flow in the vessel(s) feeding the fibroid
-Arteriography is performed and reviewed to confirm the vessel is blocked with maintenance of the flow to the normal portions of the uterus assessed
-Once one side is completed, the other side is embolized
-Guiding sheath/catheter is removed from pelvic arteries
-Guiding sheath/catheter is removed from puncture site
-Compression is applied to puncture site
-Review and interpret all images
-Review and confirm recorded patient fluoroscopic exposure time and contrast volume
-Dictate procedure note, including interpretation of archived imaging

Description of Post-Service Work:
-Ensure BP, HR are stable and normal upon arrival to recovery area
-Write post-op orders
-Communicate with family
-Review results of procedure with patient when sedation wears off
-Discuss pain management plan with patient
-Review, revise, and sign final report
-Send formal report to PCP/Gyn
-Prepare patient for discharge
-Reiterate pain management plan with family
-Call patient in evening to assess effectiveness of pain management

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2006					
Presenter(s):	Geraldine McGinty, MD, Robert L Vogelzang, MD, Jonathan Berlin, MD, Harvey Wiener, DO					
Specialty(s):	Society of Interventional Radiology and American College of Radiology					
CPT Code:	37210					
Sample Size:	750	**Resp N:**	88	**Response:** 11.7 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		6.00	16.00	**16.97**	18.71	35 00
Pre-Service Evaluation Time:				**20.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**10.0**		
Intra-Service Time:		40.00	75.00	**90.00**	120.00	180 00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

CPT Code: 37210

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

SPECIALTY SOCIETY RECOMMENDED DATA

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 37210	
	Specialty Recommended
Physician Work RVU:	10.60
Pre-Service Evaluation Time:	20.0
Pre-Service Positioning Time:	10.0
Pre-Service Scrub, Dress, Wait Time:	10.0
Intra-Service Time:	90.00
Immediate Post Service-Time:	30.00

Post Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.0	99291x 0.0 99292x 0.0
Other Hospital time/visit(s):	0.0	99231x 0.0 99232x 0.0 99233x 0.0
Discharge Day Mgmt:	19.0	99238x 0.50 99239x 0.00
Office time/visit(s):	0.0	99211x 0.0 12x 0.0 13x 0.0 14x 0.0 15x 0.0
Prolonged Services:	0.0	99354x 0.0 55x 0.0 56x 0.0 57x 0.0

** See below survey data table on first page.

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37215	090	18.71	RUC Time

CPT Descriptor Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source
35474	000	7.35	RUC Time

CPT Descriptor 1 Transluminal balloon angioplasty, percutaneous; femoral-popliteal

MPC CPT Code 2	Global	Work RVU	Time Source
34802	090	22.97	RUC Time

CPT Descriptor 2 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 31.8 %

TIME ESTIMATES (Median)	**CPT Code: 37210**	**Key Reference CPT Code: 37215**	**Source of Time RUC Time**
Median Pre-Service Time	40.00	90.00	
Median Intra-Service Time	90.00	103.00	
Median Immediate Post-service Time	30.00	30 00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	30 00	
Median Discharge Day Management Time	19 0	0 00	
Median Office Visit Time	0.0	46.00	
Prolonged Services Time	0 0	0 00	
Median Total Time	**179.00**	**299.00**	
Other time if appropriate		0.00	

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3 50	3.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.82
Urgency of medical decision making	2.86	3.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.46	4.39
Physical effort required	4.29	4.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.82	4.79
Outcome depends on the skill and judgment of physician	4 46	4.68

Estimated risk of malpractice suit with poor outcome	3.96	4.64

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.78	3.89
Intra-Service intensity/complexity	4 26	4.48
Post-Service intensity/complexity	3.70	3.70

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC Committees of the SIR and ACR discussed the survey response. The reference service code selected most often was 37215 which has a 90-day global and as such includes significant post-procedure care - 99232 and two 99213. Additionally, 37215 has 40 additional minutes of pre-service evaluation and positioning time, 5 additional minutes scrub, dress and wait time and 13 additional minutes of intra-service time.

The ACR and SIR RUC Committees believe it is appropriate to remove the RVUs associated with this additional time in 37215 from the median RVU value to achieve a more accurate work value for 37210 as compared to the reference service; normalizing the data between the carotid stent reference service and UAE by subtracting the values for the time differences between the codes.

	Comparison between 37215 and 37210	Decrease in Work RVU or Time	Intensity of Time	37210 RVU
Median RVU 37210				16.97
Deduct Δ E&M				
	99213 X 2	1.30		(1.30)
	99232	1.06		(1.06)
	½ *99238	0.64		(0.64)
Deduct Δ Time Elements				
	Pre-eval 37215- 60 min 37210-20 min	40	0.0224	(0.90)
	Pre-positioning 37215- 15 min 37210- 10 min	5	0.0224	(0.11)

Pre-scrub 37215- 15 min 37210-10 min	5	0.0081	(0.04)
Intra-service 37215-103 min 37210- 90 min	13	0.122* (*IWPUT for 37215)	(1.59)

Adjusted Work RVU with same intensity of code 37215	**11.33**

A work RVU of 11.33 represents a pre-service RVU of .75, a post-service RVU of .67, and an intra-service RVU of 10.08. In addition, the uniqueness of code 37210 requires a half of a discharge day management because of pain management and observation. However, the intensity for 37210 is believed to be slightly less than that of the reference service code, resulting in the election to reduce the intra-service adjusted work RVU by 25% to 8.55; yielding an intra-service time IWPUT of 0.095, which is believed to be relative as compared to the reference service code's IWPUT of 0.122. Therefore, the proposed total physician work RVU for 37210 is 10.60.

Adjusted Work RVU		Δ Refined
Pre-service RVU	[(30*0.0224)+(10*0.0081)]	.74
Post-service RVU	(30*0.0224)	.67
Discharge Day Mgmt	.5 * 99238	.64
Intra-service RVU	intra-service RVU – 25% (reduction due to intensity as compared to ref service code	8.55
Building Block Work RVU		**10.60**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37204, 36247, 75894, 75898

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology & Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiology & Interventional Radiology Frequency 8700 Percentage 100 00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 – **Not applicable**. If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Not applicable Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale. It is believed that the reference code offers a reasonable reference for PLI, as both procedures include the components of super selective catherization and imaging. However, code 37182 (TIPS) which also includes these components is believed to be more similar to the new code in regards to other intensity measures and may offer a better PLI crosswalk.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

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Attestation Statement

	A	B	C	D	E
1	**RUC Recommendation**				
2				**37210**	
3	**Meeting Date. April 2006**			**Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata); percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**289.0**	**10.0**
7	**TOTAL RN/LPN/MTA LABOR TIME**	**L037D**	**RN/LPN/MTA**	**22.0**	**10.0**
8	**TOTAL RN LABOR TIME**	**L051A**	**RN**	**155.0**	**0.0**
9	**TOTAL ANGIO TECH LABOR TIME**	**L041A**	**Angio Tech**	**112.0**	**0.0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**			12.0	10.0
11		**L037D**	**RN/LPN/MTA**	**6.0**	**10.0**
12		**L041B**	**Angio Tech**	**6.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			274.0	0.0
14		**L037D**	**RN/LPN/MTA**	**13.0**	**0.0**
15		**L051A**	**RN**	**155.0**	**0.0**
16		**L041A**	**Angio Tech**	**106.0**	**0.0**
17	**TOTAL POST-SERV CLINICAL LABOR TIME**			3.0	0.0
18		**L037D**	**RN/LPN/MTA**	**3.0**	**0.0**
19	PRE-SERVICE				
20	**Start: Following visit when decision for surgery or procedure made**				
21	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**5**
22	Coordinate pre-surgery services				
23	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**3**	**5**
24	Provide pre-service education/obtain consent				
25	Follow-up phone calls & prescriptions				
26	Other Clinical Activity (please specify) Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD	L041A	Angio Tech	**6**	
27	**End When patient enters office/facility for surgery/procedure**				
28	SERVICE PERIOD				
29	**Start. When patient enters office/facility for surgery/procedure**				
30	**Pre-service services**				
31	Review charts	L037D	RN/LPN/MTA	**2**	
32	Greet patient and provide gowning	L037D	RN/LPN/MTA	**3**	
33	Obtain vital signs	L037D	RN/LPN/MTA	**5**	
34	Provide pre-service education/obtain consent				
35	Prepare room, equipment, supplies	L041A	Angio Tech	**2**	
36	Setup scope (non facility setting only)				
37	Prepare and position patient/ monitor patient/ set up IV	L051A	RN	**2**	
38	Sedate/apply anesthesia	L041A	Angio Tech	**2**	
39	**Intra-service**				
40	Assist physician in performing procedure	L041A	Angio Tech	**90**	
41	conscious sedation observor	L051A	RN	**90**	
42	**Post-Service**				
43	Monitor pt following service/check tubes, monitors, drains	L051A	RN	**60**	
44	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**	
45	Clean Scope				
46	Clean Surgical Instrument Package				
47	Complete diagnostic forms, lab & X-ray requisitions				
48	Review/read X-ray, lab, and pathology reports	L041A	Angio Tech	**5**	
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	**3**	
50	Discharge day management 99238 --12 minutes 99239 --15 minutes	L051A	RN		
51	Other Clinical Activity (please specify) post procedure image processing	L041A	Angio Tech	**7**	
52	**End: Patient leaves office**				
53	POST-SERVICE Period				
54	**Start: Patient leaves office/facility**				
55	Conduct phone calls/call in prescriptions		RN/LPN/MTA	**3**	**3**
56	*Office visits* NONE				
57	*List Number and Level of Office Visits*				
58	99211 16 minutes		16		
59	99212 27 minutes		27		
60	99213 36 minutes		36		
61	99214 53 minutes		53		
62	99215 63 minutes		63		
63	Other				
64					
65	*Total Office Visit Time*			**0**	**0**
66	Other Activity (please specify)				
67	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				37210	
3	**Meeting Date: April 2006**			**Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
68	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
69	pack, minimum multi-specialty visit	SA048	pack	1	
70	pack, conscious sedation	SA044	pack	1	
71	kit, IV starter	SA019	kit	1	
72	gown, surgical, sterile	SB028	item	2	
73	gloves, sterile	SB024	pair	3	
74	mask, surgical, with face shield	SB034	item	2	
75	cap, surgical	SB002	item	2	
76	shoe covers, surgical	SB039	pair	2	
77	tray, shave prep	SA067	tray	1	
78	underpad 2ftx3ft (Chux)	SB044	item	1	
79	drape, sterile, femoral	SB009	item	1	
80	drape-towel, sterile 18inx26in	SB019	item	4	
81	Betadine	SJ041	ml	60	
82	applicator, sponge-tipped	SG009	item	4	
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10	
84	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2	
85	heparin 1,000 units-ml inj	SH039	ml	5	
86	sodium chloride 0 9% flush syringe	SH065	item	2	
87	closed flush system, angiography	SC010	item	1	
88	catheter, angiographic, pig-tail	SC008	item	1	
89	blade, surgical (Bard-Parker)	SF007	item	1	
90	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1	
91	guidewire, hydrophilic (Glidewire)	SD089	item	1	
92	guidewire, (Bentson)	SD172	item	1	
93	guidewire (Transcend)	SD175	item	1	
94	microcatheter guidewire introducer	SA016	item	1	
95	vascular sheath	SD136	item	1	
96	catheter microcatheter selective	SD154	item	1	
97	catheter (SIM2F1)	SD148	item	1	
98	catheter, curved (Headhunter)	SD153	item	1	
99	catheter (Glide)	SD147	item	1	
100	steri-strip (6 strip pou)	SG074	item	1	
101	sterile bowl	SD171	item	2	
102	gauze, sterile 4in x 4in	SG055	item	2	
103	dressing 3 X 4 wound care telfa	SG035	item	2	
104	tape, surgical paper 1in (Micropore)	SG079	item	6	
105	drape, sterile, c-arm, fluoro	SB008	item	1	
106	Tegaderm dressing	SG037	item	1	
107	Conray Inj (iothalamate 43%)	SH026	ml	60	
108	Embolic agent		vial	7	
109	biohazard bag	SM004	item	2	
110					
111	film, x-ray 14inx17in	SK034	item	6	
112	x-ray envelope	SK091	item	6	
113	x-ray developer solution	SK089	oz	6	
114	x-ray fixer solution	SK092	oz	6	
115	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	6	
116	computer media, dvd	SK013	item	1	
117	**Equipment**	**CMS Code**	**Unit**		
118	Angiographic room minutes	**E51082**		**95**	
119	infusion pump	**E91001**		**95**	
120	film alternator	**ED024**		**95**	
121	film printer laser	**ED032**		**95**	
122	stretcher	**EF018**		**95**	
123	pulse oximeter w-printer	**EQ211**		**95**	
124	ECG, 3-channel (with Sp02, NIBR	**EQ011**		**95**	
125	Oxygen tank	**EQ192**		**95**	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Uterine Fibroid Embolization

The CPT Editorial Panel created a new CPT code to provide more specificity to the procedures related to uterine fibroid embolization (UFE). The intent of the Panel was to create a new embolotherapy code that describes UFE separately and distinctly, since it is believed to have reached the point in clinical practice where it is performed with a relatively uniform technique and needed to be specified.

The specialty provided a detailed description of service, and the intensity and complexity to the RUC for code 37210 *Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure.* The RUC had trouble accepting the survey data for this code, especially the intra-service physician time, the RUC believed a more appropriate intra-service time would be closer to the 25th percentile time of 90 minutes. However, the RUC expresses concern that the 90 minutes of intra-service work remains inconsistent with time mentioned within recent literature.

The code, was compared to code 61923 *Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion* (000 global, Work RVU = 9.95), however the RUC believed the true value should be lower. The RUC could not support a value equivalent to 9.95 at this time and recommends a value slightly lower, at 9.00, until the specialty surveys again for the next meeting.

The RUC recommends that code 37210 have a interim value of 9.00 RVUs and ask the specialty society to resurvey and present this code again at the October 2006 RUC meeting. In addition, moderate sedation is inherent within this procedure and this code should be added to the moderate sedation list.

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Practice Expense: The practice expense inputs were amended to reflect the change in intra-service work time and corrections from the PERC.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
37204		*Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck* (For uterine fibroid embolization (uterine artery embolization performed to treat uterine fibroids), use 37210) (For obstetrical and gynecologic embolization procedures other than uterine fibroid embolization (e.g. embolization to treat obstetrical or post-partum hemorrhage), use 37204)	000	18.11 (No Change)
Female Genital System				
⊙37210	MM1	Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure (37210 includes all catheterizations and intraprocedural imaging required for a typical UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.) (Do not report 37210 in conjunction with 37204, 75894, 75898, 36200, 36245-36248) (For all other non-central nervous system (CNS) embolization procedures, use 37204)	000	9.00 (Interim to be reviewed October 2006)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Vascular Procedures** **Transcatheter Procedures**				
e▲75894		*Transcatheter therapy, embolization, any method, radiological supervision and interpretation* (For uterine fibroid embolization (uterine artery embolization performed to treat uterine fibroids), use 37210) (For obstetrical and gynecologic embolization procedures other than uterine fibroid embolization (eg, embolization to treat obstetrical or post-partum hemorrhage), use 37204)	XXX	1.31 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:37210 Global Period: 000 Specialty Society RVU: **14.03**

RUC RVU: **9.00**

CPT Descriptor: Uterine fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure

(37210 includes all catheterization and intraprocedural imaging required for a typical UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.)

(Do not report 37210in conjunction with 37204, 75894, 75898, 36200, 36245-36248)

(For all other non-central nervous system (CNS) embolization procedures, use 37204)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female gives 9-month history of pelvic pain, dysmenorrhea, menorrhagia, nocturia, and urinary frequency. She has documented anemia secondary to her menstral blood loss. A recent MRI shows 3 intramural leiomyomata, each measuring 3-5 cm in diameter. She understands all of her treatment options. A percutaneous uterine fibroid embolization is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Is conscious sedation inherent to this procedure? Yes Percent of survey respondents who stated it is typical? 100%

Is conscious sedation inherent in your reference code? Yes

Description of Pre-Service Work:

*Based on review of the patient's history including MRI examination including both report and films, results from most recent Pap smear and cervical culture, as well as results of recent pertinent blood tests, endometrial biopsy if available/indicated, and other tests, the physician estimates the range of guiding catheters/sheaths, guidewires, selective catheters, balloons, stents, and embolic agents that may be required, and ensures all are available for use.

*Procedure details, including alternatives and risks are discussed with patient and family. Finally, informed consent is reviewed with patient and family.

*The interventional suite is checked to ensure proper function and configuration of the imaging equipment including compliance with all radiaition safty issues.

*The physician ensures that all technical personnel have been familiarized with the uterine fibroid embolization techniques and are fully familiar with all required devices, especially the embolic agent. Physician supervises selection of all equipment, including catheters, wires, sheaths, contrast material, and ensures that all needed equipment is available.

*Prior films are re-reviewed

*Don radiation protection device

*Position (or supervise) proper positioning of patient

*Ensure patient is properly protected from radiation

*Ensure EKG and hemodynamic monitors are in place and functioning

*IV set up is checked and moderate sedation is administered

Description of Intra-Service Work:

*Local anesthesia is applied to the entry site, the femoral artery is punctured and sheath placed.

*A guidewire is advanced over the branch of the aorta into the contralateral uterine artery (or from a second puncture of the contralateral femoral artery, again advancing over the branch of the aorta)

*Arteriography is performed to provide a road map of the blood supply to the uterus and fibroids

*Technical personnel are directed throughout

*Interpretation of the imaging of all views necessary of vessels traversed and treated including ovarian arteries

*The diagnostic catheter is removed and hydrophilic wire is advanced and selective catheter is placed
*Under continuous fluoroscopic imaging, particles of embolic material are injected slowly into the flow in the vessel(s) feeding the fibroid
*Arteriography is performed and reviewed to confirm the vessel is blocked with maintenance of the flow to the normal portions of the uterus assessed
*Once once side is completed, the other side is embolized
*Guiding sheath/catheter is removed from pelvic arteries
*Guiding sheath/catheter is removed from puncture site
Compression is applied to puncture site

Description of Post-Service Work:
*Ensure BP, HR are stable and normal upon arrival to recovery area
*Write post-op orders
*Communicate with family
*Review results of procedure with patient when sedation wears off
*Discuss pain management plan with patient
*Review and interpret all images
*Post-process all radiological images and convert to archived form for permanent record
*Review and record patient fluoroscopic exposure time and contrast volume
*Dictate procedure note, including interpretation of all archived imaging
*Review, revise, sign final report
*Send formal report to PCP/Gyn
*Prepare patient for discharge
*Reiturate pain management plan with family
*Call patient in evening to assess effectiveness of pain management

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SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s).	Geraldine McGinty, MD, Jonathan Berlin, MD, Robert L. Vogelzang, MD					
Specialty(s):	Society of Interventional Radiology and American College of Radiology					
CPT Code:	37210					
Sample Size:	450	**Resp n:** 39		**Response:** 8.6 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		10.00	16.00	**17.00**	20.00	35.00
Pre-Service Evaluation Time:				**25.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**10.0**		
Intra-Service Time:		70.00	90.00	**90.00**	120.00	150.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**25.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19), 99238 (36); 99215 (59), 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
37215	090	18.71

CPT Descriptor Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 0.0 %

TIME ESTIMATES (Median)	CPT Code: 37210	Key Reference CPT Code: 37215
Median Pre-Service Time	45.00	90.00
Median Intra-Service Time	90 00	103.00
Median Immediate Post-service Time	25.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	30 00
Median Discharge Day Management Time	0.0	0 00
Median Office Visit Time	0 0	46.00
Median Total Time	**160.00**	**299.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3 58	3.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.81
Urgency of medical decision making	3.06	3.76

Technical Skill/Physical Effort (Mean)

Technical skill required	4.47	4 28
Physical effort required	4 22	4 11

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.08	4.38
Outcome depends on the skill and judgment of physician	4.42	4.47
Estimated risk of malpractice suit with poor outcome	4.25	4 24

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.77	3.69
Intra-Service intensity/complexity	4.17	4.19
Post-Service intensity/complexity	3.83	3.69

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC Committees of the SIR and ACR discussed the survey response. The reference service code selected most ften was 37215 which has a 90-day global and as such includes significant post-procedure care - 99232 and two 99213. Additionally, 37215 has 40 minutes additional minutes of pre-service evaluation and positioning time, 5 additional minutes scrub, dress and wait time and 5 additional minutes of immediate post-service time.

It is very likely (based on direct conversations with several respondents) that most of the respondents did not recognize the difference in global period and did not realize that some of the post-service activity for the UFE procedure will be separately reported due to the 000 global period. The ACR and SIR RUC Committees believe it is appropriate to remove the RVUs associated with this additional time in 37215 from the median RVU value to achieve a more accurate work 'alue for 37210 as compared to the reference service.

	Change 37215	Minutes	IWPUT	37210 RVU
Median RVU 37210				17.00
Deduct difference for E&M	99213 x 2	46	0.0224	(1.03)
	99232		30	0.0224 (0.67)
Deduct difference Time Elements				
	Immediate Post		5	0.0224 (0.11)
	37215- 30/ 37210-25 Pre-eval		45	0.0224 (1.01)
	37215-60/37210-25 Pre-positioning		5	0.0224 (0.11)
	37215-30/37210-25 Pre-scrub		5	0.0081 (0.04)
	37215-30/37210-25			
ADJUSTED		WORK		RVU 14.03

ıWPUT analysis using the adjusted work RVU yields an intensity pf 0.11, which ıs typical of other intravascular procedures sich as 37182. Therefore, the speciality societies recommended 14.03 RVU for 37210.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is thıs code typıcally reported on the same date wıth other CPT codes? If yes, please respond to the following questıons: No

   Why ıs the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code ıs an add-on code or a base code expected to be reported wıth an add-on code.
   - ☐ Dıfferent specıalties work together to accomplısh the procedure; each specıalty codes ıts part of the physıcıan work using dıfferent codes.
   - ☐ Multıple codes allow flexıbılıty to descrıbe exactly what components the procedure ıncluded.
   - ☐ Multıple codes are used to maıntaın consıstency wıth sımılar codes.
   - ☐ Hıstorical precedents.
   - ☐ Other reason (please explaın)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37204, 36247, 75894, 75898

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology & Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiology & Interventional Radiology Frequency 8700 Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 61623

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

	A	B	C	D	E
1	**RUC Recommendation**				
2				37210	
3	**Meeting Date: April 2006**			Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**289.0**	**10.0**
7	**TOTAL RN/LPN/MTA LABOR TIME**	**L037D**	**RN/LPN/MTA**	**22.0**	**10.0**
8	**TOTAL RN LABOR TIME**	**L051A**	**RN**	**155.0**	**0.0**
9	**TOTAL ANGIO TECH LABOR TIME**	**L041A**	**Angio Tech**	**112.0**	**0.0**
10	**TOTAL PRE-SERV CLINICAL LABOR TIME**			12.0	10.0
11		**L037D**	**RN/LPN/MTA**	**6.0**	**10.0**
12		**L041B**	**Angio Tech**	**6.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			274.0	0.0
14		**L037D**	**RN/LPN/MTA**	**13.0**	**0.0**
15		**L051A**	**RN**	**155.0**	**0.0**
16		**L041A**	**Angio Tech**	**106.0**	**0.0**
17	**TOTAL POST-SERV CLINICAL LABOR TIME**			3.0	0.0
18		**L037D**	**RN/LPN/MTA**	**3.0**	**0.0**
19	PRE-SERVICE				
20	**Start: Following visit when decision for surgery or procedure made**				
21	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**5**
22	Coordinate pre-surgery services				
23	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**3**	**5**
24	Provide pre-service education/obtain consent				
25	Follow-up phone calls & prescriptions				
26	Other Clinical Activity (please specify) Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD	L041A	Angio Tech	**6**	
27	**End.When patient enters office/facility for surgery/procedure**				
28	SERVICE PERIOD				
29	**Start: When patient enters office/facility for surgery/procedure**				
30	**Pre-service services**				
31	Review charts	L037D	RN/LPN/MTA	**2**	
32	Greet patient and provide gowning	L037D	RN/LPN/MTA	**3**	
33	Obtain vital signs	L037D	RN/LPN/MTA	**5**	
34	Provide pre-service education/obtain consent				
35	Prepare room, equipment, supplies	L041A	Angio Tech	**2**	
36	Setup scope (non facility setting only)				
37	Prepare and position patient/ monitor patient/ set up IV	L051A	RN	**2**	
38	Sedate/apply anesthesia	L041A	Angio Tech	**2**	
39	**Intra-service**				
40	Assist physician in performing procedure	L041A	Angio Tech	**90**	
41	conscious sedation observor	L051A	RN	**90**	
42	**Post-Service**				
43	Monitor pt following service/check tubes, monitors, drains	L051A	RN	**60**	
44	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**	
45	Clean Scope				
46	Clean Surgical Instrument Package				
47	Complete diagnostic forms, lab & X-ray requisitions				
48	Review/read X-ray, lab, and pathology reports	L041A	Angio Tech	**5**	
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L051A	RN	**3**	
50	Discharge day management 99238 --12 minutes 99239 --15 minutes	L051A	RN		
51	Other Clinical Activity (please specify) post procedure image processing	L041A	Angio Tech	**7**	
52	**End: Patient leaves office**				
53	POST-SERVICE Period				
54	**Start: Patient leaves office/facility**				
55	Conduct phone calls/call in prescriptions		RN/LPN/MTA	**3**	**3**
56	*Office visits* NONE				
57	*List Number and Level of Office Visits*				
58	99211 16 minutes		16		
59	99212 27 minutes		27		
60	99213 36 minutes		36		
61	99214 53 minutes		53		
62	99215 63 minutes		63		
63	Other				
64					
65	*Total Office Visit Time*			**0**	**0**
66	Other Activity (please specify)				
67	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				37210	
3	**Meeting Date: April 2006**			**Uterine Fibroid Embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation and intraprocedural roadmapping and imaging guidance necessary to complete the procedure**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
68	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
69	pack, minimum multi-specialty visit	SA048	pack	1	
70	pack, conscious sedation	SA044	pack	1	
71	kit, IV starter	SA019	kit	1	
72	gown, surgical, sterile	SB028	item	2	
73	gloves, sterile	SB024	pair	3	
74	mask, surgical, with face shield	SB034	item	2	
75	cap, surgical	SB002	item	2	
76	shoe covers, surgical	SB039	pair	2	
77	tray, shave prep	SA067	tray	1	
78	underpad 2ftx3ft (Chux)	SB044	item	1	
79	drape, sterile, femoral	SB009	item	1	
80	drape-towel, sterile 18inx26in	SB019	item	4	
81	Betadine	SJ041	ml	60	
82	applicator, sponge-tipped	SG009	item	4	
83	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10	
84	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2	
85	heparin 1,000 units-ml inj	SH039	ml	5	
86	sodium chloride 0 9% flush syringe	SH065	item	2	
87	closed flush system, angiography	SC010	item	1	
88	catheter, angiographic, pig-tail	SC008	item	1	
89	blade, surgical (Bard-Parker)	SF007	item	1	
90	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1	
91	guidewire, hydrophilic (Glidewire)	SD089	item	1	
92	guidewire, (Bentson)	SD172	item	1	
93	guidewire (Transcend)	SD175	item	1	
94	microcatheter guidewire introducer	SA016	item	1	
95	vascular sheath	SD136	item	1	
96	catheter microcatheter selective	SD154	item	1	
97	catheter (SIM2F1)	SD148	item	1	
98	catheter, curved (Headhunter)	SD153	item	1	
99	catheter (Glide)	SD147	item	1	
100	steri-strip (6 strip pou)	SG074	item	1	
101	sterile bowl	SD171	item	2	
102	gauze, sterile 4in x 4in	SG055	item	2	
103	dressing 3 X 4 wound care telfa	SG035	item	2	
104	tape, surgical paper 1in (Micropore)	SG079	item	6	
105	drape, sterile, c-arm, fluoro	SB008	item	1	
106	Tegaderm dressing	SG037	item	1	
107	Conray Inj (iothalamate 43%)	SH026	ml	60	
108	Embolic agent		vial	7	
109	biohazard bag	SM004	item	2	
110					
111	film, x-ray 14inx17in	SK034	item	6	
112	x-ray envelope	SK091	item	6	
113	x-ray developer solution	SK089	oz	6	
114	x-ray fixer solution	SK092	oz	6	
115	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	6	
116	computer media, dvd	SK013	item	1	
117	**Equipment**	**CMS Code**	**Unit**		
118	Angiographic room minutes	**E51082**		**95**	
119	infusion pump	**E91001**		**95**	
120	film alternator	**ED024**		**95**	
121	film printer laser	**ED032**		**95**	
122	stretcher	**EF018**		**95**	
123	pulse oximeter w-printer	**EQ211**		**95**	
124	ECG, 3-channel (with Sp02, NIBR	**EQ011**		**95**	
125	Oxygen tank	**EQ192**		**95**	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Gastric Antrum Neurostimulation

A treatment for patients with gastroparesis has been developed that involves electrical stimulation of the stomach. Diabetic, idiopathic or post-surgical gastroparesis with drug refractory nausea and vomiting can be treated with implanted electrical stimulation of the stomach.. Existing codes for neurostimulators do not reflect the unique features of the gastric stimulation procedure. Therefore in November 2005 the CPT Editorial Panel created four new codes (43647, 43648, 43881, and 43882), and editorially revised two existing codes (64590 and 64595) and revising three existing codes (95970, 95972 and 95973) to reflect these new technological procedures.

43647, 43648, 43881, and 43882

The RUC reviewed the specialty society recommendations for new codes: 43647 *Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum*, 43648 *Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum*, 43881 *Implantation or replacement of gastric neurostimulator electrodes, antrum, openm,* 43882 *Revision or removal of gastric neurostimulator electrodes, antrum, open.* The specialty society recommended codes 43647, 43648, 43881, and 43882 be carrier priced because of the great difficulty involved in surveying these rarely performed codes as these procedures are performed 500 times nationally in a one-year period. **The RUC agreed and recommends codes 43647, 43648, 43881, and 43882 be carrier priced.**

95970, 95972, and 95973

The specialty society believed and recommended that there be no change in the physician work for these existing codes, however the RUC disagreed. The RUC believed that the gastric stimulator programming was not equivalent to the spinal cord or peripheral programming. The RUC informed CPT that this change in the descriptor was a change in physician work and that this gastric procedure should not be included in 95970, 95972 and 95973. **Therefore the RUC recommends that the CPT Editorial Panel rescind their revisions to code 95970, 95972 and 95973 and direct coding for gastric stimulator interrogation, (re)programing to the unlisted code 95999 *Unlisted neurological or neuromuscular diagnostic procedure.***

Note: CPT has incorporated this revision into CPT 2007

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New Technology/Services:
Because 43647, 43648, 43881, and 43882 represents a newer technology, the RUC agreed that it should be placed on the new technology list for potential changes in its valuation. **The RUC recommends that codes 43647, 43648, 43881, and 43882 be added to the list of new technology codes.**

CPT Code (•New)	Track-ing Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
●43647	H1	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	090	Carrier Priced
●43648	H2	revision or removal of gastric neurostimulator electrodes, antrum (For open approach, see 43881, 43882) (For insertion of gastric neurostimulator pulse generator, use 64590) (For revision or removal of gastric neurostimulator pulse generator, use 64595) (For electronic analysis and programming of gastric neurostimulator pulse generator, see 95999) (For laparoscopic implantation, revision, or removal of gastric neurostimulator electrodes, lesser curvature (morbid obesity), see Category III codes 00X1T, 00X2T) (For electronic analysis, programming and reporgramming of gastric neurostimulator pulse generator, lesser curvature (morbid obesity) use Category III code 00X5T)	090	Carrier Priced
Other Procedures				
●43881	H3	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	090	Carrier Priced
●43882	H4	Revision or removal of gastric neurostimulator electrodes, antrum, open	090	Carrier Priced

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For laparoscopic approach, see 43647, 43648) (For insertion of gastric neurostimulator pulse generator, use 64590) (For revision or removal of gastric neurostimulator pulse generator, use 64595) (For electronic analysis and programming of gastric neurostimulator pulse generator, see 95999) (For open implantation, revision or removal of gastric neurostimulator electrodes, lesser curvature (morbid obesity), see Category III codes 00X3T, 00X4T) (For electronic analysis, programming and reprogramming of gastric neurostimulator pulse generator, lesser curvature (morbid obesity), use Category III code 00X5T)		
Nervous System Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System Neurostimulators (Peripheral Nerve)				
64585		*Revision or removal of peripheral neurostimulator electrodes*	010	2.06 (No Change)
▲64590	H5	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling *(Do not report 64590 in conjunction with 64595)*	010	2.40 (No Change)
▲64595	H6	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	010	1.73 (No Change)
Medicine Neurology and Neuromuscular Procedures				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Neurostimulators, Analysis-Programming				
A simple neurostimulator pulse generator/transmitter... Code 95970 describes subsequent electronic analysis of a previously-implanted simple or complex brain, spinal cord, peripheral neurostimulator pulse generator system, without reprogramming. Code 95971 describes intraoperative or subsequent electronic analysis of an implanted simple spinal cord, or peripheral (i.e., peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator system, with programming. Codes 95972 and 95973 describe intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex spinal cord, peripheral (except cranial nerve) neurostimulator pulse generator system, with programming. Codes 95974 and 95975 describe intraoperative (at initial insertion/revision) or subsequent electronic analysis of an implanted complex cranial nerve neurostimulator pulse generator system, with programming. Codes 95978 and 95979 describe initial or subsequent electronic analysis of an implanted brain neurostimulator pulse generator system, with programming. (For insertion of neurostimulator pulse generator, see 61885, 63685, ~~63688,~~ 64590) *(For revision or removal of neurostimulator pulse generator or receiver, see 61888, 63688, 64595)* (For implantation of neurostimulator electrodes, see 43647, 43881, 61850-61875, 63650-63655, 64553-64580, 00X1T, 00X3T. For revision or removal of neurostimulator electrodes, see 43648, 43882, 61880, 63660, 64585, 00X2T, 00X4T)				
▲95970		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular,) pulse generator/transmitter, without reprogramming	XXX	0.45 (No Change)
95971		*simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming*	XXX	0.78 (No Change)
▲95972		complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	XXX	1.50 (No Change)

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CPT Code (•New)	Track-ing Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
▲✚95973		complex spinal cord, or peripheral (except 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) *(Use 95973 in conjunction with 95972)*	ZZZ	0.92 (No Change)
95974		*complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour*	XXX	3.0 (No Change)
✚*95975*		*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)* *(Use 95975 in conjunction with 95974)* (For electronic analysis, programming, and reprogramming of gastric neurostimulator pulse generator, lesser curvature (morbid obesity), use Category III code 00X5T)	ZZZ	1.70 (No Change)
Category III				
●00X1T		Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		N/A
●00X2T		Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (For open approach, see 00X3T-00X4T)		N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(For insertion of gastric neurostimulator pulse generator, use 64590) (For revision or removal of gastric neurostimulator pulse generator, use 64595) (For electronic analysis and programming of gastric neurostimulator pulse generator, see 95999)		
●00X3T		Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		N/A
●00X4T		Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity) (For laparoscopic approach, see 00X1T, 00X2T) (For insertion of gastric neurostimulator pulse generator, use 64590) (For revision or removal of gastric neurostimulator pulse generator, use 64595) (For electronic analysis and programming of gastric neurostimulator pulse generator, see 95999)		N/A
●00X5T		Electronic analysis and programming, reprogramming of gastric neurostimulator (ie morbid obesity)		N/A

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April 4, 2006

William L. Rich III, MD, FACS
Chair, AMA/Relative Value Update Committee
American Medical Association
515 N. State Street
Chicago, IL 60610

Re: Gastric Antrum Stimulation Codes

Dear Dr. Rich:

On behalf of the Society of American Gastrointestinal Endoscopic Surgeons SAGES and the American College of Surgeons (ACS), I wish to update you regarding our attempts to conduct successful RUC surveys for six new CPT codes for surgical gastric antrum neurostimulation that are scheduled for presentation at the forthcoming RUC meeting in Chicago.

●436X1	H1	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
●436X2	H2	revision or removal of gastric neurostimulator electrodes, antrum
●439X3	H3	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
●439X4	H4	Revision or removal of gastric neurostimulator electrodes, antrum, open
▲64590	H5	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
▲64595	H6	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

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At the Fall 2005 CPT Editorial Panel meeting, Category I codes were approved to describe procedures and services related to a treatment for patients with gastroparesis that involves electrical stimulation of the stomach. Diabetic, idiopathic or post-surgical gastroparesis with drug refractory nausea and vomiting can be treated with implanted electrical stimulation of the stomach, utilizing the Enterra™ Therapy System. The U.S. Food and Drug Administration (FDA) has designated the Enterra™ Therapy System as a Humanitarian Use Device (HUD). [A Humanitarian Use Device is a medical device intended to treat or diagnose a disease or condition that affects, or is manifest in, fewer than 4,000 individuals per year in the United States.] Additionally, the FDA has issued a Humanitarian Device Exemption (HDE), approving the sale of Enterra™ Therapy. A Humanitarian Device Exemption is a determination that an HUD is safe, has probable benefit, and is not considered investigational/experimental.

Enterra™ Therapy is well established and paid by insurers, after prior approval, previously using one or more of the following codes:

43659 Unlisted laparoscopy procedure, stomach
43999 Unlisted procedure, stomach
95972 For analysis and programming of peripheral neurostimulator pulse generator
S2213 Implantation of gastric electrical stimulation device.

Currently, there are 67 centers throughout the U.S. that perform this procedure. However, this procedure is only performed 500 times nationally in a one-year period.

SAGES and ACS have continued to attempt to collect valid surveys for these six codes since the last RUC meeting, but we have been unsuccessful. We sent repeated requests to complete the RUC surveys to trained physicians, along with a random sample of SAGES and ACS membership. To date, we have received 13 surveys for H1-H2 (8 had experience for the first code and 3 had experience for the second code); 4 surveys for H3-H4 (1 had experience); and 7 surveys for H5-H6 (4 had experience). Additionally, we have come to understand that there may be a significant difference in the severity of illness such that some patients will have co-morbidities that may require extensive hospital stays after implantation while some can go home the same or next day. Because of the low response rate by only a few physicians with experience, we are still unable to formulate a physician work RVU recommendation for these codes.

That is not to say that these procedures do not deserve Category I codes. As stated above, these are well established procedures. The Category I codes will allow multiple providers to correctly code for the different components of the therapy.

We are requesting that the RUC send a recommendation to CMS that these codes are not priced on the Medicare fee schedule, but have carrier-pricing designation instead.

Additionally, I had asked for a pre-facilitation meeting to discuss our code on Saturday morning. Given that we are not making recommendations, I will leave it up to you as to whether this meeting is still necessary. Thank you for your consideration of this request.

Sincerely,

Michael Edye, MD FACS
SAGES Advisor to the RUC

cc: Charles Mabry, MD FACS
Chad Rubin, MD FACS

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Total Colectomy

The CPT Editorial Panel deleted two existing codes and created two new codes to accurately describe current practice of performing total colectomy. These modifications to CPT are a result of a comprehensive review made by the specialty society of all the colon and rectal procedures as part of the Five Year Review.

44157

The RUC compared key reference code 44211 *Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy* (Work RVU=34.95) with new code 44157 *Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, includes loop ileostomy and rectal mucosectomy, when performed* and noted that the surveyed code requires less intra-operative time than the reference code, 240 minutes and 300 minutes respectively, because the abdominal contents are exposed after laparotomy (ie, laparoscopy requires blind 3-D visualization). However, the length of hospital stay for 44157 is greater because open abdominal colon procedures develop a prolonged ileus, requiring nasogastric suctioning, prolonged intravenous fluids and delay in returning to oral intake. Because of the abdominal ileus causing distension and the long abdominal incision, the patient has difficulty with pulmonary function and ambulation. Atelectasis can develop requiring aggressive pulmonary care. In addition, the RUC noted that the surveyed pre-service times were over-estimated by the survey respondents. The RUC recommends that the pre-service evaluation and positioning time for 44157 be 30 minutes and 15 minutes, respectively as they agreed these times appeared to be more appropriate. The survey median RVW of 33.00 is recommended for 44157. This value results in an IWPUT of 0.075 that is correctly less than the laparoscopic reference procedure 44211 (IWPUT=0.081). **The RUC recommends 33.00 Work RVUs.**

44158

The RUC compared key reference code 44211 *Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy*, to new code 44158 *Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy, when performed* requires less intra-operative time requires less intra-operative time because the abdominal contents are exposed after laparotomy (ie, laparoscopy requires blind 3-D visualization). However, the length of hospital stay for 44158 is greater

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because open abdominal colon procedures develop a prolonged ileus, requiring nasogastric suctioning, prolonged intravenous fluids and delay in returning to oral intake. Because of the abdominal ileus causing distension and the long abdominal incision, the patient has difficulty with pulmonary function and ambulation. Atelectasis can develop requiring aggressive pulmonary care. In addition, the RUC noted that the surveyed pre-service times were over-estimated by the survey respondents. The RUC recommends that the pre-service evaluation and positioning time for 44158 be 30 minutes and 15 minutes, respectively as they felt these times appeared to be more appropriate. The survey median RVW of 34.00 is recommended for 44158. This value results in an IWPUT of 0.073 that is correctly less than the laparoscopic reference procedure 44211 (IWPUT=0.081). **The RUC recommends 34.00 Work RVUs.**

Practice Expense:
The standard inputs for 090 day global period codes only performed in the facility were applied with one exception: an additional 7 minutes was allocated to the first post-operative visit for the extra time required to care for stomas.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
44150		*Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy* *(For laparoscopic procedure, use 44210)*	090	27.50 (RUC Recommendation from Five Year Review)
- *44151*		*with continent ileostomy*	090	32.00 (RUC Recommendation from Five Year Review)
D 44152		~~with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy~~ ~~(For laparoscopic procedure, use 44211)~~	090	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 44153		~~with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy~~ ~~(For laparoscopic procedure, use 44211)~~ (44152 and 44153 have been deleted. To report, see 44799) *(For laparoscopic procedure, use 44212)*	090	N/A
44155		*Colectomy, total, abdominal, with proctectomy; with ileostomy*	090	31.50 (RUC Recommendation from Five Year Review)
44156		*with continent ileostomy*	090	34.50 (RUC Recommendation from Five Year Review)
● 44157	I1	with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	090	33.00
● 44158	I2	with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed (For laparoscopic procedure, use 44211)	090	34.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
44160		*Colectomy, partial, with removal of terminal ileum with ileocolostomy* *(For laparoscopic procedure, use 44205)*	090	18.59 (No Change)
44202		*Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis*	090	22.04 (No Change)
▲44211		Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, ~~with or without~~ includes rectal mucosectomy, when performed (For open procedure, see 44157, 44158 ~~44152, 44153~~)	090	34.95 (No Change)

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:44157 Tracking Number: I1 Global Period: 090

Specialty Society RVU: **33.00**

RUC RVU: **33.00**

CPT Descriptor: Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, includes loop ileostomy and rectal mucosectomy, when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 18-year-old female from a known familial polyposis kindred presents with diffuse polyposis. At operation, a total proctocolectomy, ileoanal anastomosis, loop ileostomy, and mucosectomy are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review results of preadmission testing (lab, EKG, chest x-ray, availability of blood products).
- Review preadmission work-up, with particular attention to the preadmission examination of the rectum.
- Assessment of anal sphincter function and continence
- Write orders for preoperative medications, including beta blockers if indicated.
- Confirm adequacy of bowel prep.
- Reexamine patient to make sure that physical findings have not changed and update H&P.
- Select and order the appropriate antibiotic(s) and confirm timing and administration.
- Assure appropriate selection, timing, and administration of DVT prophylaxis.
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and stoma location and confirm with patient.
- Discuss stoma siting and care issues with enterostomal therapy nurse to assure accuracy.
- Review and obtain informed consent, including witness.
- Review length and type of anesthesia with anesthesiologist.
- Verify that all required instruments and supplies are available.
- Assist in transfer of patient from gurney to operating table.
- Monitor/assist with positioning of patient.
- Assist anesthesia team with line placement and induction of anesthesia and intubation.
- Insert or supervise insertion of Foley catheter.
- Indicate areas surrounding skin incision to be prepped and draped.
- If present, clip hair from area surrounding surgical site.
- Scrub and gown
- Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery as necessary. The linea Alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions if present are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. An NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of gall stones. The liver is palpated bimanually in order to detect potential hepatic metastases, as is the porta hepatis. The pancreas is inspected through the hepatico gastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for

the presence of lymphadenopathy. The uterus is inspected and the ovaries are carefully packed to minimize adhesions and risk of infertility. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. Any suspicious finding(s) are noted and appropriate biopsies taken and sent to pathology for frozen section. A self retaining retractor is carefully inserted into the abdominal incision, while avoiding injury or entrapment of abdominal contents. An incision is made along the right lateral peritoneal reflection which allows for complete mobilization and devascularization of the cecum and ascending colon. The terminal ileum and its mesentery are divided 4 to 6 cm from the ileocecal valve between bowel clamps. The omentum is dissected off the anterior surface of the transverse colon from the hepatic flexure to the splenic flexure which allows access to the lesser sac. The mesentery of the transverse colon is then divided and ligated and the hepatic and splenic flexures are fully released. The descending and sigmoid colon are then mobilized from there lateral peritoneal attachments and the mesentery is sequentially divided and ligated. During the mobilization of the right and left colonic segments, the ureters are identified and protected prior to vascular division. The rectal dissection is begun posterior to the rectum directly on the rectal mesentery, taking care not to disturb the hypogastric plexus of nerves. The lateral attachments of the rectum are sharply dissected to the level of the levators. The anterior dissection of the rectum is done directly on the rectum taking care not to enter the vagina. The rectovaginal septum is completely separated down to the pelvic floor. Then the surgeons move to the perineal field. A lone star retractor is placed around the anus near the dentate line. Isolation of the dentate line is done and then injection of an epinephrine solution into the submucosa of the rectal lining. Then a mucosectomy is performed, with complete detachment of the rectum from the anus. The entire colon and rectum are then handed off the field and sent to pathology. The distal ileum is then brought through the anus and hand sewn to the anal canal with interrupted absorbable sutures. The surgeons then re-scrubs and gowns and returns to the abdominal wound. After irrigation of the abdomen and pelvis is performed and a drain is placed posterior to the anastomosis and brought out through a small stab wound incision on the left side of the abdomen. The ovaries are repositioned and carefully placed to minimize adhesions to the tubes and ovaries. On the right side of the abdomen through a previously marked site, a small ellipse of skin is removed and the anterior rectus sheath is divided and then the rectus muscle is then bluntly separated to allow for dividing the posterior. Then a portion of the distal ileum proximal to the ileoanal anastomosis is brought out through this incision and placed over an ileostomy rod which is anchored to the skin with silk sutures. The fascia is reapproximated with a continuous running suture. The subcutaneous tissue is irrigated with a sterile solution and the skin is reapproximated with staples. Then the ileum is opened on its antimesenteric border and the mucocutaneous anastomosis is constructed with eversion of the functional limb of the loop ileostomy, while the distal limb is sutured to the subcuticular layer of skin. A second instrument, needle, sponge, and lap-pad count is conducted.

Description of Post-Service Work: Post-service Hospital Work:

- Apply sterile dressings. Apply ostomy appliance over the ostomy. Monitor patient during reversal of anesthesia, protecting the wound with a hand so that wound disruption does not occur with an unrestrained cough. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes and other devices. Review post-operative labs. Check chest x-ray to confirm location of NG tube and assess pulmonary status. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Patient is discharged from recovery room.
- Write orders for transferring to general surgical floor and discuss ongoing care with floor nurses.
- Examine patient, including reviewing vital signs and confirming as necessary.
- Auscultate heart, lungs, and abdomen for bowel sounds.
- Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection...
- Continue prophylaxis for DVT. Monitor daily for adequacy.
- Assess need for antibiotics, order as required.
- Monitor and document patient progress: evaluate for sepsis, bowel function; cardio respiratory function. Assess and assure appropriate pulmonary toilet.
- Assess pain scores and adequacy of analgesia.
- Monitor fluid and electrolyte status and renal function.
- Review nursing/other staff patient chart notes.
- Write orders for labs, films, medications, diet, and patient activity.
- Chart patient progress notes, daily.
- Answer patient and family questions. Answer nursing/other staff questions.
- Prior to discharge, the pathology is reviewed with the patient and family.

- Manage nasogastric tube, remove when appropriate and advance diet
- Write prescriptions for medications needed post-discharge.
- Home restrictions (i.e., diet, activity, bathing) are discussed with the patient, family members and discharging nurse.
- The patient is discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics.
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work

- Examine and talk with patient.
- Remove sutures and staples.
- Review activity and restrictions.
- Monitor healing of incision with appropriate physical examination, including dealing with questions from patient and family.
- Discuss stoma care and assess stomal function and peristomal skin status.
- Discuss dietary and medical management of stoma output to avoid dehydration (includes phone calls regarding same)
- Monitor diet caloric intake by weight. Arrange for dietary consultation as needed.
- Review pathology report in response to family/patient questions.
- Answer patient/family questions.
- Write medication prescriptions.
- Post discharge labs/films are ordered and reviewed, as necessary.
- Discuss progress with referring physician(s) (verbal and written).
- Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Guy Orangio, MD, FACS Charles Mabry, MD, FACS Charles Shoemaker, MD, FACS					
Specialty(s):	ASCRS; ACS; ASGS					
CPT Code:	44157					
Sample Size:	250	**Resp n:** 53		**Response:** 21.20 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		29.00	31.00	**33.00**	35.00	47.00
Pre-Service Evaluation Time:				**30.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		180.00	240.00	**240.00**	260.00	360.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**45.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**226.0**	99231x **5.0** 99232x **3.0** 99233x **1.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**99.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **1.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (60); 99292 (30); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
44211	090	34.95

CPT Descriptor Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 43.3 %

TIME ESTIMATES (Median)	New/Revised CPT Code: 44157	Key Reference CPT Code: 44211
Median Pre-Service Time	60.00	80.00
Median Intra-Service Time	240.00	300.00
Median Immediate Post-service Time	45.00	35.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	226.0	117.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	99.0	99.00
Median Total Time	**706.00**	**667.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.39	4.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.52	4.52
Urgency of medical decision making	3.43	3.57

Technical Skill/Physical Effort (Mean)

Technical skill required	5.00	5.00
Physical effort required	4.83	4.91

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.74	4.74
Outcome depends on the skill and judgment of physician	4.91	4.91
Estimated risk of malpractice suit with poor outcome	4.48	4.48

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.65	4.78
Intra-Service intensity/complexity	4.83	5.00
Post-Service intensity/complexity	4.35	4.30

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Current CPT Codes 44152 and 44153 describe procedures for total colectomy "without" proctectomy. These codes will be deleted. In current practice, it is more common to perform a total proctocolectomy. The operation was first described by Ravich and Sabiston in 1947 and subsequently modified to involve the creation of a neo-rectum reservoir. This reservoir decreased stool frequency and improved overall functional results. Initially the operation involved keeping a long muscular tube of rectum intact. However, the current procedures include removing the rectum. The lining of the anus is oftentimes removed from the dentate line up to the resection margin on the distal rectal cuff. The

"neorectal" pouch is then created either in the form of a J or S and then hand sewn to the internal sphincter just above the dentate line. A temporary loop ileostomy is usually created in order to protect the patient from pelvic sepsis secondary to microscopic leaks along the suture and staple lines of the pouch and ileoanal anastomosis. The temporary ileostomy is taken down within 2-4 months after the initial operation after a limited barium enema has shown there to be no evidence of any leaks from the diverted segment. Although the operation is more difficult than 44155 [Colectomy, total, abdominal, with proctectomy; with ileostomy], quality of life has generally been measured as higher for the pouch procedure when compared to the permanent ileostomy.

Compared with key reference code 44211 [Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy], new code 44157 [Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, includes loop ileostomy and rectal mucosectomy, when performed] requires less intra-operative time because the abdominal contents are exposed after laparotomy (ie, laparoscopy requires blind 3-D visualization). However, the length of hospital stay for 44157 is greater because open abdominal colon procedures develop a prolonged ileus, requiring nasogastric suctioning, prolonged intravenous fluids and delay in returning to oral intake. Because of the abdominal ileus causing distension and the long abdominal incision, the patient has difficulty with pulmonary function and ambulation. Atelectasis can develop requiring aggressive pulmonary care. The survey median RVW of 33.00 is recommended for 44157. This value results in an IWPUT of 0.075 that is correctly less than the laparoscopic reference procedure 44211 (IWPUT=0.081).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799 Unlisted procedure, intestine

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
f the recommendation is from multiple specialties, please provide information for each specialty.

Specialty colon and rectal surgery How often? Sometimes

Specialty general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty colon and rectal surgery Frequency 300 Percentage 75.00 %

Specialty general surgery Frequency 100 Percentage 25.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty colon and rectal surgery Frequency 100 Percentage 66.66 %

Specialty general surgery Frequency 50 Percentage 33.33 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. A better crosswalk would be a non-laparoscopic procedure: 44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44158 Tracking Number: I2 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **34.00**
RUC RVU: **34.00**

CPT Descriptor: Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy, when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 18-year-old female from a known familial polyposis kindred presents with diffuse polyposis. At operation, a total proctocolectomy, ileoanal anastomosis, creation of ileal reservoir, loop ileostomy, and mucosectomy are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Review results of preadmission testing (lab, EKG, chest x-ray, availability of blood products).
- Review preadmission work-up, with particular attention to the preadmission examination of the rectum.
- Write orders for preoperative medications, including beta blockers if indicated.
- Confirm adequacy of bowel prep.
- Reexamine patient to make sure that physical findings have not changed and update H&P.
- Select and order the appropriate antibiotic(s) and confirm timing and administration.
- Assure appropriate selection, timing, and administration of DVT prophylaxis.
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and stoma location and confirm with patient.
- Discuss siting and planned stoma care with the enterostomal therapy nurse.
  Review and obtain informed consent, including witness.
- Review length and type of anesthesia with anesthesiologist.
- Verify that all required instruments and supplies are available.
- Assist in transfer of patient from gurney to operating table.
- Monitor/assist with positioning of patient.
- Assist anesthesia team with line placement and induction of anesthesia and intubation.
- Insert or supervise insertion of Foley catheter.
- Indicate areas surrounding skin incision to be prepped and draped.
- If present, clip hair from area surrounding surgical site.
- Scrub and gown
- Perform surgical "time out" with operating surgical team and anesthesia team.

Description of Intra-Service Work:
Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery as necessary. The linea Alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions if present are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. An NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of gall stones. The liver is palpated bimanually in order to detect potential hepatic metastases, as is the porta hepatis. The pancreas is inspected through the hepatico gastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic

contents are inspected and palpated. Any suspicious finding(s) are noted and appropriate biopsies taken and sent to pathology for frozen section. A self retaining retractor is carefully inserted into the abdominal incision, while avoiding injury or entrapment of abdominal contents. An incision is made along the right lateral peritoneal reflection which allows for complete mobilization and devascularization of the cecum and ascending colon. The terminal ileum and its mesentery are divided 4 to 6 cm from the ileocecal valve between bowel clamps. The omentum is dissected off the anterior surface of the transverse colon from the hepatic flexure to the splenic flexure which allows access to the lesser sac. The mesentery of the transverse colon is then divided and ligated and the hepatic and splenic flexures are fully released. The descending and sigmoid colon are then mobilized from there lateral peritoneal attachments and the mesentery is sequentially divided and ligated. During the mobilization of the right and left colonic segments, the ureters were identified and protected prior to vascular division. The rectal dissection is begun posterior to the rectum directly on the rectal mesentery, taking care not to disturb the hypogastric plexus of nerves. The lateral attachments of the rectum are sharply dissected to the level of the levators. The anterior rectal dissection is performed on the rectal side of the Fascia of Dennoville' taking great care in not injuring the nerves to the prostate and penis. Then utilizing a linear staple the rectum is divided at the level of the levators. The entire specimen is then past off the operative field and sent to pathology. The distal ileum is folded on it self to construct two 10 cm. limbs, two 3 0 vicryl sutures are placed on the antimesenteric borders of both limbs in order to stabilize them for construction of the J pouch. Then a small ileostomy is made at the bend in the limbs and the GIA stapler (75 or 100 mm.) is fired to remove the middle walls of the distal ileum, constructing the J pouch. Then at the ileostomy a 0 proline is used to suture a purse string. Then the anvil of a circular stapler is tied down. The surgical assistant moves to the perineal field. Placement of the transanal circular through the anus to the level of the rectal stump (at the levators) the anvil is then attached to the cartridge and fired. The ileopouch anal anastomosis is made. . After irrigation of the abdomen and pelvis is performed and a drain is placed posterior to the anastomosis and brought out through a small stab wound incision on the left side of the abdomen. On the right side of the abdomen through a previously marked site, a small ellipse of skin is removed and the anterior rectus sheath is divided and then the rectus muscle is then bluntly separated to allow for dividing the posterior. Then a portion of the distal ileum proximal to the Ileopouch anal anastomosis is brought out through this incision and placed over an ileostomy rod which is anchored to the skin with silk sutures. The fascia is reapproximated with a continuous running suture. The subcutaneous tissue is irrigated with a sterile solution and the skin is reapproximated with staples. Then the ileum is opened on its antimesenteric border and the mucocutaneous anastomosis is constructed with eversion of the functional limb of the loop ileostomy, while the distal limb is sutured to the subcuticular layer of skin. A second instrument, needle, sponge, and lap-pad count is conducted.

Description of Post-Service Work:
Post-service Hospital Work:

- Apply sterile dressings. Apply and ostomy appliance over the loop ileostomy. Monitor patient during reversal of anesthesia, protecting the wound with a hand so that wound disruption does not occur with an unrestrained cough. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes and other devices. Review post-operative labs. Check chest x-ray to confirm location of NG tube and assess pulmonary status. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Patient is discharged from recovery room.
- Write orders for transferring to general surgical floor and discuss ongoing care with floor nurses.
- Examine patient, including reviewing vital signs and confirming as necessary.
- Auscultate heart, lungs, and abdomen for bowel sounds.
- Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection...
- Continue prophylaxis for DVT. Monitor daily for adequacy.
- Assess need for antibiotics, order as required.
- Monitor and document patient progress: evaluate for sepsis, bowel function; cardio respiratory function.
- Assess pain scores and adequacy of analgesia.
- Monitor fluid and electrolyte status and renal function.
- Review nursing/other staff patient chart notes.
- Write orders for labs, films, medications, diet, and patient activity.
- Chart patient progress notes, daily.
- Answer patient and family questions. Answer nursing/other staff questions.
- Prior to discharge, the pathology is reviewed with the patient and family.
- Manage nasogastric tube, remove when appropriate and advance diet

- Write prescriptions for medications needed post-discharge.
- Home restrictions (i.e., diet, activity, bathing) are discussed with the patient, family members and discharging nurse.
- The patient is discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics.
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work

- Examine and talk with patient.
- Remove sutures and staples.
- Review activity and restrictions.
- Monitor healing of incision with appropriate physical examination, including dealing with questions from patient and family.
- Discuss stoma care and assess stomal function and peristomal skin status.
- Discuss dietary and medical management of stoma output to avoid dehydration (includes phone calls regarding same)
- Monitor diet caloric intake by weight. Arrange for dietary consultation as needed.
- Review pathology report in response to family/patient questions.
- Answer patient/family questions.
- Write medication prescriptions.
- Post discharge labs/films are ordered and reviewed, as necessary.
- Discuss progress with referring physician(s) (verbal and written).
- Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Guy Orangio, MD, FACS, Charles Mabry, MD, FACS Charles Shoemaker, MD, FACS					
Specialty(s):	ASCRS; ACS; ASGS					
CPT Code:	44158					
Sample Size:	250	**Resp n:** 25		**Response:**	%	
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		30.00	32.00	**34.00**	36.00	45.00
Pre-Service Evaluation Time:				**30.0**		
Pre-Service Positioning Time:				**15.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		180.00	220.00	**260.00**	300.00	390.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**45.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**226.0**	99231x **5.0** 99232x **3.0** 99233x **1.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**99.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **1.0** 15x **0.0**				

*Physician standard total minutes per E/M visit: 99291 (60); 99292 (30); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
44211	090	34.95

CPT Descriptor Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 100.0 %

TIME ESTIMATES (Median)	**New/Revised CPT Code: 44158**	**Key Reference CPT Code: 44211**
Median Pre-Service Time	60.00	80.00
Median Intra-Service Time	260.00	300.00
Median Immediate Post-service Time	45.00	35.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	226.0	117.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	99.0	99.00
Median Total Time	**726.00**	**667.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.32	4.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.16	4.16
Urgency of medical decision making	3.44	3.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	5.00
Physical effort required	4.72	4.80
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.76	4.64
Outcome depends on the skill and judgment of physician	4.80	4.80
Estimated risk of malpractice suit with poor outcome	4.20	4.20

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.52	4.50
Intra-Service intensity/complexity	4.72	4.80
Post-Service intensity/complexity	4.24	4.20

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Current CPT Codes 44152 and 44153 describe procedures for total colectomy "without" proctectomy. These codes will be deleted. In current practice, it is more common to perform a total proctocolectomy. The operation was first described by Ravich and Sabiston in 1947 and subsequently modified to involve the creation of a neo-rectum reservoir. This reservoir decreased stool frequency and improved overall functional results. Initially the operation involved keeping a long muscular tube of rectum intact. However, the current procedures include removing the rectum. The lining of the anus is oftentimes removed from the dentate line up to the resection margin on the distal rectal cuff. The "neorectal" pouch is then created either in the form of a J or S and then hand sewn to the internal sphincter just above

the dentate line. A temporary loop ileostomy is usually created in order to protect the patient from pelvic sepsis secondary to microscopic leaks along the suture and staple lines of the pouch and ileoanal anastomosis. The temporary ileostomy is taken down within 2-4 months after the initial operation after a limited barium enema has shown there to be no evidence of any leaks from the diverted segment. Although the operation is more difficult than 44155 [Colectomy, total, abdominal, with proctectomy; with ileostomy], quality of life has generally been measured as higher for the pouch procedure when compared to the permanent ileostomy.

Compared with key reference code 44211 [Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy], new code 44158 [Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy, when performed] requires less intra-operative time requires less intra-operative time because the abdominal contents are exposed after laparotomy (ie, laparoscopy requires blind 3-D visualization). However, the length of hospital stay for 44158 is greater because open abdominal colon procedures develop a prolonged ileus, requiring nasogastric suctioning, prolonged intravenous fluids and delay in returning to oral intake. Because of the abdominal ileus causing distension and the long abdominal incision, the patient has difficulty with pulmonary function and ambulation. Atelectasis can develop requiring aggressive pulmonary care. The survey median RVW of 34.00 is recommended for 44158. This value results in an IWPUT of 0.073 that is correctly less than the laparoscopic reference procedure 44211 (IWPUT=0.081).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799 Unlisted procedure, intestine

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty colon and rectal surgery How often? Sometimes

Specialty general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty colon and rectal surgery Frequency 300 Percentage 75.00 %

Specialty general surgery Frequency 100 Percentage 25.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty colon and rectal surgery Frequency 100 Percentage 66.66 %

Specialty general surgery Frequency 50 Percentage 33.33 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. A better crosswalk would be a non-laparoscopic procedure: 44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

CPT	DESCRIPTION	GLOBAL
44157	Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, includes loop ileostomy and rectal mucosectomy, when performed	090
44158	Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy, when performed	090

CLINICAL STAFF TIME: **RN staff type for all activites**
Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 12 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for inpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied as appropriate. Additionally, 7 minutes (PEAC approved) for the first post operative office visit for the extra time required to care for stomas has been indicated.

SUPPLIES AND EQUIPMENT – POSTOPERATIVE OFFICE VISITS:
Standard PEAC minimum multispecialty office visit supplies and incision care have been applied. Stoma supplies, as needed, have been indicated

	A	B	C	D	E	F	G
1				44157		44158	
2				I1		I2	
3	**Meeting Date: Feb 2006** **RUC Recommendation**	**CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE**		Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, includes loop ileostomy and rectal mucosectomy, when performed		Colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy, when performed	
4				090		090	
5		**Code**	**StaffType**	**NF**	**FAC**	**NF**	**FAC**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**N/A**	**231**	**N/A**	**231**
7	TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**60**		**60**
8	TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**12**		**12**
9	TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		**159**		**159**
10	**PRE-SERVICE**						
11	***Start: After visit for procedure/service***						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
18	***End: Pt. enters site for procedure/service***						
19	**SERVICE PERIOD**						
40	Discharge day management 99238 --12 minutes	L037D	RN/LPN/MTA		**12**		**12**
42	***End: Patient leaves site of procedure/service***						
43	**POST-SERVICE Period**						
44	***End: Patient leaves site of procedure/service***						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes	L037D	RN/LPN/MTA				
48	99212 27 minutes	L037D	RN/LPN/MTA		**1**		**1**
49	99213 36 minutes	L037D	RN/LPN/MTA		**2**		**2**
50	99214 53 minutes	L037D	RN/LPN/MTA		**1**		**1**
51	99215 63 minutes	L037D	RN/LPN/MTA				
52	***Total Office Visit Time***				**152**		**152**
53	Other: *The PEAC voted and approved an additional 7 minutes on the first post operative office visit for the extra time required to care for stomas.*				**7**		**7**
54	***End: Last office visit in global period***						
55	**MEDICAL SUPPLIES**	**Code**	**Unit**				
56	pack, minimum multi-specialty visit	**SA048**	**pack**		**4**		**4**
57	pack, post-op incision care (suture & staple)	**SA053**	**pack**		**1**		**1**
58	stoma adhesive	**SJ049**	**oz**		**4**		**4**
59	stoma pouch and wafer	**SJ050**	**item**		**4**		**4**
60	**Equipment**	**Code**					
61	table, power	**EF031**			**159**		**159**
62	light, exam	**EQ168**			**159**		**159**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Laparoscopic Permanent Intraperitoneal Catheter Insertion

The CPT Editorial Panel met in February 2006 and created five new CPT codes to accurately describe new procedures that primarily are designed to treat chronic renal failure and involve in insertion, revision, or placement of an intraperitoneal cannula or catheter. Existing codes did not allow for an accurate description of the services being provided.

49324 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
The RUC reviewed the specialty survey of 29 general surgeons for 49324 and determined that the pre-service physician time was overstated. The RUC believed that 20 minutes of pre-service evaluation time was more appropriate rather than the 40 minutes indicated by the survey. All other survey times were maintained resulting in 40 minutes of pre-service, 60 minutes of intra-service and 20 minutes of post-service time. A half day discharge day (99238) and one office visit (99213) were maintained.

After reviewing these physician times and the work associated with reference code 38570 *Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple* (Work RVU=9.24), the RUC believed that due to less pre-service time, intra-service time and post-service time of the surveyed, the survey 25th percentile RVU of 6.00 most accurately reflected the physician work provided. **The RUC recommends a relative work value of 6.00 for code 49324.**

49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
The RUC reviewed the specialty survey results for 49325 and determined that the pre-service physician time was overstated. The RUC believed that 20 minutes of pre-service evaluation time was an appropriate than the 40 minutes indicated by the survey.. All other survey times were maintained resulting in 40 minutes of pre-service, 60 minutes of intra-service and 20 minutes of post-service time. A half day discharge day (99238) and one office visit (99213) were maintained.

After reviewing these times and the reference code 49422 *Removal of permanent intraperitoneal cannula or catheter* (Work RVU=6.24), it was determined by the RUC that due to comparable pre-service times, intra-service times and post-service times of the

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surveyed code, the survey 25th percentile RVU of 6.50 most accurately reflected the physician work provided. This value maintains the rank order between 49325 and 49324. **The RUC recommends a relative work RVU of 6.50 for code 49325.**

49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure)
The RUC reviewed the specialty survey results for 49326 and determined that that the survey median time of 45 minutes was appropriate as compared to the reference 44213 *Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure*) (Work RVU=3.50).

Furthermore, it was determined by the RUC that due to the fact that the surveyed code and the reference code have the same intra-service time, 45 minutes, as well as similar intensity/complexity measures between the surveyed and reference code, the survey median RVU of 3.50 most accurately reflected the physician work provided. **The RUC recommends a relative work RVU of 3.50 for code 49326.**

49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site
The RUC reviewed specialty survey results for 49435 and determined that that the survey median time of 30 minutes was appropriate as compared to the reference 44139 *Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)* (Work RVU=2.23).

Furthermore, it was determined by the RUC that due to the fact that the surveyed code and the reference code have the same intra-service time, 30 minute as well as similar intensity/complexity measures between the surveyed and reference code, the survey median RVU of 2.25 most accurately reflected the physician work provided. **The RUC recommends a relative work RVU of 2.25 for code 49435.**

49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
The RUC reviewed the surveyed physician service times and post-service visits recommended by the specialty society and felt that they were appropriate in comparison to the reference code 36589 *Removal of tunneled central venous catheter, without subcutaneous port or pump* (Work RVU=2.27). However, the RUC felt that the median survey value associated with the surveyed code, 3.00 RVUs, overstated the work associated with this code. The RUC believed that the surveyed code and the reference code shared the same intra-service intensity of work. Therefore, the RUC recommended applying the IWPUT of 36589 (0.052), the reference code, to the surveyed code, as shown below.

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	Intensities	Times	Work RVU
Pre-Service Evaluation	0.0224	15	0.336
Pre-Service Positioning	0.0224	5	0.112
Pre-Service Scrub, Dress & Wait	0.0081	10	0.081
Intra-Service	0.052	15	0.78
Immediate Post	0.0224	13	0.291
99238	1.28	0.5 visit	0.64
99212	0.43	1.0 visit	0.43
		Total RVU	**2.67**

This calculation results in work RVU of 2.67. The increased time elements of the surveyed code as compared to the reference code (total time = 91 minutes and 78 minutes, respectively) and the single 99212 post-op visit compared to the 99211 in 49436 justify the increment over the reference code 36589. **The RUC recommends a relative work RVU of 2.67 for code 49436. The RUC also recommends that the global period assigned to this code be changed from a 090-day to a 010-day, which is demonstrated in the recommended post-operative visits.**

Practice Expense

The RUC discussed the specialty society's recommended practice expense inputs and determined that the 010-day standard clinical labor times (30 minutes) should be applied to the facility setting for 49324 and 49325. In addition, the RUC agreed that the supplies and equipment associated with these two codes were appropriate. There were no practice expense inputs recommended for 49326 and 49435, as they are add on codes performed in the facility setting only. In addition the RUC agreed that the supplies and equipment associated with code 49436 were appropriate. **The RUC recommends the practice expense inputs as recommended for 49324, 49325 and 49436 as amended.**

If CMS decides to change the global period for 49436 from a 090-day to a 010-day the clinical labor times associated with this code would need to be 18 minutes in the non-facility/30 minutes in facility, rather than the 90 day standard of 35 minutes in the non-facility setting and 60 minutes in the facility.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
49321		Laparoscopy, surgical; with biopsy (single or multiple)	010	5.49 (No Change)
●49324	LL1	with insertion of intraperitoneal cannula or catheter, permanent (For open insertion of permanent intraperitoneal cannula or catheter, use 49421)	010	6.00
●49325	LL2	with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	010	6.50
+●49326	LL3	Laparoscopy, surgical, with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure) (Use 49326 in conjunction with 49324, 49325)	ZZZ	3.50
Introduction, Revision, and/or Removal				
49420		Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	000	2.22 (No Change)
49421		permanent (For laparoscopic insertion of permanent intraperitoneal cannula or catheter, use 49324)	090	5.53 (No Change)
+●49435	LL4	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure) (Use 49435 in conjunction with 49324, 49421)	ZZZ	2.25

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●49436	LL5	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	010	2.67

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:49324 Global Period: 010

Recommended Work Relative Value
Specialty Society RVU: **7.00**
RUC RVU: **6.00**

CPT Descriptor: Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 51-year old female with end-stage renal disease due to diabetic nephropathy needs to initiate dialysis therapy. The patient has a previous surgical history of Cesarean section and open cholecystectomy. She is referred for placement of a peritoneal dialysis catheter, and a laparoscopic approach is selected.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Select and order the appropriate antibiotic(s) and confirm timing and administration.
- Reexamine patient to make sure that physical findings have not changed and update H&P.
- Review results of preadmission testing (lab, EKG, chest x-ray, availability of blood products).
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and catheter exit site and confirm with patient.
- Review and obtain informed consent, including witness.
- Review length and type of anesthesia with anesthesiologist.
- Verify that all required instruments and supplies are available, including laparoscopic equipment.
- Monitor/assist with positioning of patient.
- Assist anesthesia team with line placement and induction of anesthesia and intubation.
- Indicate areas of skin to be prepped and mark surgical incisions.
- Scrub and gown.
- Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work:
A skin incision is made and carried through the subcutaneous tissues and hemostasis is obtained with suture or cautery. The midline fascia, usually below the umbilicus, is exposed to either side of the midline, and incised vertically in the midline. Stay sutures of Vicryl or similar material are then placed in the fascia on either side of the midline. The peritoneum is opened under direct vision and a 10 mm trocar is placed. The side stay sutures are then attached to the winding posts of the 10 mm trocar. The abdomen is then insufflated with carbon dioxide. Physiologic changes are monitored at this time. The appropriate camera is inserted, and the assistant is instructed as to how to hold the camera, where the focus is, and to make certain of the orientation of the camera. A thorough exploration of the abdominal cavity is undertaken visually prior to placing the other trocars. Under direct vision, with the camera viewing placement of the other ports, local anesthesia is injected and a trocar is placed in the right upper quadrant immediately adjacent to the midline. Two additional 5 mm ports are then placed on the anterior axillary line of the right upper quadrant. The liver is retracted appropriately, and the other trocars are used to perform as detailed an exploratory laparoscopy as possible, viewing the small bowel, colon, stomach, spleen where possible, and pelvic organs. At this time, adhesions may be lysed sharply and/or bluntly. Laparoscopic exploration is performed to identify a clear space to which the peritoneal dialysis catheter will be directed. A sleeve or port conduit is inserted through the same or different abdominal wall puncture site to provide a channel for insertion of the peritoneal dialysis catheter. After insertion of the intraperitoneal catheter segment, the extraperitoneal portion is tunneled subcutaneously from the abdominal wall insertion location to a skin exit-site. Flow function of the catheter is tested. If bleeding is encountered, electrocautery or hemostatic agents are utilized to achieve hemostasis. The other individual trocars are then withdrawn under direct laparoscopic vision, making

certain that there is no bleeding. The umbilical trocar is removed, carbon dioxide is allowed to escape from the abdomen, and the fascial defect at the umbilicus, and possibly the upper midline, are closed with interrupted sutures. The fascial stay sutures are either removed or tied to each other. Local anesthetic is injected once again to all four trocar sites. The subcutaneous tissue is approximated with interrupted sutures to eliminate a dead space. The skin incisions are losed in subcuticular fashion. Sponge, needle, and instrument counts are obtained and confirmed prior to closure.

Description of Post-Service Work:
Post-service Work - Hospital

- Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s).
- Discuss procedure and outcome with family in waiting area. Answer patient and family questions.
- Write orders for follow-up, post-discharge labs, x-rays.
- Write prescriptions for medications needed post-discharge.
- Home restrictions (i.e., diet, activity, bathing) are discussed with the patient, family members and discharging nurse.
- The patient is discharged when she has recovered from anesthesia. .
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service work – Office:

- Examine and talk with patient.
- Remove staples or sutures, when appropriate.
- Review activity and restrictions.
- Monitor healing of incision with appropriate physical examination, including dealing with questions of patient ınd family.
- Answer patient/family questions.
- Write medication prescriptions.
- Post discharge labs/films are ordered and reviewed.
- Discuss progress with referring physician(s) (verbal and written).
- Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Charles Mabry, MD, FACS John Crabtree, MD, FACS Chad Rubin, MD, FACS					
Specialty(s):	general surgery					
CPT Code:	49324					
Sample Size:	100	**Resp n:** 29		**Response:** 29.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		5.30	6.00	**7.00**	9.00	11.00
Pre-Service Evaluation Time:				**20.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**10.0**		
Intra-Service Time:		30 00	45.00	**60.00**	60.00	120.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	20.00	
Critical Care time/visit(s):	0.0	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	0.0	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	18.0	99238x **0.50** 99239x **0.00**
Office time/visit(s):	23.0	99211x **0.0** 12x **0.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
38570	010	9.24

CPT Descriptor Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 62.0 %

TIME ESTIMATES (Median)	**CPT Code: 49324**	**Key Reference CPT Code: 38570**
Median Pre-Service Time	40.00	60.00
Median Intra-Service Time	60.00	120.00
Median Immediate Post-service Time	20 00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	18.0	0.00
Median Office Visit Time	23.0	30.00
Median Total Time	**161.00**	**240.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.67	2.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.70
Urgency of medical decision making	2.50	2.40

Technical Skill/Physical Effort (Mean)

Technical skill required	3.42	3.30
Physical effort required	2.67	2 80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.83	2.90
Outcome depends on the skill and judgment of physician	3.50	3.30
Estimated risk of malpractice suit with poor outcome	2.42	2 40

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.83	2.70
Intra-Service intensity/complexity	3 00	2.80
Post-Service intensity/complexity	1.83	1.60

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code 49324 (LL1) [Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent] and key eference code 38570 [Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple] are both laparoscopic procedures, with LL1 being performed typically as an outpatient and 38570 as an inpatient. 38570 takes more intra-operative time than LL1 because typically more laparoscopic ports are required and time is consumed in providing exposure to multiple areas to be sampled. However, insertion of a permanent catheter is more intense than 38570 because it represents a multi-step procedure requiring exceptional attention to details at each step.

We are recommending the survey median RVW of 7.00. This value is appropriately less than reference code 38570, taking into account the differences in total work (time and intensity).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery: GS, VS, Uro How often? Commonly

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage).00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:49325 Global Period: 010

Recommended Work Relative Value
Specialty Society RVU: **7.50**
RUC RVU: **6.50**

CPT Descriptor: Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-years old female utilizing continuous cyclic peritoneal dialysis as renal replacement therapy develops inflow and outflow discomfort with slow and incomplete dialysate drainage. An abdominal radiograph demonstrates displacement of her peritoneal dialysis catheter tip out of the pelvis into the right mid-abdominal region. The patient elects to undergo laparoscopic revision of the catheter.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Select and order the appropriate antibiotic(s) and confirm timing and administration.
- Reexamine patient to make sure that physical findings have not changed and update H&P. Examine abdomen and confirm absence of peritonitis.
- Review results of preadmission testing (lab, EKG, chest x-ray, availability of blood products) and abdominal radiograph.
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and catheter exit site and confirm with patient.
- Review and obtain informed consent, including witness.
- Review length and type of anesthesia with anesthesiologist.
- Verify that all required instruments and supplies are available, including laparoscopic equipment.
- Monitor/assist with positioning of patient.
- Assist anesthesia team with line placement and induction of anesthesia and intubation.
- Indicate areas of skin to be prepped and mark surgical incisions.
- Scrub and gown.
- Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work:
A skin incision is made and carried through the subcutaneous tissues and hemostasis is obtained with suture or cautery. The midline fascia, usually below the umbilicus, is exposed to either side of the midline, and incised vertically in the midline. Stay sutures of Vicryl or similar material are then placed in the fascia on either side of the midline. The peritoneum is opened under direct vision and a 10 mm trocar is placed. The side stay sutures are then attached to the winding posts of the 10 mm trocar. The abdomen is then insufflated with carbon dioxide. Physiologic changes are monitored at this time. The appropriate camera is inserted, and the assistant is instructed as to how to hold the camera, where the focus is, and to make certain of the orientation of the camera. A thorough exploration of the abdominal cavity is undertaken visually prior to placing the other trocars. Under direct vision, with the camera viewing placement of the other ports, local anesthesia is injected and a trocar is placed in the right upper quadrant immediately adjacent to the midline. Two additional 5 mm ports are then placed on the anterior axillary line of the right upper quadrant. The liver is retracted appropriately, and the other trocars are used to perform as detailed an exploratory laparoscopy as possible, viewing the small bowel, colon, stomach, spleen where possible, and pelvic organs. Laparoscopic exploration is performed to identify the source of catheter dysfunction. Omentopexy, omentectomy, resection of epiploic appendices, or salpingectomy (reported with separate procedure codes) may be required to restore catheter function and prevent

recurrence of obstruction. Removing intraluminal obstructing material, eg, fibrin clots or retained tissue fragments, and redirecting the tubing tip into a position of good flow function are performed. Port devices are removed, surgical wounds are repaired and dressings applied. Flow function of the catheter is tested. If bleeding is encountered, electrocautery or hemostatic agents are utilized to achieve hemostasis. The other individual trocars are then withdrawn under direct laparoscopic vision, making certain that there is no bleeding. The umbilical trocar is removed, carbon dioxide is allowed to escape from the abdomen, and the fascial defect at the umbilicus, and possibly the upper midline, are closed with interrupted sutures. The fascial stay sutures are either removed or tied to each other. Local anesthetic is injected once again to all four trocar sites. The subcutaneous tissue is approximated with interrupted sutures to eliminate a dead space. The skin incisions are closed in subcuticular fashion. Sponge, needle, and instrument counts are obtained and confirmed prior to closure.

Description of Post-Service Work:
Post-service Work - Hospital

- Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s).
- Discuss procedure and outcome with family in waiting area. Answer patient and family questions.
- Write orders for follow-up, post-discharge labs, x-rays.
- Write prescriptions for medications needed post-discharge.
- Home restrictions (i.e., diet, activity, bathing) are discussed with the patient, family members and discharging nurse.
- The patient is discharged when she has recovered from anesthesia. .
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service work - Office:

- Examine and talk with patient.
- Remove staples or sutures, when appropriate.
- Review activity and restrictions.
- Monitor healing of incision with appropriate physical examination, including dealing with questions of patient and family.
- Answer patient/family questions.
- Write medication prescriptions.
- Post discharge labs/films are ordered and reviewed.
- Discuss progress with referring physician(s) (verbal and written).
- Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Charles Mabry, MD, FACS John Crabtree, MD, FACS Chad Rubin, MD, FACS					
Specialty(s):	general surgery					
CPT Code:	49325					
Sample Size:	100	**Resp n:** 29		**Response:** 29.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		5.00	6.50	**7.50**	9.00	11.00
Pre-Service Evaluation Time:				**20.0**		

Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**10.0**		
Intra-Service Time:	25.00	45.00	**60.00**	60.00	100.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**20.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**
Office time/visit(s):	**23.0**	99211x **0.0** 12x **0.0** 13x **1.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit. 99291 (63); 99292 (32); 99233 (41); 99232 (30), 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
,9422	010	6.24

CPT Descriptor Removal of permanent intraperitoneal cannula or catheter

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 44.8 %

TIME ESTIMATES (Median)	**CPT Code: 49325**	**Key Reference CPT Code: 49422**
Median Pre-Service Time	40.00	30.00
Median Intra-Service Time	60.00	48.00
Median Immediate Post-service Time	20.00	60.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0 00
Median Discharge Day Management Time	18.0	0.00
Median Office Visit Time	23.0	15.00
Median Total Time	**161.00**	**153.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.23	2.62
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.23	2.54
Urgency of medical decision making	2.92	2.54

Technical Skill/Physical Effort (Mean)

Technical skill required	3 31	2 77
Physical effort required	3.08	2.77

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.85	2.46
Outcome depends on the skill and judgment of physician	3.08	2.69
Estimated risk of malpractice suit with poor outcome	2 92	2.69

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.23	2.69
Intra-Service intensity/complexity	3.15	2.77
Post-Service intensity/complexity	2.08	1.85

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code 49325 (LL2) [Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, vith removal of intraluminal obstructive material if performed] and key reference code 49422 [Removal of permanent intraperitoneal cannula or catheter] are both performed in a facility setting. Pre-operatively, 49325 requires more time than 49422 to review films and discuss greater risks of poor outcome and evaluate significant changes in physiology and chemistry given the incomplete dialysis. Intra-operatively, 493X2 requires slightly more time than 49422 to assess the abdomen, free the catheter, and remove the offending material. Post-operatively, the office visit for 49325 is at a higher

level than 49422 because the patient may continue to have significant problems with dialysis, require further testing of the catheter, require more postoperative pain management, as well as reviewing the catheter exit site care and follow up.

We are recommending the survey median RVW of 7.50. This value is appropriately greater than reference code 49422, aking into account the differences in time and work as described above. Additionally, a value of 7.50 correctly ranks this revision procedure slightly greater than the recommendation for the primary procedure 49324.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery: GS, VS, Uro How often? Commonly

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If his is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Interventional Radiology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:49326 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **3.50**
RUC RVU: **3.50**

CPT Descriptor: Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-years old male with end-stage renal disease from diabetic nephropathy is undergoing peritoneal dialysis and has developed problems with inflow and outflow, thought perhaps to be related to omental wrapping. At the time of the laparoscopy, redundant, thin, filmy omentum is noted to fill the pelvis and lies in juxtaposition of the coiled tip of the implanted dialysis catheter, causing partial occlusion. Laparoscopic omentopexy is selected to reduce omental trapping of the peritoneal dialysis catheter.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Through a laparoscopic working port, a forceps or similar device, is inserted into the peritoneal cavity to grasp the omentum and displace it into the upper abdomen. [The greater omentum is displaced from the pelvis into the upper peritoneal cavity, where it is attached to the posterior aspect of the anterior abdominal wall or, alternatively, attached to an upper abdominal structure such as the falciform ligament of the liver.] The omental fixation is accomplished using one of several techniques including but not limited to placing a "U"-stitch with a suture passing needle inserted through a separate incision, direct laparoscopic suturing with intracorporal or extracorporal knot tying, or use of a laparoscopic tacking device. The omental fixation process typically requires a small skin incision for the suture passing needle or a second laparoscopic working port for insertion of suturing or tacking instruments.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Charles Mabry, MD, FACS John Crabtree, MD, FACS Chad Rubin, MD, FACS					
Specialty(s):	general surgery					
CPT Code:	49326					
Sample Size:	100	**Resp n:** 29		**Response:** 29.0 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		2.07	3.00	**3.50**	4.00	4.50
Pre-Service Evaluation Time:				**0.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		

code: 49326

Intra-Service Time:		10.00	30.00	**45.00**	45.00	90.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**0.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit. 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19), 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
44213	ZZZ	3.50

CPT Descriptor Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 89.6 %

TIME ESTIMATES (Median)	CPT Code: 49326	Key Reference CPT Code: 44213
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	45.00	45.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0 00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0 0	0 00
Median Office Visit Time	0 0	0.00
Median Total Time	**45.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.81	2.54
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.04	2.46
Urgency of medical decision making	2.69	2.50

Technical Skill/Physical Effort (Mean)

Technical skill required	3.46	3.19
Physical effort required	3.08	3.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2 92	2.85
Outcome depends on the skill and judgment of physician	3.46	3.42
Estimated risk of malpractice suit with poor outcome	2.73	3.04

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.88	2.85
Intra-Service intensity/complexity	2.88	2.85
Post-Service intensity/complexity	2.54	2.42

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code 49326 (LL3) [Laparoscopy, surgical; with omentopexy (omental tacking procedure)] and key reference code 44213 [Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy] are both add-on operations performed at laparoscopy in an outpatient facility setting. Intra-operative time is identical and work is very similar for both procedures.

We are recommending the survey median RVW of 3.50. This value is the same as the key reference code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49999 Unlisted procedure, abdomen, peritoneum and omentum

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery: GS, VS, Uro How often? Commonly

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:49435 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **2.25**
RUC RVU: **2.25**

CPT Descriptor: Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48-year old morbidly obese female (BMI = 46.6) with end-stage renal disease needs to initiate dialysis therapy. In addition to her obesity, the patient has several risk factors for peritoneal dialysis catheter infection, including stress urinary incontinence necessitating wearing an adult diaper and chronic intertrigo below an abdominal pannus. The surgeon elects to shift the catheter exit site from the abdominal wall to a parasternal site that will reduce the risk of infection as well as provide improved visibility of the catheter site to the patient. This extension procedure is performed at the time of the peritoneal dialysis catheter insertion into the peritoneal cavity.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After insertion of the abdominal catheter component (coded as CPT 49421 or CPT 193X1), implantation of the extension component (presternal or parasternal segment) is performed by advancing a tunneling device, (eg, a vascular tunneler), on the surface of the abdominal and thoracic fascia (retromammary) from the abdominal insertion incision to an upper chest incision (level of 2nd or 3rd intercostal space), and pulling the extension tube through the subcutaneous path. The extension tube and/or abdominal catheter segments are trimmed to appropriate lengths based upon preoperative measurements. A titanium connector is inserted to join the two tubing components. Polypropylene ligatures are applied to secure the joint. The joined catheter segment is pulled up into the subcutaneous tunnel. The extension tube is then tunneled from the upper chest incision to the designated presternal skin exit-site with appropriate positioning of one or more attached polyester felt catheter cuffs to complete the insertion procedure.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Charles Mabry, MD, FACS John Crabtree, MD, FACS Chad Rubin, MD, FACS		
Specialty(s):	general surgery		
CPT Code:	49435		
Sample Size:	100	**Resp n:** 29	**Response:** 29.0 %
Sample Type:	Random		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	1.00	2.00	**2.25**	3.00	3.20
Pre-Service Evaluation Time:			**0.0**		

code: 49435

Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	10.00	30.00	**30.00**	30.00	50.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit. 99291 (63); 99292 (32); 99233 (41), 99232 (30); 99231 (19); 99238 (36); 99215 (59), 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
44139	ZZZ	2.23

CPT Descriptor Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
CPT Descriptor 1		
MPC CPT Code 2	Global	Work RVU
CPT Descriptor 2		

Other Reference CPT Code	Global	Work RVU
CPT Descriptor		

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 34.4 %

TIME ESTIMATES (Median)	CPT Code: 49435	Key Reference CPT Code: 44139
Median Pre-Service Time	0 00	0.00
Median Intra-Service Time	30 00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0 0	0 00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**30.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	2.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.91	2 82
Urgency of medical decision making	2.82	2.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	3 45	3 09
Physical effort required	2.82	2.82
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2 45	2.27
Outcome depends on the skill and judgment of physician	2.91	2.91
Estimated risk of malpractice suit with poor outcome	2.18	2.36

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.27	2.82
Intra-Service intensity/complexity	2.82	2.28
Post-Service intensity/complexity	2.64	2.73

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code 49435 (LL4) [Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site] and key reference code 44139 [Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy] are both add-on operations performed in a facility setting. Both add-on procedures typically take 30 minutes. While 49435 requires blunt passage of a tunneling device on the fascial surface from the mid abdomen to the upper chest, then measuring, cutting and joining the extension tubing to the abdominal catheter with a titanium connector and

finally positioning the extension segment in the tunnel tract, 44139 requires open dissection and division of tissues with mobilization of organs; however, the work is similar.

We are recommending the survey median RVW of 2.25. This value is very similar to the key reference code, accounting for very similar add-on work.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49999 Unlisted procedure, abdomen, peritoneum and omentum

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery: GS, VS, Uro How often? Commonly

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If his is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:49436 Global Period: 090 Specialty Society RVU: **3.00**

RUC RVU: **2.67**

CPT Descriptor: Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 26-year old male with chronic renal failure elects early placement of a subcutaneously embedded peritoneal dialysis catheter. Eleven months later, his renal function suddenly declines and he is experiencing uremic symptoms. The embedded subcutaneous segment of the catheter is urgently exteriorized. The patient immediately begins full dose peritoneal dialysis without a break-in period and successfully avoids the need for vascular catheter placement and temporary hemodialysis.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Select and order the appropriate antibiotic(s) and confirm timing and administration.
- Reexamine patient to make sure that physical findings have not changed and update H&P. Recheck the location of the catheter subcutaneously.
- Review results of preadmission testing (lab, EKG, chest x-ray, availability of blood products).
- Meet with patient and family to review planned procedure and post-operative management.
- Mark site and side of proposed skin incision and confirm with patient.
- Review and obtain informed consent, including witness.
- Review length and type of anesthesia with anesthesiologist.
- Verify that all required instruments and supplies are available
- Monitor/assist with positioning of patient.
- Assist anesthesia team with line placement and induction of anesthesia and intubation.
- Indicate areas of skin to be prepped and mark surgical incisions.
- Scrub and gown.
- Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work:

The interval retrieval procedure is performed by making a small incision at or adjacent to the scar marking the designated exit-site. The catheter is identified by blunt dissection and delivered through the incision. The external limb is pulled from the subcutaneous tract, the occluded end of the catheter removed, the tubing irrigated, and appropriate connections are attached, such as an adapter, transfer set, and cap. Typically, the catheter is immobilized at the exit site with sterile adhesive strips and covered with a dressing. Suture repair of the wound is performed if the catheter was exited through the skin by tunneling it to an adjacent site separate from the exteriorizing incision. Dressings are applied to complete the procedure.

Description of Post-Service Work:

Post-service Work - Hospital

- Apply sterile dressings. Monitor patient during reversal of anesthesia. Write brief operative note. Dictate operative report and copy referring physician(s). Call referring physician(s).
- Discuss procedure and outcome with family in waiting area. Answer patient and family questions.
- Write orders for follow-up, post-discharge labs, x-rays.

- Write prescriptions for medications needed post-discharge.
- Home restrictions (i.e., diet, activity, bathing) are discussed with the patient, family members and discharging nurse.
- The patient is discharged when he has recovered from anesthesia. .
- All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service work – Office:

- Examine and talk with patient.
- Remove sutures, when appropriate.
- Review activity and restrictions.
- Monitor healing of incision with appropriate physical examination, including dealing with questions of patient and family.
- Write medication prescriptions.
- Post discharge labs/films are ordered and reviewed.
- Discuss progress with referring physician(s) (verbal and written).
- Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Charles Mabry, MD, FACS John Crabtree, MD, FACS Chad Rubin, MD, FACS					
Specialty(s):	general surgery					
CPT Code:	49436					
Sample Size: 100	**Resp n:** 28	**Response:** 28.0 %				
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	2.00	2.48	**3.00**	5.00	6.20	
Pre-Service Evaluation Time:			**15.0**			
Pre-Service Positioning Time:			**5.0**			
Pre-Service Scrub, Dress, Wait Time:			**10.0**			
Intra-Service Time:	15.00	15.00	**15.00**	20.00	45.00	
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**13.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**15.0**	99211x **0.0** 12x **1.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59), 99214 (38); 99213 (23); 99212 (15); 99211 (7)

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
36589	090	2.27

CPT Descriptor Removal of tunneled central venous catheter, without subcutaneous port or pump

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 60.7 %

TIME ESTIMATES (Median)	**CPT Code: 49436**	**Key Reference CPT Code: 36589**
Median Pre-Service Time	30.00	25.00
Median Intra-Service Time	15.00	13.00
Median Immediate Post-service Time	13 00	15.00
Median Critical Care Time	0 0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	18.0	18.00
Median Office Visit Time	15.0	7.00
Median Total Time	**91.00**	**78.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	1 76	1.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.41	1.94
Urgency of medical decision making	2.29	1 59

Technical Skill/Physical Effort (Mean)

Technical skill required	2.29	1.76
Physical effort required	1.82	1.47

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.12	1.94
Outcome depends on the skill and judgment of physician	2.12	1.94
Estimated risk of malpractice suit with poor outcome	1.65	1 82

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.24	1.88
Intra-Service intensity/complexity	2.12	1.88
Post-Service intensity/complexity	1.59	1.76

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

New code 49436 (LL5) [Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter] and key reference code 36589 [Removal of tunneled central venous catheter, without subcutaneous port or pump] are both typically performed in a facility setting. Pre-, intra-, and post-operative work for 49436 is slightly greater than 36589 because the catheter is imbedded and has to be located and retrieved, the function has to be confirmed, the risk of infection is greater, follow-up requires wound check, and coordination with referring physicians is required.

We are recommending the survey median RVW of 3.00 for this 90-day global procedure. This value is appropriately greater than reference code 36589, taking into account the differences in time and work as described above.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

49999 Unlisted procedure, abdomen, peritoneum and omentum

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery: GS, VS, Uro How often? Commonly

Specialty Interventional Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty.

Specialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage
).00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

)pecialty SEE ATTACHED FREQUENCY INFORMATION SHEET Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		49324 LL1 Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent		49325 LL2 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed		49326 LL3 Laparoscopy, surgical; with omentopexy (omental tacking procedure)		49435 LL4 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site	
			010		010		ZZZ		ZZZ	
	Code	StaffType	NF	FAC	NF	FAC	NF	FAC	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	N/A	72	N/A	72	N/A	0	N/A	0
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	30	0	30	0	0	0	0
TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	6	0	6	0	0	0	0
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	36	0	36	0	0	0	0
PRE-SERVICE										
Start: After visit for procedure/service										
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		0		0
Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10		0		0
Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		0		0
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7		0		0
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		0		0
End: Pt. enters site for procedure/service										
SERVICE PERIOD										
Start: Pt. enters site for procedure/service										
Dischg day mgmt 99238 --12 min, 99239 --15 min	L037D	RN/LPN/MTA		6		6				
End: Patient leaves site of procedure/service										
POST-SERVICE Period										
End: Patient leaves site of procedure/service										
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA								
List Number and Level of Office Visits										
99211 16 minutes	L037D	RN/LPN/MTA								
99212 27 minutes	L037D	RN/LPN/MTA								
99213 36 minutes	L037D	RN/LPN/MTA		1		1				
99214 53 minutes	L037D	RN/LPN/MTA								
99215 63 minutes	L037D	RN/LPN/MTA								
Total Office Visit Time			0	36	0	36	0	0	0	0
End: Last office visit in global period										
MEDICAL SUPPLIES	**Code**	**Unit**								
pack, minimum multi-specialty visit	**SA048**	**pack**		1		1		0		0
pack, post-op incision care (suture)	**SA054**	**pack**		1		1		0		0
Equipment	**Code**									
light, exam	**EQ168**		0	36	0	36	0	0	0	0
table, power	**EF031**		0	36	0	36	0	0	0	0

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		49436 LL5 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	
			090	
	Code	StaffType	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**NA**	**93**
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0**	**60**
TOTAL **INTRA** CLINICAL LABOR TIME	L051B	RN/LPN/MTA	**0**	**6**
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA	**0**	**27**
PRE-SERVICE				
Start: After visit for procedure/service				
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**
Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**
Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**
End: Pt. enters site for procedure/service				
SERVICE PERIOD				
Start: Pt. enters site for procedure/service				
Pre-service services				
Review charts	L037D	RN/LPN/MTA		
Greet patient and provide gowning	L037D	RN/LPN/MTA		
Obtain vital signs	L037D	RN/LPN/MTA		
Provide pre-service education/obtain consent				
Prepare room, equipment, supplies	L037D	RN/LPN/MTA		
Setup scope (non facility setting only)				
Prepare and position pt monitor patient/ set up IV	L037D	RN/LPN/MTA		
Sedate/apply anesthesia	L037D	RN/LPN/MTA		
Intra-service				
Assist physician in performing procedure	L051B	RN/LPN/MTA		
Post-Service				
Monitor pt. following service	L037D	RN/LPN/MTA		
Clean room/equipment by physician staff	L037D	RN/LPN/MTA		
Clean Scope	L037D	RN/LPN/MTA		
Clean Surgical Instrument Package	L037D	RN/LPN/MTA		
Check dressings & wound/ home care instructions/ coordinate office visits/ prescriptions	L037D	RN/LPN/MTA		
Dischg day mgmt 99238 --12 min; 99239 --15 min	L037D	RN/LPN/MTA		**6**
End: Patient leaves site of procedure/service				
POST-SERVICE Period				
End: Patient leaves site of procedure/service				
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		
List Number and Level of Office Visits				
99211 16 minutes	L037D	RN/LPN/MTA		
99212 27 minutes	L037D	RN/LPN/MTA		**1**
99213 36 minutes	L037D	RN/LPN/MTA		
99214 53 minutes	L037D	RN/LPN/MTA		
99215 63 minutes	L037D	RN/LPN/MTA		
Total Office Visit Time			**0**	**27**
End: Last office visit in global period				
MEDICAL SUPPLIES	**Code**	**Unit**		
pack, minimum multi-specialty visit	**SA048**	**pack**		**1**
Equipment	**Code**			
table, power	**EF031**		**0**	**27**
light, surgical	**EF014**		**0**	**27**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Circumcision

The pediatric community identified circumcision as a family of services to be reviewed during the Five-Year Review of the RBRVS. When the RUC reviewed the pediatric comments in August 2005, it was suggested that the CPT Editorial Panel first review this family of services to determine if services are described as currently performed. The CPT Editorial Panel determined that circumcision, using clamp or other device, should not be distinguished by age of patient. CPT codes 54150 and 54152 were, therefore, combined into a single code 54150 *Circumcision, using clamp or other device, with regional dorsal penile or ring block.* Editorial revisions were adopted for 54160 and 54161 to define newborn as 28 days of age or less.

Surveys were completed by pediatrics, family medicine, urology, and obstetrics/gynecology. The surveys indicated that the typical time was as follows: pre-evaluation = 15 minutes; positioning = 5; scrub/dress/wait = 5; intra = 15; and immediate post = 5. This time and the survey median are comparable to the time and current work relative value of 54100 *Biopsy of penis (separate procedure)* (work RVU = 1.90, pre-time = 31; intra-time = 19; post = 14). The RUC agreed that 54150 is appropriately valued in comparison to 54100.

The RUC recommends a work relative value of 1.90 for CPT code 54150.

Practice Expense Direct Inputs

The RUC reviewed the direct practice expense inputs and agreed that inputs should be recognized in both the non-facility and facility settings. The non-facility inputs were revised to account for the change in assist physician time to 2/3 of the physician time during the intra-service period. In addition, the supplies were revised. The facility practice expense inputs were revised to only include a three minute phone call.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲54150	NN1	Circumcision, using clamp or other device ~~(eg, Gomco, Plastibell, Mogen)~~ with regional dorsal penile or ring block; ~~newborn~~	000	1.90
D 54152		~~except newborn~~ (Report 54150 with modifier 52 when performed without dorsal penile or ring block) (54152 has been deleted. To report, use 54150)	010	N/A
e▲54160		Circumcision, surgical excision other than clamp, device or dorsal slit; ~~newborn~~neonate (28 days of age or less)	010	2.48 (No Change)
e▲54161		~~except newborn~~greater than 28 days of age *(Do not report modifier 63 in conjunction with 54160)*	010	3.27 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:54150 Global Period: 000

Recommended Work Relative Value
Specialty Society RVU: **1.90**
RUC RVU: **1.90**

CPT Descriptor: Circumcision, using clamp or other device with regional dorsal penile or ring block

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The parents of a 2-day old male request an elective circumcision prior to home discharge from the normal newborn nursery. The risks, benefits, and alternatives of the procedure are discussed with the parents who elect to proceed with the procedure. They are particularly concerned that discomfort and pain be controlled during the procedure. A penile nerve block (either dorsal or ring block) is discussed with the family as the most appropriate and effective form of anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 4%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Review surgical procedure, post op recovery with family. Answer family questions and obtain informed consent. Patient is undressed from waist down and previously applied EMLA cream is removed and patient prepped.

Description of Intra-Service Work: Physician injects the dorsal nerve bundle and also does a complete circumferential penile blockade with 1% lidocaine. Patient is observed. Patient is then strapped to a papoose board and reprepped. The foreskin ring is forcefully dilated with a hemostat and then reduced to the shaft of the penis. All foreskin-glans adhesions are taken down with a tear duct probe and all smegma concretions removed. Reprepping is accomplished and the foreskin is placed over the glans. One of three gomco clamps is selected and inserted through the foreskin riding over the glans. The constricting circular ring is placed over the foreskin and screwed down to compress and devascularize the foreskin. The device is left in place until devascularization occurs. The devascularized foreskin is then excised with a scalpel, the ring device is removed and the penis dressed.

Description of Post-Service Work: Wound is visually inspected by physician. Instructions in wound care are given to the parent. The patient and parent are assisted to the waiting room. Appropriate follow-up is arranged. Pain medication is discussed. Physician re-checks wound and discusses procedure with other parent and/or grandparents.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Steve Krug, MD, Thomas Cooper, MD, Terry Mills, MD					
Specialty(s):	Pediatrics, Family Practice, Urology, OB/Gyn					
CPT Code:	54150					
Sample Size:	563	**Resp n:** 124		**Response:** 22.0 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.75	1.40	**1.90**	2.50	5.00	
Pre-Service Evaluation Time:			**15.0**			
Pre-Service Positioning Time:			**5.0**			

code: 54150

Pre-Service Scrub, Dress, Wait Time:				5.0		
Intra-Service Time:		0.00	10.00	**15.00**	20.00	45.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**5.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
54100	000	1.90

CPT Descriptor Biopsy of penis; (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
11755	000	1.31

CPT Descriptor 1 Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

MPC CPT Code 2	Global	Work RVU
43239	000	2.87

CPT Descriptor 2 Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 42 **% of respondents:** 33.8 %

TIME ESTIMATES (Median)	**CPT Code: 54150**	**Key Reference CPT Code: 54100**
Median Pre-Service Time	25.00	31.00
Median Intra-Service Time	15.00	19.00
Median Immediate Post-service Time	5.00	14.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**45.00**	**64.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.22	2.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.02	2.37
Urgency of medical decision making	1.97	2.50

Technical Skill/Physical Effort (Mean)

Technical skill required	3.26	2.64
Physical effort required	2.76	2.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.85	2.32
Outcome depends on the skill and judgment of physician	3.23	2.66
Estimated risk of malpractice suit with poor outcome	3.66	2.68

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.48	2.30
Intra-Service intensity/complexity	2.90	2.52
Post-Service intensity/complexity	2.39	2.30

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

`n expert panel of physicians with representation from the four specialties that surveyed the procedure reviewed the ,urvey data and concurred that the survey median of 1.90 was appropriate.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 54150 and 64450

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Urology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pediatrics Frequency 45 Percentage 45.00 %

Specialty Family Practice Frequency 40 Percentage 40.00 %

Specialty Urology Frequency 10 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty OB-Gyn Frequency 3 Percentage 75.00 %

Specialty Urology Frequency 1 Percentage 25.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

	A	B	C	F	G
2					
3				CPT Code: 54150	
4				Proposed Times & Inputs	
5	RUC Recommendations			Code Descriptor: Circumcision, using clamp or other device with dorsal penile or ring block	
6	LOCATION	CMS Code	Staff Type	Non Facility	Facility
7	GLOBAL PERIOD: 000	L037D	RN/LPN/MTA		
8	TOTAL CLINICAL LABOR TIME			50.0	3.0
9	TOTAL PRE-SERV CLINICAL LABOR TIME			18.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			29.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME			3.0	3.0
12	PRE-SERVICE				
13	Start: Following visit when decision for surgery or procedure made				
14	Complete pre-service diagnostic & referral forms			5	
15	Coordinate pre-surgery services			3	
16	Schedule space and equipment in facility				
17	Provide pre-service education/obtain consent			7	
18	Follow-up phone calls & prescriptions			3	
19	Other Clinical Activity (please specify)				
20	End:When patient enters office/facility for surgery/procedure				
21	SERVICE PERIOD				
22	Start: When patient enters office/facility for surgery/procedure				
23	Pre-service services				
24	Review charts			3	
25	Greet patient and provide gowning			3	
26	Obtain vital signs			3	
27	Provide pre-service education/obtain consent				
28	Prepare room, equipment, supplies			2	
29	Setup scope (non facility setting only)				
30	Prepare and position patient/ monitor patient/ set up IV			2	
31	Sedate/apply anesthesia				
32	Intra-service			10	
33	Assist physician in performing procedure				
34	Post-Service				
35	Monitor pt following service/check tubes, monitors, drains				
36	Clean room/equipment by physician staff			3	
37	Clean Surgical Instrument Package				
38	Complete diagnostic forms, lab & X-ray requisitions				
39	Review/read X-ray, lab, and pathology reports				
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			3	
41	Discharge day management 99238 --12 minutes 99239 --15 minutes				
42	Other Clinical Activity (please specify)				
43	End. Patient leaves office				
44	POST-SERVICE Period				
45	Start: Patient leaves office/facility				
46	Conduct phone calls/call in prescriptions			3	3
47	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal; prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
48	*List Number and Level of Office Visits*				
49	99211 16 minutes		16		
50	99212 27 minutes		27		
51	99213 36 minutes		36		
52	99214 53 minutes		53		
53	99215 63 minutes		63		
54	Other				
55					
56	*Total Office Visit Time*			0	0
57	Other Activity (please specify)				
58	End: with last office visit before end of global period				

	A	B	C	F	G
3				CPT Code: 54150	
4				Proposed Times & Inputs	
5	RUC Recommendations			Code Descriptor: Circumcision, using clamp or other device with dorsal penile or ring block	
6	LOCATION	CMS Code	Staff Type	Non Facility	Facility
59	MEDICAL SUPPLIES	CMS Code		Unit	
60	pack, minimum, multi-specialty visit	SA048		1	
61					
62					
63	20 gauge needle	SC029		1	
64	syringe 2 cc	SC057		1	
65	27 gauge needle	SC029		1	
66	lidocaine (1%) (2ccs)	SH046		1	
67	~~clamp, circumcision~~	~~SF046~~			
68	tray, circumcision	SA086		1	
69	EMLA cream (0 1 grams)	SH030		1	
70	gloves, sterile	SB024		2	
71	sterile cup	SL157		1	
72	Equipment	CMS Code		Unit	
73	table, exam	EF023		1	
74	light, exam	EQ168		1	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Interstitial Fiducial Marker Placement

The CPT Editorial Panel created a new code to report interstitial fiducial marker placement. Fiducial markers are a safe and appropriate device to verify and correct the position of the target organ and the amount of seed migration and organ deformation is far below current tumor delineation accuracy.

The RUC compared the surveyed code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* to the reference code 76873 *Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning* (Work RVU=1.55). The specialty society made some revisions to the surveyed time as it was agreed that the survey respondents over-estimated the pre-service work associated with this code. The specialty society recommends that the pre-service time inputs should be reduced to 19 minutes of pre-service evaluation time and no time should be allocated to scrub, dress and wait time as these actions do not occur for this procedure. The specialty society recommends that the median intra-service time of 20 minutes and 10 minutes of immediate post-service time is appropriate. Taking into account this modification in recommended physician time, the total service time for the surveyed code is virtually the same as the reference code, 59 minutes and 60 minutes respectively. However, the surveyed code has much higher intensity and complexity measures associated with it when compared to the reference code. Therefore, to account for this difference in intensity and complexity the specialty society recommends the 25th percentile of 1.73 RVUs. The RUC reviewed the survey data and felt that the 25th percentile work RVU, 1.73 RVUs, appropriately places this code in comparison to the reference code. **The RUC recommends 1.73 work RVUs for 55876.**

Practice Expense
The RUC reviewed the practice expense inputs recommended by the specialty society. Many of these inputs were amended to reflect standards set by the PEAC.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●55876	J1	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple (Report supply of device separately) (For imaging guidance, see, 76942, 77002, 77012, 77021)	000	1.73
Radiology **Radiation Oncology** **Radiation Treatment Delivery**				
77421		*Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy* *(Do not report 77421 in conjunction with 77432, 0083T)* (For placement of interstitial device(s) for radiation therapy guidance, prostate, use 55876)	XXX	0.39 (No Change)

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

CPT Code:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:55876 Tracking Number: J-1 Global Period: 000

Specialty Society RVU: **1.73**

RUC RVU: **1.73**

CPT Descriptor: Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial marker, dosimeter), prostate (via needle, any approach), single or multiple
(For imaging guidance, see 76942, 77002, 77012, 77021)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old man was referred to his urologist for a PSA of 6.8. He underwent transrectal ultrasound and biopsy of his prostate which revealed one core of Gleason 6 adenocarcinoma of the prostate. His urologist discussed all the alternatives of definitive treatment and the patient elected to receive IMRT. After a consultation with the Radiation Oncologist, it is elected to have fiducial seeds placed to facilitate localization of the prostate during treatment and avoid contiguous organ injury.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 28%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Change into scrub clothes. Review laboratory studies. Obtain and review all imaging studies. Review procedure, post-op recovery with patient and family. Answer patient and family questions, be sure informed consent is in record. Check to be sure patient has taken enema and pre-operative antibiotics. Check to be sure patient is off anti-coagulants and/or anti-steroidal anti-inflammatory medications. Sign laterality form if appropriate. Position patient.

Description of Intra-Service Work: Take time out for patient identification. The patient is positioned on their left side (for a right-handed urologist) and draped. A digital rectal exam is repeated and anus is dilated. A transrectal ultrasound probe is inserted into the rectum and the prostate visualized in the transverse and sagittal planes (ultrasound guidance is reported separately). A 1% xylocaine injection (10 ccs) is performed both at the base and the apex of the gland to achieve an adequate peripheral nerve block and to the perineum to all ow a cutaneous block for needle introduction. Utilizing ultrasound needle guidance, four preloaded gold fiducial markers are introduced and implanted bilaterally at the base and apex of the prostate. The position of the base seeds is confirmed to be within 3 mm of the base, and the position of the apex seeds is within 2 mm of the apex. The transrectal probe is removed, transrectal pressure is applied and the patient leaves the procedure room in good condition.

Description of Post-Service Work: Assist in transfer of patient from operating table to post-op stretcher. Review recovery area care and medications with staff. Meet with patient and family; discuss procedure, expected outcome, planned post operative care. Conduct post-op pain assessment. Dictate operative report. Call and/or dictate note to radiation oncologist concerning patient treatment plan and seed placement.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006		
Presenter(s):	Thomas P. Cooper, M.D., Najeeb Mohideen, M.D., Geraldine McGinty, M.D., Jonathan Berlin, M.D.		
Specialty(s):	Urology, Radiation Oncology, Radiology		
CPT Code:	55876		
Sample Size:	800	**Resp n:** 38	**Response:** %

CPT Code:

Sample Type: Random						
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		1.00	1.73	**3.00**	3.60	8.00
Pre-Service Evaluation Time:				**19.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	10.00	**20.00**	30.00	45.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**10.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (60); 99292 (30); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
76873	XXX	1.55

CPT Descriptor Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
11755	000	1.31

CPT Descriptor 1 Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds)

MPC CPT Code 2	Global	Work RVU
36556	000	2.50

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Other Reference CPT Code	Global	Work RVU
76965	XXX	1.34

CPT Descriptor - ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT GUIDANCE

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 36.8 %

TIME ESTIMATES (Median)	**New/Revised CPT Code: 55876**	**Key Reference CPT Code: 76873**
Median Pre-Service Time	29.00	20.00
Median Intra-Service Time	20.00	30.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**59.00**	**60.00**
Other time if appropriate		

CPT Code:

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.10	2.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.23	3.05
Urgency of medical decision making	2.64	2.61

Technical Skill/Physical Effort (Mean)

Technical skill required	3.90	3.46
Physical effort required	3.08	2.92

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.08	3.03
Outcome depends on the skill and judgment of physician	3.64	3.36
Estimated risk of malpractice suit with poor outcome	2.95	2.85

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.03	3.08
Intra-Service intensity/complexity	3.33	3.00
Post-Service intensity/complexity	2.97	2.64

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A consensus panel was convened with representatives from ACR, ASTRO and AUA to review survey results. The panel concluded that the 25th percentile of 1.73 and the median for time data were most appropriate. See attachment for IWPUT calculation.

CPT Code:

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. see attached

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty UROLOGY How often? Commonly

Specialty RADIATION ONCOLOGY How often? Sometimes

Specialty RADIOLOGY How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Urology Frequency 3500 Percentage %

Specialty Radiation Oncology Frequency 750 Percentage %

Specialty Radiology Frequency 750 Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty UROLOGY Frequency 2100 Percentage %

Specialty RADIATION ONCOLOGY Frequency 450 Percentage %

Specialty RADIOLOGY Frequency 450 Percentage %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

IWPUT Calculator | **55876** | **Placement of interstitial device(s) for radiation therapy guidance (eg,**

FILL IN THE CELLS HIGHLIGHTED IN YELLOW WITH RUC SURVEY DATA. IWPUT WILL BE AUTOCALC'D IN GREEN CELL

Building Block Method

		RVW
Proposed RVW		1.73
(25% PERCENTILE)		

Pre-service	**Time**	**Intensity**	ne x intensity)
Day prior evaluation	19	0.0224	0.43
Same day evaluation	10	0.0224	0.22
Scrub, prep	0	0.0081	0.00
Pre-service total	29		**0.65**

Post-service	**Time**	**Intensity**	
Immediate post	10	0.0224	0.22

Subsequent visits:	**Visit n**	**E/M RVU**	ı x E/M RVU)
ICU 99291	0.0	4.00	0.00
99233	0.0	1.51	0.00
99232	0.0	1.06	0.00
99231	0.0	0.64	0.00
Discharge 99238	0.0	1.28	0.00
99215	0.0	1.73	0.00
99214	0.0	1.08	0.00
99213	0.0	0.65	0.00
99212	0.0	0.43	0.00
99211	0.0	0.17	0.00
Post-service total			**0.22**

	Time	**IWPUT**	
Intra-service	20	0.043	**0.86**

59 Total Minutes

Using Median Survey Times

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 Day Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial marker, dosimeter), prostate (via needle, nay approach), single or multiple

Sample Size: 800 Response Rate: (%): 4.75 Global Period: 000

Geographic Practice Setting %: Rural 2.63 Suburban 34.21 Urban 63.16

Type of Practice %:
21.05 Solo Practice
36.84 Single Specialty Group
18.42 Multispecialty Group
18.42 Medical School Faculty Practice Plan

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

Our practice expense recommendations are based on the deliberation of a panel of urologists, radiation oncologists and radiologists from various geographic and practice settings, including from private and academic practices. Our panel used the original CPEP data associated with prostate biopsy 55700 as well as the key reference service code 76873 for this new code and adjusted clinical staff time, supplies and equipment where necessary to reflect the typical practice expense incurred by urologists in providing this service.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services. Provide pre-service education, obtain consent and provide follow-up phone calls and prescriptions. Greet patient and provide gowning. Obtain vital signs. Prepare room, equipment, supplies. Prepare and position patient/monitor patient. Set-up IV.

Intra-Service Clinical Labor Activities:
Assist physician in performing procedure. (RN, LPN, etc.)
Check dressings & wound/ home care instructions/coordinate office visits/prescriptions

Post-Service Clinical Labor Activities:
Phone call

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
000 Day Global Period
Facility Direct Inputs

CPT Long Descriptor: 55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial marker, dosimeter), prostate (via needle, nay approach), single or multiple

Sample Size: 800 Response Rate: (%): 4.75 Global Period: 000

Geographic Practice Setting %: Rural 2.63 Suburban 34.21 Urban 63.16

Type of Practice %:
- 21.05 Solo Practice
- 36.84 Single Specialty Group
- 18.42 Multispecialty Group
- 18.42 Medical School Faculty Practice Plan

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

Our practice expense recommendations are based on the deliberation of a panel of urologists, radiation oncologists and radiologists from various geographic and practice settings, including from private and academic practices. Our panel used the original CPEP data associated with prostate biopsy 55700 as well as the key reference service code 55873 for this new code and adjusted clinical staff time, supplies and equipment where necessary to reflect the typical practice expense incurred by urologists in providing this service.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services, Schedule space and equipment in facility, Provide pre-service education, obtain consent and provide follow-up phone calls and prescriptions.

Post-Service Clinical Labor Activities:
Conduct a phone call

	A	B	C	D	E
1					
2				55876	
3	**Meeting Date: February 2006**			**Code Descriptor**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			000	000
6	**TOTAL CLINICAL LABOR TIME**			**61.0**	**33.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**40.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms			5.0	5.0
13	Coordinate pre-surgery services			3.0	10.0
14	Schedule space and equipment in facility			0.0	5.0
15	Provide pre-service education/obtain consent			7.0	7.0
16	Follow-up phone calls & prescriptions			3.0	3.0
17	Other Clinical Activity (please specify)			0	0
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts				
23	Greet patient and provide gowning			**3.0**	
24	Obtain vital signs			**3**	
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies			**2.0**	
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV			**2.0**	
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Assist physician in performing procedure (RN, LPN, etc)			**13**	
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains			**2**	
34	Clean room/equipment by physician staff			**2.0**	
35	Clean Scope (clean probe)			**10**	
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	
40	Discharge day management 99238 –12 minutes 99239 –15 minutes				
41	Other Clinical Activity (please specify)				
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions			**3**	**3**
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		
50	99213 36 minutes		36		
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54					
55	*Total Office Visit Time*			**0**	**0**
56	Other Activity (please specify)				
57	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				55876	
3	**Meeting Date: February 2006**			**Code Descriptor**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
59					
60					
61	Pack, drapes, cystoscopy	SA045	pack	1	
62	pack, minimum multi-specialty visit	SA048	pack	1	
63	catheter, Foley	SD024	item		
64	lidocaine 1%-2% inj (Xylocaine)(10 ccs)	SH047	ml		
65	syringe 20ml	SC053	item	1	
66	needle, spine, Sprotte	SC042	item	1	
67	cover-condom, transducer or ultrasound probe	SB005	item	2	
68	gold seed markers (3 markers per kit)		kit	2	
69	**Equipment**	**CMS Code**	**Unit**		
70	table, power	EF031		1	
71					
72					

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

September 2005

Abdominal Approach Revision of Prosthetic Vaginal Graft

As a result of an aging population, the incidence of complex pelvic surgery has increased. With this, surgical techniques have expanded and improved to include the use of prosthetic materials for vaginal reconstruction. As in any specialty, complications may occur with prosthetic materials thereby requiring revision or removal. Therefore the CPT Editorial Panel created a new CPT code to address potential surgical problems associated with the use of new materials and new techniques and to accurately describe the work associated with a revision of a prosthetic vaginal graft performed with the open abdominal approach.

The RUC was presented with survey data from the American College of Surgeons and the American Urogynecologic Society. It was noted that although there were only 19 survey respondents, that this procedure is not very common and very few providers perform it. The specialty society stated that they agreed the pre-service time was over-estimated and the post-service time was underestimated by the survey respondents when comparing this code to the reference code 57280 *Colpopexy, abdominal approach* (Work RVU=15.02). Therefore, the specialty society recommended and the RUC accepted that the pre-service time associated with this service should be decreased by 20 minutes and the pre-service time components should be as follows: 45 minutes pre-service evaluation time, 10 minutes pre-service positioning time and 10 minutes pre-service scrub/dress/wait time. In addition, the specialty society recommended and the RUC accepted that the post-service time be increased by 10 minutes to accurately reflect the work performed to result in 40 minutes of immediate post-service. The RUC assessed these new time increments and intensity/complexity measures of the surveyed code in comparison to the times and intensities/complexities of the reference code. The RUC noted that the physician times (405 total minutes for the surveyed code and 411 minutes for the reference code) and the complexity/intensity measures for these two codes is very similar. Therefore, the RUC agrees with the specialty society that the work RVU for this code should be the median surveyed value of 15.02 work RVUs. **The RUC recommends 15.02 work RVUs for 57296.**

Practice Expense

The RUC recommends the standard inputs for 90 day global procedures performed only in the facility setting.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲57295		Revision (including removal) of prosthetic vaginal graft; vaginal approach	090	7.45 (No Change)
●57296	A1	open abdominal approach	090	15.02

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:57296 Tracking Number: A1 Global Period: 090

Specialty Society RVU: **15.02**

RUC RVU: **15.02**

CPT Descriptor: Revision (including removal) of prosthetic vaginal graft; open abdominal approach

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 65 year old G4P4 female presents with complaints of vaginal discharge, discomfort, and painful intercourse. She had an abdominal sacral colpopexy using mesh about one year ago. Physical examination reveals mesh eroding through the apex of the vagina. The surgeon decides that excision is necessary and performs this procedure via the abdominal route.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 100%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes: taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; indications for the procedure and its appropriateness are reviewed; informed consent is obtained; the physician will admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; will check on the patient, and will review labs, x-rays and records prior to the surgery. The physician then scrubs for the procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: Access to the pelvis is achieved via laparotomy. Dissection into the pelvis is achieved sharply. The vaginal tissue may be elevated by the surgeon's free hand introduced vaginally or by an instrument placed within the vaginal cavity. The graft is identified and the peritoneum is opened over it. Sharp dissection at the area of graft attachment to the vagina is performed. Care is taken in dissection, to avoid entering the bladder or rectum. The vaginal epithelium is dissected sharply around the eroding mesh, creating a plane between the vaginal epithelium and the endopelvic fascia. This dissection is taken circumferentially about 2 centimeters and the graft with attached tissue are removed. All of the eroding material is excised sharply being careful to avoid rectum, bladder, and small bowel. Once excision is complete, the remaining edges of the endopelvic fascia are re-approximated with delayed absorbable suture and the vaginal epithelium is also closed in layers. The portion of the graft that is attached to the pre-sacral ligament is then identified. Again, sharp dissection is completed with care to avoid the pre-sacral and peri-sacral vasculature. The graft is removed, as are the permanent sutures that were used to attach it. Skin wounds and vaginal mucosa are re-approximated. Irrigation is carried out and a urinary catheter is placed.. To complete the procedure, the abdominal incision is closed in layers in the usual manner prior to approximation of the skin edges.

Description of Post-Service Work: Following the procedure, the physician writes orders for post-operative care, accompanies the patient to the recovery room, and talks with the patient's family. The patient is then evaluated in the recovery room. The physician dictates the operative procedure and makes periodic checks on the patient's condition. Any drainage catheters are normally removed when the patient is ambulatory and she is monitored for normal voiding. The physician visits the patient in the hospital for 5 days. The patient is discharged on post op day 5 with instructions for follow-up care. The patient is reevaluated twice post operatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2005
Presenter(s):	Robert Harris, M.D.

Specialty(s):	American College of Obstetricians and Gynecologists		
CPT Code:	57296		
Sample Size:	120	**Resp n:** 19	**Response:** 15.83 %
Sample Type:	Panel		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	11.00	14.88	**15.02**	18.53	20 00
Pre-Service Evaluation Time:			**45.0**		
Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**10.0**		
Intra-Service Time:	60.00	90.00	**120.00**	135.00	180.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**40.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**98.0**	99231x **2.0** 99232x **2.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**46.0**	99211x **0.0** 12x **0.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (60); 99292 (30); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15), 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
57280	090	15.02

CPT Descriptor Colpopexy, abdominal approach

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
33249	090	14.21

CPT Descriptor 1 Insertion or repositioning of electrode leads for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

MPC CPT Code 2	Global	Work RVU
34203	090	16.48

CPT Descriptor 2 Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 89.4 %

TIME ESTIMATES (Median)	New/Revised CPT Code: 57296	Key Reference CPT Code: 57280
Median Pre-Service Time	65.00	60.00
Median Intra-Service Time	120.00	115.00
Median Immediate Post-service Time	40.00	45 00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	98.0	109.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	46.0	46.00
Median Total Time	**405.00**	**411.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.94	3.81
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.69
Urgency of medical decision making	3.69	3.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.81	4.63
Physical effort required	4.44	4 31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.63	4.31
Outcome depends on the skill and judgment of physician	4.75	4.63
Estimated risk of malpractice suit with poor outcome	4.31	3.81

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.06	3.88
Intra-Service intensity/complexity	4.56	4.50
Post-Service intensity/complexity	3.69	3.63

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See Attachment A.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
f the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob-Gyn How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG Attachment A
Additional Rationale for 57296

ACOG, in collaboration with the American Urogynecologic Society (AUGS), disseminated the RUC survey to a targeted mailing list of 120 members of AUGS and ACOG. Ninteen surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AUGS reviewed the results and drafted final recommendations.

The panel recommends acceptance of the median value from the survey, 15.02 work RVUs.

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to the Key Reference Service code.

Review of Survey Results

The panel felt that the survey respondents fairly estimated their intra-service time at 120 minutes. They recommended reducing the pre-service evaluation time from 60 minutes to 45 minutes, the pre-service scrub time from 15 minutes to 10 minutes, but increasing the post-service time from 30 minutes to 40 minutes, based on their experience. The panel agreed that the number of hospital days (4) was appropriate as well as the number of hospital visits. Patients will require at least two post-op office visits, and many may require three. The panel agreed that the median RVW of 15.02 is appropriate.

IWPUT Calculation

ACOG used the standard RUC method for calculation the IWPUT.

Hosp Visit		0.64
Hosp Visit		0.64
Hosp Visit		1.06
Hosp Visit		1.06
Discharge 99238		1.28
Office visit 99213		0.67
Office visit 99213		0.67
Pre-service, day prior (0.0224 x 45 min)		1.008
Pre-service, same day (0.0224 x 10 min)		0.224
Scrub, dress, wait (0.0081 x 10 min)		0.081
Post service (0.0224 x 40 min)	+	0.896
Total pre- & post- RVW		8.229
Recommended RVW		15.02
Intra-RVW		6.791
Intra-service time		120 minutes
IWPUT		**0.057**

COMPARISON OF 57296 with Key Reference Service Code 57280 REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
57296	Revision (including removal) of prosthetic vaginal graft, open abdominal approach	090	15.02	65 0	120	40	415.0	.057
57280	Colpopexy, abdominal approach	090	15.02	60.0	115	45	411.0	.054

With a 15.02 RVW, the IWPUT for 57296 of 0.057 is comparable that of the Key Reference Service code.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
57296, Revision (including removal) of prosthetic vaginal graft; open abdominal approach

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

ACOG developed the practiced expense recommendation for 57296 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendation through email.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (2) level three office visits. The standard time for the (2) level three office visits was used, 36 minutes. A total of 72 minutes has been applied for post-service clinical labor activities time.

	A	B	C	D	E
1					
2				57296	
3	**Meeting Date: Sept./Oct. 2005**			**Revision (including removal) of prosthetic vaginal graft; open abdominal approach**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**				**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**144.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**72.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**
17	Other Clinical Activity (please specify)				
18	**End.When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts				
23	Greet patient and provide gowning				
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies				
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV				
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Assist physician in performing procedure				
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains				
34	Clean room/equipment by physician staff				
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes	L037D	RN/LPN/MTA		**12**
41	Other Clinical Activity (please specify)				
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions				
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies; coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		
50	99213 36 minutes	L037D	36		**2**
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54	*Total Office Visit Time*			**0**	**72**
55	Other Activity (please specify)				
56	**End: with last office visit before end of global period**				
57	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
58	drape, non-sterile, sheet 40inX60in	SB006			**2**
59	kit, suture removal	SA031			**1**
60	pack, minimum multi-specialty visit	SA048			**2**
61	pack, pelvic exam	SA051			**2**
62	**Equipment**	**CMS Code**	**Unit**		
63	power table	E11003			**1**
64	fiberoptic exam light	E11006			**1**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Laparoscopic Supracervical Hysterectomy

The CPT Editorial Panel created four new codes to describe a laparoscopic approach of a total hysterectomy with the removal of the uterine fundus after morcellation.

The RUC reviewed new code 58541 *Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less;* and the specialty society indicated that the survey median work RVU appeared to be high, however they agreed that the survey appropriately assessed the amount of intra-service physician time associated with this procedure. The RUC reviewed the survey results and agreed that, although the RVU and pre-service time seemed to overestimate the work involved in this procedure, the intra-service physician time of 95 minutes was appropriate. The specialty society used the building block approach by using the low survey RVU of 14.17 or the reference service code, CPT code 58550 *Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less* (Work RVU= 14.17) minus 5 minutes of intra-service time and proposed a work RVU of 13.77 for code 58541 (14.17- 0.40=13.77). **The RUC recommends a work RVU of 13.77 for 58541.**

The RUC reviewed codes 58542 *Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)*, 58543 *Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams*; , and 58544 *Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)* and understood that the mental effort and judgment, technical skill, physical effort and psychological stress intensity measures were similar to the reference service code 58552 *Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)* (Work RVU=15.98). In order to maintain rank order the RUC agreed that the surveys 25th percentile work RVUs were appropriate. **The RUC recommends the 25th percentile survey median work RVUs of 15.63 for code 58542, 15.94 for code 58543 and 17.44 for 58544.**

The specialty society and the RUC believed that the pre-service time may have been overestimated by the survey respondents and agreed that the post-service physician time should be the same for this family of codes (58543-58542). However, the specialty society felt that the survey intra-service time accurately reflected the time involved in this procedure. Therefore, the specialty society adjusted

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the pre-service, immediate post-service time, and visits to all reflect the similarity of time for this family of codes in order to maintain rank order. The RUC also agreed that the changes in pre- and post-service time were appropriate. Each code in this family will have 45 minutes pre-service evaluation, 10 minutes pre-service positioning, 5 minutes pre-service scrub, dress and wait, 30 minutes immediate post-service time, two 99213 visits, one 99238 visit, one 99212 visit and two 99213 visits. The only variance is the intra-service time. **The RUC recommends the physician time below to maintain rank order in this family of codes.**

CPT Code	Pre-Service Eval	Pre-Service Positioning	Pre-Service Scrub, Dress, Wait	Intra-Service	Immediate Post-Service	Visits
58541	45	10	5	95	30	99231 x 2, 99238 x 1, 99212 x 1, and 99213 x 2
58542	45	10	5	110	30	99231 x 2, 99238 x 1, 99212 x 1, and 99213 x 2
58543	45	10	5	120	30	99231 x 2, 99238 x 1, 99212 x 1, and 99213 x 2
58544	45	10	5	135	30	99231 x 2, 99238 x 1, 99212 x 1, and 99213 x 2

Practice Expense

The RUC assessed and accepted the standard practice expense inputs for these facility only codes 58541, 58542, 58543 and 58544.

New Technology/Services List

The RUC indicated that codes 58541, 58541, 58543 and 58544 should be put on the New Technology/Services List to be reviewed again specifically to regarding issues of the length of stay for this family of codes.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 58541	K1	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less;	090	13.77
● 58542	K2	with removal of tube(s) and/or ovary(s) (Do not report 58541, 58542 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)	090	15.63

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 58543	K3	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams;	090	15.94
● 58544	K4	with removal of tube(s) and/or ovary(s) (Do not report 58543, 58544 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)	090	17.44

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58541 | Global Period: 090 | **Recommended Work Relative Value** Specialty Society RVU: **13.77** RUC RVU: **13.77**

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35 year-old G3P3 female with chronic, anovulatory bleeding is evaluated for profound menorrhagia with anemia. Her hematocrit is 25% despite daily iron therapy and treatment with oral contraceptives. On physical examination she has a mobile, normal-sized uterus. After management options are discussed with her, the patient elects a hysterectomy. She denies any recent history of abnormal pap smears. The patient wishes to preserve her cervix, therefore, a laparoscopic supracervical hysterectomy (LSH) is performed without removal of the adnexae.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery. Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional instruments are placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assees patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. In addition, three office visits are included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006
Presenter(s):	Craig J. Sobolewski, MD, George A. Hill, MD

Specialty(s):	American College of Obstetricians and Gynecologists		
CPT Code:	58541		
Sample Size:	225	**Resp n:** 28	**Response:** 12.4 %
Sample Type:	Convenience		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	14.17	15.25	**16.61**	20.00	25.00
Pre-Service Evaluation Time:			**45.0**		
Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**5.0**		
Intra-Service Time:	45.00	87.50	**95.00**	122.50	150.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**38.0**	99231x **2.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19), 99238 (36); 99215 (59); 99214 (38), 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58550	090	14.17

CPT Descriptor Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
36819	090	13.98

CPT Descriptor 1 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip

MPC CPT Code 2	Global	Work RVU
19318	090	15.60

CPT Descriptor 2 Reduction mammaplasty

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 67.8 %

TIME ESTIMATES (Median)	**CPT Code: 58541**	**Key Reference CPT Code: 58550**
Median Pre-Service Time	60 00	60.00
Median Intra-Service Time	95.00	100.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	38.0	38.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	61 00
Median Total Time	**320.00**	**325.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.68	3.47
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	3.42
Urgency of medical decision making	3.16	3.11

Technical Skill/Physical Effort (Mean)

Technical skill required	4.58	3.63
Physical effort required	4 21	3.63

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.84	3 21
Outcome depends on the skill and judgment of physician	4.58	3.81
Estimated risk of malpractice suit with poor outcome	4.26	4.05

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.37	3.26
Intra-Service intensity/complexity	4.21	3.63
Post-Service intensity/complexity	3.21	3.16

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

ACOG, in collaboration with the American Association of Gynecologic Laparoscopists (AAGL), disseminated the RUC survey to a targeted mailing list of 225 members of ACOG and AAGL. Twenty -eight surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AAGL reviewed the results and drafted final recommendations.

The panel recommends the acceptance of 13.77 RVWs.

The panel took these steps in reaching their conclusion:
1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results
As indicated in the Additional Rationale for code 58543, the pre- and post- services have been standardized to provide consistency among these new codes. Therefore, pre-service positioning and scrub times were decreased by 2.5 minutes and 15 minutes respectively, and immediate post-service was increased by 10 minutes. The panel felt that the survey respondents fairly estimated their intra-service time at 95 minutes.

The panel felt the median RVW of 16.61 for this code appears to be high. Therefore, an RVW of 13.77 was agreed upon.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	45	45
Pre-service positioning	12.5	10
Pre-service scrub	20	5
Immediate post-service	20	30
TTL	97.5	90

IWPUT Calculation

ACOG used the standard RUC method for calculation the IWPUT.

Hospital visit 99231		0.64
Hospital visit 99231		0.64
Discharge 99238		1.28
Office visit 99212		0.45
Office visit 99213		0.67
Office visit 99213		0.67
Pre-service, day prior (0.0224 x 30 min)		0.672
Pre-service, same day (0.0224 x 25 min)		0.56
Scrub, dress, wait (0.0081 x 5 min)		.0405
Post service (0.0224 x 30 min)	+	0.672
Total pre- & post- RVW	6.2945	
Recommended RVW		13.77
Intra-RVW		8.9555
Intra-service time		95 minutes
IWPUT		.079

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

'. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58550

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 8400	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 400	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

'Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG Attachment A
Additional Rationale for 58541 (revised & final 02-04-06)

ACOG, in collaboration with the American Association of Gynecologic Laparoscopists (AAGL), disseminated the RUC survey to a targeted mailing list of 225 members of ACOG and AAGL . Twenty - eight surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AAGL reviewed the results and drafted final recommendations.

The panel recommends the acceptance of ~~15.25~~ 13.77 RVWs.

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

As indicated in the Additional Rationale for code 58543, the pre- and post- services have been standardized to provide consistency among these new codes. Therefore, pre-service positioning and scrub times were decreased by 2.5 minutes and 15 minutes respectively, and immediate post-service was increased by 10 minutes. The panel felt that the survey respondents fairly estimated their intra-service time at 95 minutes.

The panel felt the median RVW of 16.61 for this code appears to be high. Therefore, an RVW of ~~15.25~~ 13.77, ~~the 25 percentile~~, was agreed upon.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	45	45
Pre-service positioning	12.5	10
Pre-service scrub	20	5
Immediate post-service	20	30
TTL	97.5	90

IWPUT Calculation

ACOG used the standard RUC method for calculation the IWPUT.

Hospital visit 99231		0.64
Hospital visit 99231		0.64
Discharge 99238		1.28
Office visit 99212		0.45
Office visit 99213		0.67
Office visit 99213		0.67
Pre-service, day prior (0.0224 x 30 min)		0.672
Pre-service, same day (0.0224 x 25 min)		0.56
Scrub, dress, wait (0.0081 x 5 min)		.0405
Post service (0.0224 x 30 min)	+	0.672
Total pre- & post- RVW		6.2945
Recommended RVW		~~15.25~~ 13.77
Intra-RVW		8.9555
Intra-service time		95 minutes
IWPUT		**~~0.094~~ .079**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58541	Laparoscopy, surgical, with supracervical hysterectomy, for uterus 250 grams or less;	090	~~15.25~~ 13.77	60	95	165	320	~~.094~~ .079
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less,	090	14 17	60	100	165	325	079

ACOG Attachment A
Additional Rationale for 58541

ACOG, in collaboration with the American Association of Gynecologic Laparoscopists (AAGL), disseminated the RUC survey to a targeted mailing list of 225 members of ACOG and AAGL . Twenty - eight surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AAGL reviewed the results and drafted final recommendations.

The panel recommends the acceptance of 13.77 RVWs.

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

As indicated in the Additional Rationale for code 58543, the pre- and post- services have been standardized to provide consistency among these new codes. Therefore, pre-service positioning and scrub times were decreased by 2.5 minutes and 15 minutes respectively, and immediate post-service was increased by 10 minutes. The panel felt that the survey respondents fairly estimated their intra-service time at 95 minutes.

The panel felt the median RVW of 16.61 for this code appears to be high. Therefore, an RVW of 13.77, was agreed upon.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	45	45
Pre-service positioning	12.5	10
Pre-service scrub	20	5
Immediate post-service	20	30
TTL	97.5	90

IWPUT Calculation

ACOG used the standard RUC method for calculation the IWPUT.

Hospital visit 99231		0.64
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Office visit 99213		0.67
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Pre-service, same day (0.0224 x 25 min)		0.56
Scrub, dress, wait (0.0081 x 5 min)		.0405
Post service (0.0224 x 30 min)	+	0.672
Total pre- & post- RVW		6.2945
Recommended RVW		13.77
Intra-RVW		8.9555
Intra-service time		95 minutes
IWPUT		.079

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58541	Laparoscopy, surgical, with supracervical hysterectomy, for uterus 250 grams or less,	090	13.77	60	95	165	320	.079
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less,	090	14 17	60	100	165	325	079

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58542 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **15.63**
RUC RVU: **15.63**

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)

(Do not report 58541, 58542 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year-old G3P3 female with chronic, anovulatory bleeding is evaluated for profound menorrhagia with anemia. Her hematocrit is 25% despite daily iron therapy and treatment with oral contraceptives. On physical examination she has a mobile, normal-sized uterus. After management options are discussed with her, the patient elects a hysterectomy. She denies any recent history of abnormal pap smears. The patient has a strong family history for malignancy and elects to have her ovaries removed. The patient wishes to preserve her cervix, therefore, a laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 3%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: - A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery. Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional instruments are placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assees patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient,

review of laboratory reports, instructions for continuing care, and preparation of the discharge records. In addition, three office visits are included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Craig J. Sobolewski, MD, George A. Hill, MD					
Specialty(s):	American College of Obstetricians and Gynecologists					
CPT Code:	58542					
Sample Size:	225	**Resp n:** 31		**Response:** 13.7 %		
Sample Type:	Convenience					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		14.17	15.63	**17.50**	20.10	25.00
Pre-Service Evaluation Time:				**45.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**5.0**		
Intra-Service Time:		60.00	90.00	**110.00**	132.50	160.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**38.0**	99231x **2.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30), 99231 (19); 99238 (36), 99215 (59), 99214 (38), 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58552	090	15.98

CPT Descriptor Laparoscopy surgical, with vaginal hysterectomy for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
33249	090	14.21

CPT Descriptor 1 Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

MPC CPT Code 2	Global	Work RVU
19318	090	15.83

CPT Descriptor 2 Reduction mammaplasty

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 48.3 %

TIME ESTIMATES (Median)	CPT Code: 58542	Key Reference CPT Code: 58552
Median Pre-Service Time	60.00	60.00
Median Intra-Service Time	110.00	120.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	38.0	38.00
Median Discharge Day Management Time	36 0	36.00
Median Office Visit Time	61.0	61.00
Median Total Time	**335.00**	**345.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.40
Urgency of medical decision making	3 33	3 33

Technical Skill/Physical Effort (Mean)

Technical skill required	4 67	3.80
Physical effort required	4.27	3.53

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4 20	3.87
Outcome depends on the skill and judgment of physician	4.67	4.00
Estimated risk of malpractice suit with poor outcome	4.13	3.93

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.33
Intra-Service intensity/complexity	4.60	3.93
Post-Service intensity/complexity	3.20	3.27

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG Attachment A, Additional Rationale for 58542

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58552

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 7000	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 300	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG Attachment A
Additional Rationale for 58542

ACOG, in collaboration with the American Association of Gynecologic Laparoscopists (AAGL), disseminated the RUC survey to a targeted mailing list of 225 members of ACOG and AAGL . Thirty-one surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AAGL reviewed the results and drafted final recommendations.

The panel recommends acceptance of 15.63 RVWs .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

As indicated in the Additional Rationale for code 58543, the pre- and post- services have been standardized to provide consistency among these new codes. Therefore, pre-service positioning and scrub times were decreased by 5 minutes and 10 minutes respectively. The panel felt that the survey respondents fairly estimated their intra-service time at 110 minutes.

The panel felt the median RVW of 17.5 for this code appears to be high. Therefore, an RVW of 15.63, the 25 percentile, was agreed upon.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation.	45	45
Pre-service positioning	15	10
Pre-service scrub	15	5
TTL	75	60

IWPUT Calculation

ACOG used the standard RUC method for calculation the IWPUT.

Hospital visit 99231		0.64
Hospital visit 99231		0.64
Discharge 99238		1.28
Office visit 99212		0.45
Office visit 99213		0.67
Office visit 99213		0.67
Pre-service, day prior (0.0224 x 30 min)		0.672
Pre-service, same day (0.0224 x 25 min)		0.56
Scrub, dress, wait (0.0081 x 5 min)		.0405
Post service (0.0224 x 30 min)	+	0.672
Total pre- & post- RVW		6.2945
Recommended RVW		15.63
Intra-RVW		9.3355
Intra-service time		110 minutes
IWPUT		**0.085**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58542	Laparoscopy, surgical, with supracervical hysterectomy, for uterus 250 grams or less, with removal of tube(s) and/or ovary(s)	090	15 63	60	110	165	335	085
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less, with removal of tube(s) and/or ovary(s)	090	15 98	60	120	165	345	081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58543 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **15.94**
RUC RVU: **15.94**

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year-old G32P2 female is evaluated for profound menorrhagia with anemia. Her hematocrit is 25% despite daily iron therapy and treatment with oral contraceptives. On physical examination, she has an irregular, mobile, 14-week sized, enlarged uterus. After management options are discussed with her, the patient elects a hysterectomy and wishes to preserve her cervix. She denies any recent history of abnormal pap smears. Due to her previous surgeries that make the vaginal route more risky, a laparoscopic supracervical hysterectomy (LSH) is performed without removal of the adnexae.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery. Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen is insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional instruments are placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assees patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. In addition, three office visits are included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006

Presenter(s).	Craig J. Sobolewski, MD, George A. Hill, MD
Specialty(s):	American College of Obstetricians and Gynecologists
CPT Code:	58543

Sample Size:	225	**Resp n:** 36	**Response:** 16.0 %
Sample Type:	Convenience		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	14.17	15.94	**18.50**	20.19	25.00
Pre-Service Evaluation Time:			**45.0**		
Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**5.0**		
Intra-Service Time:	60.00	90.00	**120.00**	150.00	180 00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**30.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**38.0**	99231x **2.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit. 99291 (63), 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58552	090	15.98

CPT Descriptor Laparoscopy surgical, with vaginal hysterectomy for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
33249	090	14.21

CPT Descriptor 1 Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

MPC CPT Code 2	Global	Work RVU
15738	090	17.89

CPT Descriptor 2 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

Other Reference CPT Code	Global	Work RVU
	090	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 47.2 %

TIME ESTIMATES (Median)	CPT Code: 58543	Key Reference CPT Code: 58552
Median Pre-Service Time	60.00	60.00
Median Intra-Service Time	120.00	120.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0 0	0.00
Median Other Hospital Visit Time	38.0	38.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	61.0	61.00
Median Total Time	**345.00**	**345.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.59	3.35
Urgency of medical decision making	3.53	3.35
Technical Skill/Physical Effort (Mean)		
Technical skill required	4 76	4.12
Physical effort required	4.35	3.82
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.06	3 65
Outcome depends on the skill and judgment of physician	4.59	4.00
Estimated risk of malpractice suit with poor outcome	4.47	4.12

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.65	3.41
Intra-Service intensity/complexity	4.41	4.06
Post-Service intensity/complexity	3.35	3.29

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG Attachment A, Additional Rationale for 58543

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58553

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 700	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 100	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58544 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **17.44**
RUC RVU: **17.44**

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)

(Do not report 58543, 58544 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46 year-old G32P2 female is evaluated for profound menorrhagia with anemia. She is anemic despite daily iron therapy and a history of a prior DVT precludes treatment with oral contraceptives. On physical examination, she has an irregular, mobile, 14-week sized, enlarged uterus. After management options are discussed with her, the patient elects a hysterectomy. After discussing the risks and benefits, she desires preservation of her cervix and wishes to have her ovaries removed. She denies any recent history of abnormal pap smears. Due to her previous surgeries that make the vaginal route more risky, a laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: Intra-service work - A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery. Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen is insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional instruments are placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assees patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient,

review of laboratory reports, instructions for continuing care, and preparation of the discharge records. In addition, three office visits are included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s).	Craig J. Sobolewski, MD, Geoge A. Hill, MD					
Specialty(s):	American College of Obstetricians and Gynecologists					
CPT Code:	58544					
Sample Size:	225	**Resp n:** 24		**Response:** 10.6 %		
Sample Type:	Convenience					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		14.17	17.44	**19.99**	22.20	28.80
Pre-Service Evaluation Time:				**45.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**5.0**		
Intra-Service Time:		560.00	90 00	**135.00**	150.00	180.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**30.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**38.0**	99231x **2.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**61.0**	99211x **0.0** 12x **1.0** 13x **2.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58552	090	15.98

CPT Descriptor Laparoscopy surgical, with vaginal hysterectomy for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
50220	090	17.12

CPT Descriptor 1 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

MPC CPT Code 2	Global	Work RVU
44160	090	18.59

CPT Descriptor 2 Colectomy, partial, with removal of terminal lieum with ileocolostomy

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 62.5 %

TIME ESTIMATES (Median)	CPT Code: 58544	Key Reference CPT Code: 58552
Median Pre-Service Time	60.00	60.00
Median Intra-Service Time	135 00	120.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	38.0	38.00
Median Discharge Day Management Time	36 0	36 00
Median Office Visit Time	61.0	61.00
Median Total Time	**360.00**	**345.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4 40	3.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.93	3 60
Urgency of medical decision making	3.47	3.20

Technical Skill/Physical Effort (Mean)

Technical skill required	4.87	3 80
Physical effort required	4.73	3.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.13	3.53
Outcome depends on the skill and judgment of physician	4.87	3.87
Estimated risk of malpractice suit with poor outcome	4.27	4.07

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.87	3.53
Intra-Service intensity/complexity	4.67	4.00
Post-Service intensity/complexity	3.47	3.40

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG Attachment A, Additional Rationale for 58544

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58554

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 1400	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 100	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG Attachment A
Additional Rationale for 58544

ACOG, in collaboration with the American Association of Gynecologic Laparoscopists (AAGL), disseminated the RUC survey to a targeted mailing list of 225 members of ACOG and AAGL . Twenty-four surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and AAGL reviewed the results and drafted final recommendations.

The panel recommends acceptance of 17.44 RVWs .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the results and the recommended RVW
3) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

As indicated in the Additional Rationale for code 58543, the pre- and post- services have been standardized to provide consistency among these new codes. Therefore, pre-service scrub time was decreased by 12.5 minutes, and immediate post-service was increased by 5 minutes. The panel felt that the intra-service time of 125 minutes was slightly low, since the intra-service time for 58543 [without the removal of tube(s) and ovary(s)] is 120 minutes. Ten minutes was added to the intra-service work to reflect the additional time required to remove the tube(s) and/or ovary(s).

The median RVW for this code appears to be high, therefore, the panel agreed with an RVW of 17.44, the 25 percentile.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	45	45
Pre-service positioning	10	10
Pre-service scrub	17.5	5
Intra-service	125	135
Immediate post-service	25	30
TTL	222.5	225

IWPUT Calculation - ACOG used the standard RUC method for calculation the IWPUT

Hospital visit 99231		0.64
Hospital visit 99231		0.64
Discharge 99238		1.28
Office visit 99212		0.45
Office visit 99213		0.67
Office visit 99213		0.67
Pre-service, day prior (0.0224 x 30 min)		0.672
Pre-service, same day (0.0224 x 25 min)		0.56
Scrub, dress, wait (0.0081 x 5 min)		.0405
Post service (0.0224 x 30 min)	+	0.672
Total pre- & post- RVW		6.2945
Recommended RVW		17.44
Intra-RVW		11.1455
Intra-service time		135 minutes
IWPUT		**.083**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
4	Laparoscopy, surgical, with supracervical hysterectomy, for uterus greater than 250 grams, with removal of tube(s) and/or ovary(s)	090	17 44	60	135	165 0	360	083
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams, with removal of tube(s) and/or ovary(s)	090	21 97	60	167 5	183 5	411 00	090

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58541, Laparoscopy, surgical, with supracervical hysterectomy, for uterus 250 grams or less;

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

ACOG developed practiced expense recommendations for 58541 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

ıtra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit and (2) level three office visits. The standard times for a level two and level three office visit were used, 27 minutes and 36 minutes respectively. A total of 99 minutes has been applied for post-service clinical labor activities time.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58542, Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)

(Do not report 58541, 58542 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)

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

ACOG developed practiced expense recommendations for 58542 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit and (2) level three office visits. The standard times for a level two and level three office visit were used, 27 minutes and 36 minutes respectively. A total of 99 minutes has been applied for post-service clinical labor activities time.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58543, Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams;

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

ACOG developed practiced expense recommendations for 58543 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit and (2) level three office visit. The standard times for a level two and level three office visit were used, 27 minutes and 36 minutes respectively. A total of 99 minutes has been applied for post-service clinical labor activities time.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58544, Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)

(Do not report 58543, 58544 in conjunction with 49320, 57410, 58140, 58150, 58661, 58670, 58671)

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

ACOG developed practiced expense recommendations for 58543 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit and (2) level three office visits. The standard times for a level two and level three office visit were used, 27 minutes and 36 minutes respectively. A total of 99 minutes has been applied for post-service clinical labor activities time.

	A	B	C	D	E	F	G
1	RUC Recommendation						
2				58543		58544	
3	**Meeting Date: February 2006**			**Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams;**		**Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**				**90**		**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**171.0**	**0.0**	**171.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**99.0**	**0.0**	**99.0**
10	**PRE-SERVICE**						
11	**Start Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
17	Other Clinical Activity (please specify)						
18	**End:When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits*						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27		**1**		**1**
50	99213 36 minutes	L037D	36		**2**		**2**
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54	*Total Office Visit Time*			**0**	**99**	**0**	**99**
55	Other Activity (please specify)						
56	**End: with last office visit before end of global period**						
57	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
58	drape, non-sterile, sheet 40inX60in	SB006			**3**		**3**
59	kit, suture removal	SA031			**1**		**1**
60	pack, minimum multi-specialty visit	SA048			**3**		**3**
61	pack, pelvic exam	SA051			**3**		**3**
62	**Equipment**	**CMS Code**	**Unit**				
63	power table	E11003			**1**		**1**
64	fiberoptic exam light	E11006			**1**		**1**

	A	B	C	H	I	J	K
1	RUC Recommendation						
2				58541		58542	
3	Meeting Date: February 2006			Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less;		Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD				90		90
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	171.0	0.0	171.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	60.0	0.0	60.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	12.0	0.0	12.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	99.0	0.0	99.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
17	Other Clinical Activity (please specify)						
18	End:When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure						
21	Pre-service services						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	Intra-service						
31	Assist physician in performing procedure						
32	Post-Service						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238	L037D	RN/LPN/MTA		12		12
41	Other Clinical Activity (please specify)						
42	End Patient leaves office						
43	POST-SERVICE Period						
44	Start: Patient leaves office/facility						
45	Conduct phone calls/call in prescriptions						
46	*Office visits*						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27		1		1
50	99213 36 minutes	L037D	36		2		2
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54	*Total Office Visit Time*			0	99	0	99
55	Other Activity (please specify)						
56	End: with last office visit before end of global period						
57	MEDICAL SUPPLIES	CMS Code	Unit				
58	drape, non-sterile, sheet 40inX60in	SB006			3		3
59	kit, suture removal	SA031			1		1
60	pack, minimum multi-specialty visit	SA048			3		3
61	pack, pelvic exam	SA051			3		3
62	Equipment	CMS Code	Unit				
63	power table	E11003			1		1
64	fiberoptic exam light	E11006			1		1

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Laparoscopic Radical Hysterectomy

The CPT Editorial Panel created new code 58548 *Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed* to report total laparoscopic radical hysterectomy. Advances in laparoscopic techniques and instrumentation have lead to minimally invasive approaches to procedures that previously required laparotomy for completion.

The RUC reviewed the physician time involved for this service and the specialty society indicated that the pre-service time stated by the survey respondents seemed inappropriate, but the immediate post service time was low in comparison to reference service code 58210 *Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)* (Work RVU=28.81, pre-service = 75 minutes, immediate post-service = 45 minutes). The RUC and specialty society agreed that the typical patient service would require less pre-service time and more post-service time. The RUC recommends the following physician times:

Pre-service evaluation = 60 minutes
Pre-service positioning = 10 minutes
Pre-service scrub, dress, wait = 5 minutes
Intra-service = 240 minutes
Immediate Post-Service = 45 minutes
Other Hospital Visits = Two 99231 and One 99232
Discharge Day Mgmt = One 99238
Office visit = Two 99213 and One 99214

The RUC then reviewed the physician work involved in this service and determined that the mental effort and judgment, technical skill and physical effort, and intensity and complexity were slightly more intense for code 58548 than the reference service code 58210 *Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)* (Work RVU=28.81, global 090-day). The intra-service

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

intensity and complexity of 58548 is greater than that of 58210, due to the difficulty of working in two dimensions during an extended laparoscopic procedure. The difference in total time between 58548 and 58210 is the length of a hospital stay and the level of the hospital visits. **The RUC recommends the specialty's survey 25th percentile work RVU of 30.00 for code 58548.**

Practice Expense

The RUC assessed the practice expense inputs and accepted the facility only standard 090-day practice expense inputs for 58548.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●58548	OO1	Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed (Do not report 58548 in conjunction with 38570, 38571, 38572, 58210, 58285, 58550, 58552, 58553, 58554)	090	30.00

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58548 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **30.00**
RUC RVU: **30.00**

CPT Descriptor: Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52 year old female presents with postcoital bleeding and an abnormal Pap smear. On speculum examination, the patient is found to have a 2 cm exophytic cervical lesion, which is confirmed to be an invasive squamous cell cancer on cervical biopsy. On bimanual examination, the cervical cancer appears confined to the cervix, without parametrial extension. CT scans of the chest, abdomen, and pelvis show no evidence of extrapelvic metastases. A laparoscopic radical hysterectomy with laparoscopic pelvic lymphadenectomy and para-aortic node sampling is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patients current medical status. Indications for the procedure and its appropriateness are reviewed. Informed consent is obtained. The physician will admit the patient to the hospital, prepare the hospital records and chart in accordance with hospital policy, will check on the patient, and will review records prior to the surgery. The physician then scrubs for the procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: A subumbilical skin incision is made. A Verres needle is placed transabdominally and confirmed to be intraperitoneally in the standard fashion. CO2 is insufflated into the abdomen. The Verres needle is removed and a 10 mm laparoscopic trocar sheath is inserted. A 10 mm laparoscope is placed through the sheath and the abdomen is visualized for location and to identify any injuries. Three accessories ports are placed into the abdominal wall under direct vision, including the right and left lateral ports and one suprapubic port. The patient is placed in Trendelenberg position and the small bowel is mobilized out of the pelvic into the upper abdomen. The round ligaments are serially grasped and divided with cautery. The peritoneum lateral to the ovarian vessels is opened from the external iliac to the common iliac vessels. The perirectal and perivesical spaces are developed bilaterally. A total pelvic lymphadenectomy is then performed using laparoscopic scissors, cautery, and vascular clips, including separate specimens of right and left external iliac nodes, obturator nodes, internal iliac nodes, and common iliac nodes. During dissection of the obturator space, the obturator nerve is mobilized to prevent injury. All nodal specimens are sent for permanent pathology. The ovarian vessels are isolated separate of the ureters, then divided with the EndoGIA stapling device. The uterine arteries are identified at their origin on the internal iliac arteries, and then divided between vascular clips. The parametria are developed between the perirectal and perivesical spaces, and divided using the EndoGIA stapling device. The vesicouterine fold of peritoneum is opened and the bladder flap is developed over the lower uterine segment and upper vagina. The ureters are mobilized off of the medial leaves of the broad ligament bilaterally. The rectovaginal septum is opened and the rectum is dissected off the posterior vagina. The uterosacral ligaments are divided with the EndoGIA stapling device. The ureters are further mobilized off the broad ligament. The uterine vessels are elevated off the ureters, and then divided with vascular clips. The ureters are deflected laterally. The parametria are dissected off the periureteral tissues using cautery. The paracolpos are divided. The vagina is then opened circumferentially with a 2 cm margin of upper vagina around the cervix. The uterus, cervix, parametria, tubes, and ovaries are delivered vaginally.
The vagina is closed with interrupted sutures. The pelvis is irrigated and hemostasis is obtained with vascular clips and cautery. The course and function of the ureters are evaluated. CO2 is allowed to escape. The laparoscopic trocars are

removed, and the fascial defects are closed. The skin incisions are closed with subcuticular sutures. Dressings are placed.

Description of Post-Service Work: Following the procedure, the physician writes orders for post-operative care, accompanies the patient to the recovery room, and communicates with the patient's family and referring physician (including written and telephone reports). The patient is evaluated in the recovery room. After the patient is stable, she is transferred to a hospital room. The physician dictates the operative procedure and makes periodic checks on the patient's condition, as well as evaluating periodic laboratory reports and making medication adjustments. Any drainage catheters are normally removed when the patient is ambulatory and she is monitored for normal voiding. The physician visits the patient in the hospital for 4 days. The patient is discharged on post-op day 4 with instructions for follow-up care. The patient is re-evaluated 3 times post operatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary S. Leiserowitz, MD, FACOG, George A. Hill, MD, FACOG					
Specialty(s):	American College of Obstetrcians and Gynecologists, Society of Gynecologic Oncologists					
CPT Code:	58548					
Sample Size:	135	**Resp n:** 26		**Response:** 19.2 %		
Sample Type:	Convenience					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		24.00	30.00	**32.00**	36 00	42.00
Pre-Service Evaluation Time:				**60.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**5.0**		
Intra-Service Time:		120.00	203.00	**240.00**	300.00	300.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**45.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**68.0**	99231x **2.0** 99232x **1.0** 99233x **0.0**				
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**				
Office time/visit(s):	**84.0**	99211x **0.0** 12x **0.0** 13x **2.0** 14x **1.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58210	090	28.81

CPT Descriptor Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
45110	090	27.96

CPT Descriptor 1 Proctectomy; complete, combined abdominoperineal, with colostomy

MPC CPT Code 2	Global	Work RVU
35631	090	33.95

CPT Descriptor 2 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 88.4 %

TIME ESTIMATES (Median)	**CPT Code: 58548**	**Key Reference CPT Code: 58210**
Median Pre-Service Time	75.00	75.00
Median Intra-Service Time	240.00	240.00
Median Immediate Post-service Time	45.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	68.0	136.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	84.0	69.00
Median Total Time	**548.00**	**601.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.35	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.96	4.22
Urgency of medical decision making	4.00	3.96

Technical Skill/Physical Effort (Mean)

Technical skill required	4.04	3.65
Physical effort required	3.83	3 61

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.04	3.83
Outcome depends on the skill and judgment of physician	4.96	4.35
Estimated risk of malpractice suit with poor outcome	4.70	4.22

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.48	4.04
Intra-Service intensity/complexity	4.91	4.52
Post-Service intensity/complexity	4.26	4.00

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG/SGO Attachment A, Additional Rationale for 58548

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
58578 – Unlisted laparoscopy procedure, uterine; in conjunction with either:
38571 – Laparoscopy surgical; with bilateral total pelvic lymphadenectomy; or
38572 – with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/gyn/gyn oncologists How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? About 500 cases annually. It is anticipated that this number will grow significantly in the future as advanced laparoscopic training becomes routine in fellowship programs.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 375
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG/SGO Attachment A
Additional Rationale for 58548

The American Colllege of Obstetricians and Gynecologists (ACOG), in collaboration with the Society of Gynecologic Onocologists (SGO), disseminated the RUC survey to a targeted mailing list of 130 members. Twenty-six surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and SGO reviewed the results and drafted final recommendations.

The panel recommends acceptance of 30.0 RVWs .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Determined an IWPUT based on the recommended RVW
3) Compared the recommended RVW and IWPUT to the reference service code

Review of Survey Results
The panel felt that the survey respondents fairly estimated their intra-service time at 240 minutes. Pre-position and scrub time may have been slightly overestimated by 5 and 10 minutes respectively, and the post-service time underestimated by 15 minutes.

	Surveyed time	Consensus panel recommendation
Pre-service position	15	10
Pre-service scrub	15	5
Immediate post-service	30	45
TTL	60	60

It was the consensus of the panel that the median RVW value of 32.00 was high. The members agreed on the 25% (30.00RVWs) as being more appropriate. At 30.00 RVWs, 58548 is valued slightly higher than the reference service code, 58210 at 28.81RVWs, and the IWPUT of 58548 is higher at 0.089 compared to that of 58210 at an IWPUT of 0.076. The gynecologic oncologists on the panel indicated the intra-service intensity and complexity of 58548 is greater than that of 58210, due to the difficulty of working in two dimensions during an extended laparoscopic procedure. The laparoscopic pelvic lymphadenectomy is significantly more difficult than the corresponding open procedure. The laparoscopic radical hysterectomy is a difficult procedure in that there is not tactile feedback as is the case with the open procedure, which makes identification and dissection of critical structures such as the ureters, bladder, rectum, and parametria technically challenging. It should be noted that the pre-and intra-service times of these codes are identical. The difference in total time between 58548 and 58210 is the length of hospital stay and the level of the hospital visits. With laparoscopic procedures, the patient goes home sooner due to the more rapid recuperation in the hospital.

IWPUT Calculation – ACOG/SGO used the standard RUC method for calculation the IWPUT

Hospital visit 99231x 2 (.64)		1.28
Hospital visit 99232 x 1 (1.06)		1.06
Discharge 99238		1.28
Office visit 99213 x 2 (.67)		1.34
Office visit 99214 x 1		1.10
Pre-service, day prior (0.0224 x 60 min)		1.344
Pre-service, same day (0.0224 x 10 min)		0.224
Scrub, dress, wait (0.0081 x 5 min)		0.0405
Post service (0.0224 x 45 min)	+	1.008
Total pre- & post- RVW		8.6765
Recommended RVW		30.0
Intra-RVW		21.32
Intra-service time		240 minutes
IWPUT		**0.089**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58548	Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	090	30.0	75	240	233	548	.089
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	090	28.81	75	240	286	601	0.076

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58548 Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biospy), with removal of tube(s) and ovary(s), if performed

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

ACOG and SGO developed practice expense recommendation for 58548 using a consensus panel format. ACOG's and SGO's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendation through emails.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-urgery services, schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts llow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (2) level three office visits and (1) level 4 office visit. The standard times for a level two and level three office visit were used, 36 minutes and 53 minutes respectively. A total of 125 minutes has been applied for post-service clinical labor activities time.

	A	B	C	D	E	F	G
1							
2				58548		CPT Code	
3	**Meeting Date: April 2006 RUC Recommendation**			**Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para**		**Code Descriptor**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**197.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**125.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		
17	Other Clinical Activity (please specify)						
18	**End.When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 --12 minutes 99239 --15 minutes	L037D	RN/LPN/MTA		**12**		
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes	L037D	36		**2**		
51	99214 53 minutes	L037D	53		**1**		
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**0**	**125**	**0**	**0**
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				58548		CPT Code	
3	**Meeting Date: April 2006 RUC Recommendation**			**Laparoscopy surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para**		**Code Descriptor**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	pack, minimum multi-specialty visit	SA048	pack		3		
60	pack, pelvic exam	SA051	pack		3		
61	pack, post-op incision care (staple)	SA052	pack		1		
62	drape, non-sterile, sheet 40inX60in	SB006	item		3		
63							
64							
65	**Equipment**	**CMS Code**	**Unit**				
66	table, power	EF031			1		
67	fiberoptic exam light	EQ170			1		

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Tumor Debulking

The CPT Editorial Panel created two new codes and revised three codes to report resection and debulking of specific recurrent malignancies. The existing codes used to report these services, 49200 and 49201, are codes that describe a wide group of unrelated procedures. Additionally, there is a "gap" in the family of excision of ovarian malignancy codes to describe these procedures when the primary organs (i.e., uterus, tubes, and ovaries) have already been resected. Additionally, these codes were all previously reported with code 49201 *Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive* (Work RVU=14.82) and are not work neutral. Code 49201 was not indicated on the level of interest form for specialties in order for specialty societies to conduct a survey and provide comments. **The RUC acted to review code 49201 at the October 2006 RUC meeting after other specialties have an opportunity to review it. The RUC requests that CMS defer budget neutrality issues until the RUC reviews this issue in October 2006.**

58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

The RUC reviewed 58957 and adjusted the hospital visits to match that of the parent code/reference service code 58953 *Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;* (Work RVU=31.95). The RUC reviewed the work RVU recommended by the specialty society which was compiled using a building block approach to recommend a work RVU of 24.53 for 58957. A building block approach was used because the specialty society believed that the survey respondents had overestimated the physician work involved because they may have included a total abdominal hysterectomy 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* as part of this procedure (Work RVU = 15.22, Intra-Service RVU=7.42). The building block methodology incorporated taking the parent code 58953 minus the intra-service RVU from 58150 (Intra-Service RVU=7.42), (31.95-7.42=24.53). The RUC also used additional references such as 50236 *Nephrectomy with total ureterectomy and bladder cuff; through separate incision* (Work RVU=24.82) and 22808 *Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments* (Work RVU=26.23) to support the recommended work RVU of 24.53 for 58957. **The RUC recommends a work RVU of 24.53 for 58957.**

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58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

The RUC reviewed 58958 and adjusted the hospital visits to match that of the parent code 58954 *Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy* (Work RVU=34.95). The RUC reviewed the work RVU presented by the specialty society in which, the specialty society used a building block approach to recommend a work RVU of 27.53 for 58958. The building block methodology incorporated taking the parent code 58954 minus the intra-service RVU from 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (Work RVU = 15.22, Intra-Service RVU=7.42) (34.95-7.42=27.53). The RUC also used additional references such as 43124 *Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy* (Work RVU=27.28) to support the recommended work RUV of 27.53 for 58958. **The RUC recommends a work RVU of 27.53 for 58958. The RUC recommends the modified physician times below to more closely reflect the times of the reference service codes for 58957 and 58958.**

	Code 58957	**Code 58958**
Pre-service evaluation	65 minutes	65 minutes
Pre-service positioning	10 minutes	10 minutes
Pre-service scrub, dress, wait	15 minutes	15 minutes
Intra-service	180 minutes	210 minutes
Immediate Post-Service	45 minutes	45 minures
Other Hospital Visits 99231	2	2
99232	2	2
99233	1	1
Discharge Day Mgmt 99238	1	1
Office Visits 99212	1	1
99213	1	1
99214	1	1

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Practice Expense
The RUC reviewed the practice expense inputs and recommend the facility only standard 090-day practice expense inputs for 58957 and 58958.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
49201		Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive (For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, use 58957, 58958)	090	14.82 (No Change)
▲58950	PP1	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpino-oophorectomy and omentectomy;	090	16.90 (No Change)
▲58951	PP2	with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	090	22.35 (No Change)
▲58952	PP3	with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors) (For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, see 58957, 58958)	090	24.97 (No Change)
●58957	PP4	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	090	24.53
●58958	PP5	with pelvic lymphadenectomy and limited para-aortic lymphadenectomy (Do not report 58957, 58958 in conjunction with 38770, 38780, 44005, 49000, 49200, 49201, 49215, 49255, 58900-58960)	090	27.53

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
58960		Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy (Do not report 58960 in conjunction with 58957, 58958)	090	14.63 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58957 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **24.50**
RUC RVU: **24.53**

CPT Descriptor: Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 73 year old female with a previous history of suboptimally debulked stage IIIC epithelial ovarian cancer (based on the intraoperative finding of extrapelvic metastases to the upper abdomen including the omentum, stomach, and right hemidiaphragm which could not be debulked to minimal volume) 2 years ago, underwent primary surgery including a total hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and suboptimal debulking of extrapelvic disease. She subsequently received postoperative adjuvant chemotherapy with a complete clinical response, including normalization of the CA 125, normal physical examination, and no evidence of persistent malignancy on a CT scan of the abdomen and pelvis. In the recent few months prior to her current presentation, the patient has a rising CA 125 and a CT scan of the abdomen and pelvic that suggests recurrent tumors involving multiple sites in the abdomen and pelvis. Resection of the recurrent ovarian malignancy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 8%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patients current medical status. Indications for the procedure and its appropriateness are reviewed. Informed consent is obtained. The physician will admit the patient to the hospital, prepare the hospital records and chart in accordance with hospital policy, will check on the patient, and will review records prior to the surgery. The physician then scrubs for the procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: The laparotomy is accomplished through a midline vertical incision. A general exploration of the abdomen, pelvis, and viscera is performed, with a careful assessment of the location, size, and number of recurrent tumors. Recurrent malignancy is found to involve the right paracolic gutter, gastrosplenic ligament, small bowel mesentery, and pelvis. The small bowel is mobilized from the ileocecal valve to the ligament of Treitz. Adhesions of bowel loops from the abdomen and pelvis are lysed. The right paracolic mass is mobilized by making a peritoneal incision around the mass and developing the retroperitoneal space and ascending colon. It is resected off the colon with minimal serosal injury that is repaired with imbricating sutures. Gastrosplenic tumor adjacent to the greater curvature of the stomach is excised by developing the lesser sac and serially dividing and ligating the short gastric vessels. Multiple tumor masses involving the bowel mesentery are excised and fulgurated. The pelvic sidewall mass is also approached by opening the retroperitoneum and developing the perirectal and perivesical spaces. The right ureter is deflected laterally off the peritoneum and tumor. The pelvic mass is then resected with peritoneal margins. Hemostasis is obtained with suturing and fulguration using cautery. At the end of the procedure, all gross disease has been resected. The patient requires a blood transfusion to replace intraoperative bleeding. The abdominal wall is closed in layers and a pressure dressing is placed.

Description of Post-Service Work: Following the procedure, the physician writes orders for post-operative care, accompanies the patient to the recovery room, and communicates with the patient's family and referring physician (including written and telephone reports). The patient is evaluated in the recovery room. After the patient is stable, she is transferred to a hospital room. The physician dictates the operative procedure and makes periodic checks on the patient's condition, as well as evaluating periodic laboratory reports and making medication adjustments. Any drainage catheters are normally removed when the patient is ambulatory and she is monitored for normal voiding. The physician

visits the patient in the hospital for 6 days. The patient is discharged on post-op day 6 with instructions for follow-up care. The patient is re-evaluated 3 times post operatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary S. Leiserowitz, MD, FACOG, George A. Hill, MD, FACOG					
Specialty(s):	American College of Obstetricians and Gynecologists, Society of Gynecologic Oncologists					
CPT Code:	58957					
Sample Size:	135	**Resp n:** 37		**Response:** 27.4 %		
Sample Type:	Convenience					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	25.00	31.95	**34.95**	39.94	40.00	
Pre-Service Evaluation Time:			**65.0**			
Pre-Service Positioning Time:			**10.0**			
Pre-Service Scrub, Dress, Wait Time:			**15.0**			
Intra-Service Time:	120.00	150.00	**180.00**	240.00	300.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**45.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**139.0**	99231x **2.0** 99232x **2.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**76.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58953	090	31.95

CPT Descriptor Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
32480	090	23.71

CPT Descriptor 1 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)

MPC CPT Code 2	Global	Work RVU
44626	090	25.32

CPT Descriptor 2 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 67.5 %

TIME ESTIMATES (Median)

	CPT Code: 58957	Key Reference CPT Code: 58953
Median Pre-Service Time	90.00	90.00
Median Intra-Service Time	180.00	285.00
Median Immediate Post-service Time	45.00	45.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	139.0	139.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	76.0	76.00
Median Total Time	**566.00**	**671.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.79	4.54
Urgency of medical decision making	4.38	4.28

Technical Skill/Physical Effort (Mean)

Technical skill required	4.38	4.46
Physical effort required	4.46	4.21

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.17	4.54
Outcome depends on the skill and judgment of physician	4.83	4.88
Estimated risk of malpractice suit with poor outcome	4.75	4.58

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.67	4.63
Intra-Service intensity/complexity	4.79	4.83
Post-Service intensity/complexity	3.75	4.0

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG/SGO Attachment A, Additional Rationale for 58957.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
49200 – Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201 – Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive
49255 – Omentectomy, epiploectomy, resection of omentum (separate procedure)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/gyn/gynecologic oncologists How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 750
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG/SGO Attachment A
Additional Rationale for 58957

The American College of Obstetricians and Gynecologists (ACOG), in collaboration with the Society of Gynecologic Onocologists (SGO), disseminated the RUC survey to a targeted mailing list of 130 members. Thirty-seven surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and SGO reviewed the results and drafted final recommendations.

The panel recommends acceptance of 24.5 RVWs .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Building block methodology was used to establish an appropriate RVW for 58957
3) Determined an IWPUT based on the recommended RVW
4) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

The panel felt the survey respondents fairly estimated their intra-service time at 180 minutes. Pre-evaluation and scrub time may have been slightly overestimated by 10 and 5 minutes respectively, and the post-service time underestimated by 15 minutes. The pre- and post- services have been standardized for codes 58957 and 589571 in order to provide consistency among them.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	75	65
Pre-service scrub	15	10
Immediate post-service	30	45
TTL	120	120

It was the consensus of the panel that the median RVW of 34.95 for 58957 was high. Members concluded the respondents may have included a total abdominal hysterectomy, 58150, as part of this procedure. Committee members are of the opinion that 58957 is equal to the work of the reference service code 58953 (31.95RVW), minus the intra-service RVW for a total abdominal hysterectomy. The intra-service RVW for 58150 is 7.45. A value of 24.5 RVW was agreed upon as the appropriate value for 58957.

Building Block Methodology

Service	**RVW**
58953 Total RVW	31.95
58150 Intra-Service RVW	- 7.42
	24.53

ACOG/SGO used the standard RUC method for calculating the IWPUT

Intra-Service RVW & IWPUT Calculation for 58150

Hospital visit 99231x 3 (.64)		1.92
Hospital visit 99232 x 1		1.06
Discharge 99239		1.28
Office visit 99213 x 2 (.65)		1.30
Pre-service (0.0224 x 60 min)		1.34
Post service (0.0224 x 40 min)	+	0.90
Total pre- & post- RVW		7.80
Current RVW for 58150		15.22
Total pre-&post RVW	-	7.80
Intra-service RVW		7.42
Intra-service time		120 minutes
IWPUT for 58150		**0.062**

IWPUT Calculation for 58957

Hospital visit 99231x 2 (.64)		1.28
Hospital visit 99232 x 2 (1.06)		2.12
Hospital visit 99233 x 1		1.51
Discharge 99238		1.28
Office visit 99213		0.65
Office visit 99214 x 1		1.08
Pre-service, day prior (0.0224 x 65 min)		1.456
Pre-service, same day (0.0224 x 15 min)		0.336
Scrub, dress, wait (0.0081 x 10 min)		0.081
Post service (0.0224 x 45 min)	+	1.008
Total pre- & post- RVW		10.80
Recommended RVW		24.53
Intra-RVW		13.37
Intra-service time		180 minutes
IWPUT		**0.074**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed,	090	24.53	90	180	313	583	.074
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	090	31.95	90	285	296	671	0 072

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58958 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **27.50**
RUC RVU: **27.53**

CPT Descriptor: Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 63 year old female with a previous history of optimally debulked stage IIIC epithelial ovarian cancer (based on the intraoperative finding of a right ovarian mass and extrapelvic metastases in the pelvis and the omentum) 3 years ago, underwent primary surgery including a total hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and resection of pelvic metastases. She subsequently received postoperative adjuvant chemotherapy with a complete clinical response, including normalization of the CA 125, normal physical examination, and no evidence of persistent malignancy on a CT scan of the abdomen and pelvis. In the recent few months prior to her current presentation, the patient has a rising CA 125 and a CT scan of the abdomen and pelvic that suggests recurrent tumors involving the pelvis, right paracolic gutter, and right pelvic and para-aortic nodes. Resection of the recurrent ovarian malignancy, including lymphadenectomy of pelvic and aortic nodal metastases is performed.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patients current medical status. Indications for the procedure and its appropriateness are reviewed. Informed consent is obtained. The physician will admit the patient to the hospital, prepare the hospital records and chart in accordance with hospital policy, will check on the patient, and will review records prior to the surgery. The physician then scrubs for the procedure, and waits for anesthesia induction and the preparation of the patient.

Description of Intra-Service Work: The laparotomy is accomplished through a midline vertical incision. A general exploration of the abdomen, pelvis, and viscera is performed, with a careful assessment of the location, size, and number of recurrent tumors. Recurrent malignancy is found to involve the right pelvic sidewall, small bowel mesentery, and right pelvic and para-aortic lymph nodes. The small bowel is mobilized from the ileocecal valve to the ligament of Treitz. Adhesions of bowel loops from the abdomen and pelvis are lysed. The pelvic sidewall mass is approached by opening the retroperitoneum and developing the perirectal and perivesical spaces. The right ureter is deflected laterally off the peritoneum and tumor. The pelvic mass is then resected with peritoneal margins. Hemostasis is obtained with suturing and fulguration using cautery. Multiple tumor masses involving the bowel mesentery are excised and fulgurated. Metastatic pelvic lymph nodes over the external iliac vessels and obturator space are resected. The obturator nerve is mobilized to avoid injury. The cecum and right colon are mobilized and reflected superiorly. The third part of the duodenum is mobilized cephalad and the lower aorta and inferior vena cava from the aortic bifurcation to the renal vessels are exposed. The enlarged para-aortic lymph nodes over the inferior vena cava and right para-aortic region are then resected up to the renal vessels. Hemostasis is obtained with use of cautery and vascular clips. At the end of the procedure, all gross disease has been resected. The patient requires a blood transfusion to replace intraoperative bleeding. The abdominal wall is closed in layers and a pressure dressing is placed.

Description of Post-Service Work: Following the procedure, the physician writes orders for post-operative care, accompanies the patient to the recovery room, and communicates with the patient's family and referring physician (including written and telephone reports). The patient is evaluated in the recovery room. After the patient is stable, she is transferred to a hospital room. The physician dictates the operative procedure and makes periodic checks on the

patient's condition, as well as evaluating periodic laboratory reports and making medication adjustments. Any drainage catheters are normally removed when the patient is ambulatory and she is monitored for normal voiding. The physician visits the patient in the hospital for 6 days. The patient is discharged on post-op day 6 with instructions for follow-up care. The patient is re-evaluated 3 times post operatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Gary S. Leiserowitz, MD, FACOG, George A. Hill, MD, FACOG		
Specialty(s):	American College of Obstetricians and Gynecologists, Society of Gynecologic Oncologists		
CPT Code:	58958		
Sample Size:	135	**Resp n:** 36	**Response:** 26.6 %
Sample Type:	Convenience		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	26.50	33.84	**35.00**	40.00	45.00
Pre-Service Evaluation Time:			**65.0**		
Pre-Service Positioning Time:			**10.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	150 00	200.00	**210.00**	262.50	300.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**45.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**139.0**	99231x **2.0** 99232x **2.0** 99233x **1.0**
Discharge Day Mgmt:	**36.0**	99238x **1.00** 99239x **0.00**
Office time/visit(s):	**76.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32), 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
58954	090	34.95

CPT Descriptor Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lyphadenectomy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
44626	090	25.32

CPT Descriptor 1 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

MPC CPT Code 2	Global	Work RVU
27134	090	28.48

CPT Descriptor 2 Revision of total hip arthroplasty; both components, with or without autograft or allograft

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 75.0 %

TIME ESTIMATES (Median)	**CPT Code: 58958**	**Key Reference CPT Code: 58954**
Median Pre-Service Time	90.00	90.00
Median Intra-Service Time	210.00	320.00
Median Immediate Post-service Time	45.00	55.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	139.0	139.00
Median Discharge Day Management Time	36.0	36.00
Median Office Visit Time	76.0	76.00
Median Total Time	**596.00**	**716.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4 35	4.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	5.00	4.68
Urgency of medical decision making	4.29	4.35

Technical Skill/Physical Effort (Mean)

Technical skill required	4.55	4.26
Physical effort required	4.65	4.35

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.35	4.68
Outcome depends on the skill and judgment of physician	4.97	4.77
Estimated risk of malpractice suit with poor outcome	4.74	4.65

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.71	4.52
Intra-Service intensity/complexity	4.97	4.87
Post-Service intensity/complexity	3.81	3.87

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG/SGO Attachment A, Additional Rationale for 58958

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
'8770 – Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780 – Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
49200 – Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201 – Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive
49255 – Omentectomy, epiploectomy, resection of omentum (separate procedure)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/gyn/gynecologic oncologists How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

pecialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 250
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 43124 as it is closer in service times and risk

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

ACOG/SGO Attachment A
Additional Rationale for 58958

The American College of Obstetricians and Gynecologists (ACOG), in collaboration with the Society of Gynecologic Onocologists (SGO), disseminated the RUC survey to a targeted mailing list of 130 members. Thirty-six surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and SGO reviewed the results and drafted final recommendations.

The panel recommends acceptance of 27.5 RVWs .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) The building block methodology was used to establish an appropriate RVW for 58958
3) Determined an IWPUT based on the recommended RVW
4) Compared the recommended RVW and IWPUT to CPT codes with similar intra-service times

Review of Survey Results

The panel agreed the survey respondents fairly estimated their intra-service time at 210 minutes. Pre-evaluation and scrub time may have been slightly overestimated by 10 and 5 minutes respectively, and the post-service time underestimated by 7.5 minutes. The pre- and post- services have been standardized for codes 5895X and 58958 to provide consistency among them.

	Surveyed time	Consensus panel recommendation
Pre-service evaluation	75	65
Pre-service scrub	15	10
Immediate post-service	37.5	45
TTL	127.5	120

It was the consensus of the panel that the median RVW value of 35.00 was high for this procedure. The members concluded the survey respondents, as with 5895X, included a total abdominal hysterectomy (CPT code 58150) when valuing this procedure. They agreed 58958 is equal to the work of the reference service code 58954 (34.95RVW), minus the intra-service RVW for a total abdominal hysterectomy. The intra-service RVW for 58150 is 7.45. A value of 27.5 RVW was agreed upon as the appropriate value for 58958.

Building Block Methodology

Service		**RVW**
58953	Total RVW	34.95
58150	Intra-Service RVW	- 7.42
		27.53

ACOG/SGO used the standard RUC method for calculating the IWPUT

Intra-Service RVW & IWPUT Calculation for 58150

Hospital visit 99231x 3 (.64)		1.92
Hospital visit 99232 x 1		1.06
Discharge 99239		1.28
Office visit 99213 x 2 (.65)		1.30
Pre-service (0.0224 x 60 min)		1.34
Post service (0.0224 x 40 min)	+	0.90
Total pre- & post- RVW		7.80
Current RVW for 58150		15.22
Total pre-&post RVW	-	7.80
Intra-service RVW		7.42
Intra-service time		120 minutes
IWPUT for 58150		**0.062**

IWPUT Calculation of 58958

Hospital visit 99231x 2 (.64)		1.28
Hospital visit 99232 x 2 (1.06)		2.12
Hospital visit 99233 x 1		1.51
Discharge 99238		1.28
Office visit 99213		0.65
Office visit 99214 x 1		1.08
Pre-service, day prior (0.0224 x 65 min)		1.456
Pre-service, same day (0.0224 x 15 min)		0.336
Scrub, dress, wait (0.0081 x 10 min)		0.081
Post service (0.0224 x 45 min)	+	1.008
Total pre- & post- RVW		10.80
Recommended RVW		27.53
Intra-RVW		16.37
Intra-service time		210 minutes
IWPUT		**0.078**

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	090	27.53	90	210	313	613	0.078
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lyphadenectomy	090	34.95	90	320	306	716	0.073

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

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

ACOG and SGO developed practice expense recommendations for 58957 and 58958 using a consensus panel format. ACOG's and SGO's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

) changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services, schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes has been applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit (1) level three office visit and (1) level four office visit. The standard times for a level two, three and four office visits are 27 minutes, 36 minutes and 53 minutes and respectively. A total of 116 minutes has been applied for post-service clinical labor activities time.

	A	B	C	D	E	F	G
1							
2				58957		58958	
3	**Meeting Date: April 2006**			**Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine**		**Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**188.0**	**0.0**	**188.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**116.0**	**0.0**	**116.0**
10	**PRE SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**
17	Other Clinical Activity (please specify)						
18	**End:When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 –12 minutes 99239 –15 minutes	L037D	RN/LPN/MTA		**12**		**12**
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27		**1**		**1**
50	99213 36 minutes	L037D	36		**1**		**1**
51	99214 53 minutes	L037D	53		**1**		**1**
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**0**	**116**	**0**	**116**
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				58957		58958	
3	**Meeting Date: April 2006**			**Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine**		**Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, or uterine**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	pack, minimum multi-specialty visit	SA048	pack		3		3
60	pack, pelvic exam	SA051	pack		3		3
61	pack, post-op incision care (staple)	SA052	pack		1		1
62	drape, non-sterile, sheet 40inX60in	SB006	item		3		3
63							
64							
65	**Equipment**	**CMS Code**	**Unit**				
66	table, power	EF031			1		1
67	fiberoptic exam light	EQ170			1		1

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Nerve Repair Grafting

The CPT Editorial Panel created two new codes, 64910 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve* and 64911 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve with autogenous vein graft (includes harvest of vein graft), each nerve* to report the repair of new injuries that result in a loss of nerve tissue and repair of a nerve gap using either a synthetic conduit/vein allograft or autogenous vein graft.

The RUC reviewed 64910 and agreed that the pre-service physician times indicated in the specialty society survey were slightly high in comparison to the reference service code 64835 *Suture of one nerve, hand or foot; median motor thenar* (Work RVU=10.92, pre-service time total = 54 minutes). The RUC recommended reducing the pre-service evaluation time to 25 minutes and the pre-service positioning time to 10 minutes and the pre-service scrub dress and wait time remains the same as the survey respondents indicated at 15 minutes, for a total pre-service time of 50 minutes for 64910 to more appropriately reflect the physician time involved to perform this service. Additionally, the RUC agreed that the 99214 visit should be modified to a 99213 visit to more appropriately reflect the evaluation and management of care being provided to the patient. Therefore, 64910 will have a half day discharge day management (99238), one 99212 visit and three 99213 office visits. The RUC agreed that the physician work involved was similar to the reference code 64835. By using magnitude estimation, the total physician work for 64910 at the 25th percentile and reference code 64835 is the same. **Therefore, the RUC recommends the specialty's survey 25th percentile work RVU of 10.92 for code 64910.**

The RUC reviewed 64911 and identified that the total physician work for 64911 includes the work of 64910 plus the harvesting of the vein graft. Although the difference in the intra-service time between 64910 and 64911 is 30 minutes, the RUC agreed that the intensity is not as high as the intensity for 35500 *Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)* (Work RVU=6.44, Intra-service time = 60 minutes). The recommended difference between 64910 and 64911 is 2.46 RVUs (13.38-10.92=2.46), which the RUC agreed was appropriate to represent the harvesting of vein graft as an increment, be added to 64910 equaling the specialty society's 25th percentile survey results. **The RUC recommends the specialty's survey 25th percentile work RVU of 13.38 for code 64911.**

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Additionally, the RUC recommends reducing the pre-service evaluation time to 25 minutes and the pre-service positioning time to 10 minutes and the pre-service scrub dress and wait time remains the same as the survey respondents indicated at 15 minutes, for a total pre-service time of 50 minutes for 64911 to reflect the same time as indicated in 64910. The RUC believed that the 99214 visit should be modified to a 99213 visit to more appropriately reflect the evaluation and management of care being provided to the patient. Therefore, 64910 will be modified to have a half day discharge day management (99238), one 99212 visit and three 99213 office visits.

Practice Expense

The RUC assessed the facility only practice expense inputs for 64910 and 64911 and accepted them as standard 090-day practice expense inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●64910	QQ1	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	090	10.92
●64911	QQ2	with autogenous vein graft (includes harvest of vein graft), each nerve (Do not report 69990 in conjunction with 64910, 64911)	090	13.38

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64910 Global Period: 090

Recommended Work Relative Value
Specialty Society RVU: **10.92**
RUC RVU: **10.92**

CPT Descriptor: Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2 cm gap in the median nerve in the forearm in a 26-year-old man is repaired with a synthetic nerve conduit using microsurgical technique

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Mark surgical site
- Verify that all required instruments and supplies are available
- Monitor/assist with pt positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- A tourniquet is applied to the proximal arm.
- Indicate areas of skin to be prepped
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work: An incision is made over site of the nerve injury and dissection is carried out to expose the median nerve ends. The operating microscope is brought into position and the ends of the median nerve are freshened. The diameter of the nerve is measured as well as the size of the gap between nerve ends. An appropriately sized synthetic conduit is selected. The conduit is placed in the nerve gap and each end of the nerve is sutured inside the conduit using microsurgical technique. The wound is irrigated and closed in layers.

Description of Post-Service Work:
Post-service work: in facility
- Application of bulky dressing, reinforced with a splint
- Perform post-operative review of the surgery with the operative team
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.
- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members

- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Daniel Nagle, MD FACS Keith Brandt, MD FACS Scott Oates, MD Dale Blasier, MD FACS					
Specialty(s):	hand surgery, plastic surgery, orthopaedic surgery, peripheral nerve surgery					
CPT Code:	64910					
Sample Size:	300	**Resp n:** 35		**Response:** 11.6 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		9.43	10.92	**12.00**	15.00	19.00
Pre-Service Evaluation Time:				**25.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		45.00	60.00	**90.00**	110.00	180.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**20.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**38.0**	99211x **0.0** 12x **1.0** 13x **1.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
64835	090	10.92

CPT Descriptor Suture of one nerve, hand or foot; median motor thenar

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
64820	090	10.35

CPT Descriptor 1 Sympathectomy; digital arteries, each digit

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 37.1 %

TIME ESTIMATES (Median)

	CPT Code: 64910	Key Reference CPT Code: 64835
Median Pre-Service Time	50.00	54.00
Median Intra-Service Time	90.00	86.00
Median Immediate Post-service Time	20.00	24.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	18.0	36.00
Median Office Visit Time	38.0	58.00
Median Total Time	**216.00**	**258.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.92	3.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.08	3.80
Urgency of medical decision making	3.31	3.30

Technical Skill/Physical Effort (Mean)

Technical skill required	4.38	4.30
Physical effort required	3.77	3.70

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.69	3.40
Outcome depends on the skill and judgment of physician	4.46	4.20
Estimated risk of malpractice suit with poor outcome	3.77	3.60

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.67	3.56
Intra-Service intensity/complexity	4.25	3.89
Post-Service intensity/complexity	3.50	3.44

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 64910 [Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve] and key reference code 64835 [Suture of one nerve, hand or foot; median motor thenar] are both neurorrhaphy procedures.

Codes 64910 and 64835:

- Require microdissection to isolate the proximal and distal stumps of the lacerated nerve.
- Require microdissection for removal of scar and fibrin from the proximal and distal nerve stumps.

- Require trimming of the nerve ends to expose the nerve fascicles.
- Requires the placement of microsutures through the epineurium of the nerve stumps. The sutures either directly approximate the stumps (64835) or secure the nerve stump in the conduit (64910) (The conduit requires two anastomoses.)
- Require controlled postoperative mobilization.
- Are performed in the out-patient setting

The patients are seen on the first postoperative day for dressing removal, wound check, discussion of the postoperative regimen including the importance of early protected mobilization avoiding stress to the nerve repair. A referral to occupation therapy is given for the fabrication of a splint and instruction in range of motion exercises. The patient returns for suture removal and assessment of the wound, range of motion, splint fit and compliance with the protected range of motion regimen. The occupational therapy prescription is updated to include scar control. Patient questions are answered. The physician sees the patient additionally to assess the wound and range of motion. The occupational therapy prescription is modified as needed (i.e. splints for any contracture). The physician assesses for signs of nerve regeneration. Patient questions are answered.

We recommend the survey 25th percentile RVW of 10.92. This value is the same as the RVW for 64835, accounting for the difference in total work. If one is using magnitude estimation, the total physician work for 64910 and 64835 is the same.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64999 Unlisted procedure, nervous system

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery How often? Sometimes

Specialty plastic surgery How often? Sometimes

Specialty orthopaedic and neurosurgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty HS Frequency 200 Percentage 80.00 %

Specialty PS Frequency 25 Percentage 10.00 %

Specialty OS - NS Frequency 25 Percentage 10.00 %

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:64911 Global Period: 090 Specialty Society RVU: **13.38**

RUC RVU: **13.38**

CPT Descriptor: Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2 cm gap in the median nerve in the forearm in a 26-year-old man is repaired with an interposition vein graft using microsurgical technique.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

- Write preadmission orders for preoperative medications
- Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs.
- Reexamine patient to make sure that physical findings have not changed and update H&P
- Meet with patient and family to review planned procedure and post-operative management
- Review informed consent with patient
- Mark surgical sites
- Verify that all required instruments and supplies are available
- Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes
- Assess position of the extremities and head, adjust as needed
- The patient's arm is placed on the hand surgery table.
- A tourniquet is applied to the proximal arm.
- Indicate areas of skin to be prepped
- The arm and hand are prepped and draped.
- The arm is elevated and exsanguinated.
- The pneumatic tourniquet is inflated.
- Scrub and gown
- Perform surgical "time out" with operating surgical team

Description of Intra-Service Work: Under anesthesia, an incision is made over the area of the nerve injury and the median nerve ends are exposed. The operating microscope is brought into position and the ends of the median nerve are freshened. The diameter of the nerve is measured as well as the size of the gap between nerve ends. A second incision is made, either on the dorsal or palmar aspect of the forearm and the vein graft is harvested. The vein graft donor site is then closed in layers. The vein graft is then placed between the nerve ends which are sutured inside the graft using microsurgical technique. The wound is irrigated and closed in layers.

Description of Post-Service Work:

Post-service work: in facility

- Application of bulky dressing, reinforced with a splint
- Perform post-operative review of the surgery with the operative team
- Monitor patient stabilization in the recovery room.
- Consultation with the family and patient regarding the surgery and postoperative regimen.
- Communication with health care professionals including written and oral reports and orders.
- Postoperative care is coordinated with recovery room nursing staff.
- The patient's vital signs are checked.

- The circulation, sensation and motor function of the operated extremity are assessed.
- Home restrictions (ie, activity, bathing) are discussed with the patient and family members
- Write prescriptions for medications needed post-discharge.
- Dictation of an operative report
- Procedure note is written in the patient chart
- All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

Post-service work: in office

- Examine and talk with patient
- Answer patient/family questions
- Removal of splint/dressings
- Assessment of surgical wound
- Remove sutures
- Assess of circulation, sensation and motor function of the operated extremity
- Redress wound
- Order occupational therapy
- Supervision of rehabilitation
- Discuss progress with PCP (verbal and written)
- Write medication prescriptions
- Dictate progress notes for medical record

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Daniel Nagle, MD FACS Keith Brandt, MD FACS Scott Oates, MD Dale Blasier, MD FACS					
Specialty(s):	hand surgery, plastic surgery, orthopaedic surgery, peripheral nerve surgery					
CPT Code:	64911					
Sample Size:	300	**Resp n:** 35		**Response:** 11.6 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		10.17	13.38	**15.50**	17.00	25.00
Pre-Service Evaluation Time:				**25.0**		
Pre-Service Positioning Time:				**10.0**		
Pre-Service Scrub, Dress, Wait Time:				**15.0**		
Intra-Service Time:		70.00	90.00	**120.00**	130.00	200.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**20.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**18.0**	99238x **0.50** 99239x **0.00**				
Office time/visit(s):	**84.0**	99211x **0.0** 12x **1.0** 13x **3.0** 14x **0.0** 15x **0.0**				

*Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
35236	090	17.08

CPT Descriptor Repair blood vessel with vein graft; upper extremity

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
64820	090	10.35

CPT Descriptor 1 Sympathectomy; digital arteries, each digit

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU
35500	ZZZ	6.44

CPT Descriptor Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 45.7 %

TIME ESTIMATES (Median)

	CPT Code: 64911	Key Reference CPT Code: 35236
Median Pre-Service Time	50.00	60.00
Median Intra-Service Time	120.00	120.00
Median Immediate Post-service Time	20.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	68.00
Median Discharge Day Management Time	18.0	36.00
Median Office Visit Time	84.0	38.00
Median Total Time	**292.00**	**352.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.60
Urgency of medical decision making	3.22	3.73

Technical Skill/Physical Effort (Mean)

Technical skill required	4.33	4.07
Physical effort required	3.72	3.53

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.73	3.93
Outcome depends on the skill and judgment of physician	4.00	3.93
Estimated risk of malpractice suit with poor outcome	3.78	3.60

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.78	3.40
Intra-Service intensity/complexity	4.11	3.60
Post-Service intensity/complexity	3.44	3.73

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 64911 [Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve] and key reference code 35236 [Repair blood vessel with vein graft; upper extremity] are both vessel repair procedures that require harvest of a vein graft.

Codes 64911 and 35236:

- Require the harvesting of a vein graft.

- o The vein graft must be handled carefully
- o The side branches of the vein graft must be tied off.
- o The vein graft must be irrigated.
- o The donor site must be closed in layers.
- o The donor site requires separate wound care.
- • Require microdissection to isolate the proximal and distal stumps of the lacerated nerve or vessel. (Microsurgical technique is inherent in the nerve repair but would be additional work in the case of the vessel repair.)
- • Require microdissection for removal of scar and fibrin from the proximal and distal nerve/vessel stumps. (Microsurgical technique is inherent in the nerve repair but would be additional work in the case of the vessel repair.)
- • Require trimming of the nerve ends to expose the nerve fascicles and freshening of the vessel end with removal of adventitia and clot. (Microsurgical technique is inherent in the nerve repair, but would be additional work in the case of the vessel repair.)
- • Require two anastomoses.
- • Require controlled postoperative mobilization.
- • Are performed in the out-patient setting

The patients requiring 64911 are seen on the first postoperative day for dressing removal, wound check of the donor wound and recipient wound, discussion of the postoperative regimen including the importance of early protected mobilization avoiding stress to the nerve repair. A referral to occupation therapy is given for the fabrication of a splint and instruction in range of motion exercises. The patient returns after two weeks for suture removal and assessment of the wounds, range of motion, splint fit and compliance with the protected range of motion regimen. The occupational therapy prescription is updated to include scar control. Patient questions are answered. The physician sees the patient again as necessary to assess the wound and range of motion. The occupational therapy prescription is modified as needed (ie, splints for any contracture). The physician assesses for signs of nerve regeneration. Patient questions are answered. The patient is reminded of the slowness and incompleteness of nerve regeneration.

We recommend the survey 25th percentile RVW of 13.38. The total work for 64911 includes the work of 64910 plus harvesting of the vein graft. The closest CPT code to the work for harvesting the vein graft is 35500 [Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure]. Code 35500 has a ZZZ global period, 60 minutes intra-time, and RVW = 6.44. The work of 35500 typically would involve a longer incision. Although the difference in intra-time between 64910 and 64911 is 30 minutes, the intensity is not as high as the intensity for 35500. The difference in recommended RVWs for 64910 and 64911 is 2.46. This is an acceptable incremental difference between 64910 and 64911 to account for the extra work of harvesting the vein graft for the nerve repair.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64999 Unlisted procedure, nervous system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery How often? Sometimes

Specialty plastic surgery How often? Sometimes

Specialty orthopaedic and neurosurgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty HS Frequency 200 Percentage 80.00 %

Specialty PS Frequency 25 Percentage 10.00 %

Specialty OS - NS Frequency 25 Percentage 10.00 %

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

CPT Code: 64910 64911

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
090 Day Global Period
Facility-ONLY Direct Inputs

Track	CPT	DESCRIPTION	GLOB
QQ1	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	090
QQ2	64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	090

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The direct practice expense details were developed by the consensus committee of physicians from ASSH and ASPS.

CLINICAL STAFF TIME:
Pre-service period clinical staff time: Sixty minutes has been established by a PEAC workgroup as the typical total time it takes on average across all specialties and for all categories of pre-service work to get a patient into a facility for a procedure. This time has been applied.

Service period clinical staff time: The assignment of 6 minutes (as supported by the PEAC) relative to coding of 99238 for discharge management for outpatient services has been applied.

Post-service period clinical staff time: Standard EM postop OFFICE visit times for clinical staff have been applied.

SUPPLIES AND EQUIPMENT:
Standard PEAC minimum multispecialty office visit pack and incision care pack have been applied. A power table and exam light consistent with other orthopaedic codes are included.

Meeting Date: April 2006 RUC Recommendation	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE		64910 QQ1 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve		64911 QQ2 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	
			090		090	
	Code	StaffType	NF	FAC	NF	FAC
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	N/A	201	N/A	201
TOTAL **PRE-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		60		60
TOTAL **INTRA** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		6		6
TOTAL **POST-SERV** CLINICAL LABOR TIME	L037D	RN/LPN/MTA		135		135
PRE-SERVICE						
Start: After visit for procedure/service						
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
End: Pt. enters site for procedure/service						
SERVICE PERIOD						
Start: Pt. enters site for procedure/service						
Dischg day mgmt 99238 --12 min; 99239 --15 min	L037D	RN/LPN/MTA		6		6
End: Patient leaves site of procedure/service						
POST-SERVICE Period						
End: Patient leaves site of procedure/service						
Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA				
List Number and Level of Office Visits						
99211 16 minutes	L037D	RN/LPN/MTA				
99212 27 minutes	L037D	RN/LPN/MTA		1		1
99213 36 minutes	L037D	RN/LPN/MTA		3		3
99214 53 minutes	L037D	RN/LPN/MTA				
99215 63 minutes	L037D	RN/LPN/MTA				
Total Office Visit Time				135		135
End: Last office visit in global period						
MEDICAL SUPPLIES	**Code**	**Unit**				
pack, minimum multi-specialty visit	**SA048**	**pack**		4		4
pack, post-op incision care (suture)	**SA054**	**pack**		1		1
Equipment	**Code**					
light, exam	**EQ168**		0	1	0	1
table, power	**EF031**		0	1	0	1

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Ophthalmic Endoscope

The CPT Editorial Panel requested that the RUC review codes 67036 *Vitrectomy, mechanical, pars plana approach;* and 67112 *Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques* to determine if separate reporting of 66990 *Use of ophthalmic endoscope (List separately in addition to code for primary procedure)(66990 may be used only with codes 65820, 65875, 65920, 66985, 66986, 67036, 67038, 67039, 67040, 67112)* impacts the work of codes 67036 and 67112. The RUC determined that codes 67036 and 67112 were initially valued prior to the use of an ophthalmic endoscope, therefore these two codes do not already include the use of an ophthalmic endoscope. The RUC determined that reporting 66990 in addition to 67036 or 67112 is appropriate. **The RUC determined that the revision to add-on code 66990 is editorial.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
+66990		*Use of ophthalmic endoscope (List separately in addition to code for primary procedure)* (66990 may be used only with codes 65820, 65875, 65920, 66985, 66986, 67036, 67038, 67039, 67040, 67112)	ZZZ	1.51 (No Change)
67036	L1	Vitrectomy, mechanical, pars plana approach; (For associate lensectomy, use 66850) (For use of vitrectomy in retinl detachment surgery, use 67108) (For associated removal of foreign body, see 65260, 65265) (For unlisted procedures on vitreous, use 67299)	090	11.87 (No Change)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
67112	L2	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques (For aspiration or drainage of subretinal ot subchoroidal fluid, use 67015)	090	16.83 (No Change)

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AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

MRI Functional Coritcal and Subcortical Brain Mapping

The CPT Editorial Panel created three new functional MRI codes to describe performing magnetic resonance imaging on a active patient, which allows regional brain mapping of human cognitive functions such as motor skills, vision, language and memory. Functional MR localization of eloquent cortex is accomplished by imaging the active patient during specific task performance.

70554 and 70555
The RUC reviewed codes 70554 *Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration* and 70555 *Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing* and discussed that for these procedures a radiologist interprets the brain fMRI. For code 70554, a technician, non-physician, or non-psychologist is performing the test and the radiologist is supervising the technician and for code 70555, the radiologist is doing less supervisory work and the reduced amount of work that they are performing on the supervision side is outweighed by the increased number of images. In other words, there is decreased supervision but increased processing involved in the physician performing code 70555.

In the pre-facilitation meeting the specialty society reduced the immediate post-service time to 10 minutes for code 70554. The RUC agreed that this was appropriate since the surveyees may have mis-interepreted some of the intra-service work as immediate post-service work and this time more accurately represents the physician time associated with this procedure. The RUC carefully reviewed the survey data for 70554 to code 73223 *Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences* (work RVU=2.15 and intra-service time of 30 minutes). The RUC felt that the work RVU recommendation and physician time for 70554 was consistent with the upper extremity joint MRI, code 73223. **The RUC recommends a work RVU of 2.11 for code 70554.**

The RUC then compared code 70555 to MRI codes 70553 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences* (work RVU=2.36, 43 minutes of total time) and 75635 *Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image*

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post-processing (work RVU=2.40, 45 minutes of intra-service time). The work RVUs for code 70555 are consistent and the recommended work RVU and with the family of MRI codes (neck and brain). When performing code 70555 the additional images must be taken into account, which would cause the work relative value to be more than the traditional brain MRI codes.
In the pre-facilitation meeting the specialty society reduced the pre-service evaluation time to 10 minutes and reduced the immediate post-service time to 10 minutes for code 70555. The RUC agreed with these changes in pre and post-service time, as this more accurately represents the physician times associated with this procedure. **The RUC a work RVU of 2.54 for code 70555.**

96020
The RUC reviewed code 96020 *Neurofunctional testing selection and administration during non-invasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report* and the specialty society indicated that the median survey time appeared to be high. The survey respondents indicated that the physical effort and psychological stress complexity measures were less for 96020 than the reference code 95958 *Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring* (work RVU=4.24). The RUC then compared 96020 to code 95810 *Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU=3.52, intra-service time=60 minutes). The RUC felt that the physician work and time involved to perform code 96020 was similar to that to perform code 95810. Therefore, the RUC recommends the 25th percentile work RVU of 3.43. Additionally, in the pre-facilitation meeting the specialty society reduced the pre-service evaluation time to 10 minutes and reduced the immediate post-service time to 10 minutes to accurately reflect the physician time involved in performing this procedure. The RUC agreed that pre- and post-service physician time changes were appropriate. **The RUC recommends the survey 25th percentile work RVU of 3.43 for code 96020.**

CPT Code	Pre-Eval	Pre-Positioning	Pre-Scrub	Intra-Service	Immed Post-Service	Work RVU
70554	15	0	0	35	10	2.11
70555	10	0	0	45	10	2.54
96020	10	0	0	60	10	3.43

Practice Expense
The RUC reviewed, modified and accepted the practice expense inputs for 70554, 70555 and 96020. A change was made to reduce the metal screening/interview time for code 70554 from five minutes to two minutes. Another change was made to decrease all the pre-service facility times for code 96020, from three minutes to zero minutes because the pre-service activities are performed by the physician and this time is already captured. Therefore the RUC recommends no practice expense inputs for 70555 and 96020.

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New Technology/Services List

The RUC indicated that codes 70554, 70555 and 96020 should be put on the New Technology/Services List to be reviewed again once the technology used in performing these procedures is more widespread.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, see 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555.				
● 70554	M1	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration (Do no report 70554 in conjunction with 96020)	XXX	2.11
● 70555	M2	requiring physician or psychologist administration of entire neurofunctional testing (Do not report 70555 unless 96020 is performed) (Do not report 70554, 70555 in conjunction with 70551-70553 unless a separate diagnostic MRI is performed)	XXX	2.54

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Code 96020 includes selection and administration of testing of language, memory, cognition, movement, sensation and other neurological functions when conducted in association with functional neuroimaging, monitoring of performance of this testing, and determination of validity of neurofunctional testing relative to separately interpreted fMRI images.				
●96020	M3	Neurofunctional testing selection and administration during non-invasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report (For functional magnetic resonance imaging (fMRI) , brain, use 70555) (Do not report 96020 in conjunction with 96101-96103, 96116-96120) (Do not report 96020 in conjunction with 70554) (Evaluation and Management services codes should not be reported on the same day as 96020)	XXX	3.43

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70554 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **2.11**
RUC RVU: **2.11**

CPT Descriptor: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration. (Do not report 70554 in conjunction with 96020).

Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, use 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with a grand mal seizure and right upper extremity weakness secondary to an intra-axial mass in the left frontal lobe. The relationship between the tumor and the precentral gyrus (the expected location of motor function) is difficult to define. The neurosurgeon requests a functional MRI scan to determine the relationship of the tumor to the motor strip area. The patient's clinical status does not require neurofunctional testing administered by a physician or psychologist during the functional MRI and the tests are administered by a non-physician.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 7%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
-Review of clinical history and prior imaging studies
-Determination of tasks based on clinical status; signs/symptoms and lesion location
-Planning of paradigms

Description of Intra-Service Work:
-Physical examination to determine ability to perform the planned tasks
-Modification of the planned tasks according to their clinical deficits and abilities to perform selected tasks,
-Answering patient questions
-Quality control review of post-processing analysis
-Interpretation of the acquired fMRI data and co-registered fMRI images
-Dictating of a report

Description of Post-Service Work:

-Review of the written report
-Communicating findings and conclusions the referring physician and neurosurgeon.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2005		
Presenter(s):	Robert Barr, MD (ASNR); Scott Faro, MD (ASNR); Geraldine McGinty, MD (ACR); Jonathan Berlin, MD (ACR)		
Specialty(s):	American Society of Neuroradiology; American College of Radiology		
CPT Code:	70554		
Sample Size:	259	**Resp n:** 45	**Response:** 17.3 %

code: 70554

Sample Type: Panel						
		Low	25th pctl	Median*	75th pctl	High
Survey RVW:		1.40	3.00	**3.50**	4.00	12.00
Pre-Service Evaluation Time:				**15.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	20.00	**35.00**	60.00	300.00
Post-Service	Total Min**	CPT code / # of visits				
Immed. Post-time:	10.00					
Critical Care time/visit(s):	0.0	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	0.0	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	0.0	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	0.0	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
95966	XXX	3.99

CPT Descriptor Magnetoencephalograpy (MEG), recording and analysis; for evoked magnetic fields, single modality (eg. sensory, motor, language, or visual cortex localization)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
70496	XXX	1.75

CPT Descriptor 1 CT Angiography, head, without contrast material, followed by contrast material(s) and further sections, including image post-processing

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU
70553	XXX	2.36

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material and further sequences

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 33.3 %

TIME ESTIMATES (Median)

	CPT Code: 70554	**Key Reference CPT Code: 95966**
Median Pre-Service Time	15.00	15.00
Median Intra-Service Time	35.00	75.00
Median Immediate Post-service Time	10.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**60.00**	**90.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.21	3.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.29	3.93
Urgency of medical decision making	3.71	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.64	4.36
Physical effort required	3.00	2.71
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.57	3.29
Outcome depends on the skill and judgment of physician	4.57	4.21
Estimated risk of malpractice suit with poor outcome	3.93	3.57

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.43	3.00
Intra-Service intensity/complexity	4.64	4.21
Post-Service intensity/complexity	4.14	3.71

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

PLEASE SEE ATTACHMENT #1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain) N/A

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70551

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neuroradiolgy	How often? Rarely
Specialty Neurology	How often? Rarely
Specialty Psychology	How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Neuroradiolgy	Frequency 4500	Percentage 90.00 %
Specialty Neurology	Frequency 250	Percentage 5.00 %
Specialty Psychology	Frequency 250	Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Neuroradiology	Frequency 450	Percentage 90.00 %
Specialty Neurology	Frequency 25	Percentage 5.00 %
Specialty Psychology	Frequency 25	Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 70553 because the risk is closer to 70554

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70555 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **2.54**
RUC RVU: **2.54**

CPT Descriptor: Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing. (Do not report 70555 unless 96020 is performed).

Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, use 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old man presents with headache secondary to a 5 cm intra-axial solid mass involving the left temporo-parietal junction (superior temporal, supramarginal, and angular gyri) with extension superiorly to approach the left precentral gyrus. The neurosurgeon requests functional MRI (fMRI) for pre-operative mapping of language function and motor function and to determine their anatomic location relative to the tumor. The patient's clinical status requires neurofunctional testing administered by a physician or psychologist (96020 reported separately) during the functional MRI (70555).

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 6%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
-Review of patient's clinical history and prior imaging studies

Description of Intra-Service Work:
- fMRI analysis and statistical analysis
- Review of the neurofunctional testing report
-Interpretation of the acquired fMRI data and co-registered images
-Dictation of the report

Description of Post-Service Work:

-Review and signature of the written report
-Communication of findings and conclusions to the referring physician and neurosurgeon.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006		
Presenter(s):	Robert Barr, MD (ASNR); Scott Faro, MD (ASNR); Geraldine McGinty, MD (ACR); Jonathan Berlin, MD (ACR)		
Specialty(s):	American Society of Neuroradiology; American College of Radiology		
CPT Code:	70555		
Sample Size:	259	**Resp n:** 33	**Response:** 12.7 %

code: 70555

Sample Type: Panel						
		Low	25th pctl	Median*	75th pctl	High
Survey RVW:		2.00	3.10	**4.00**	5.00	12.00
Pre-Service Evaluation Time:				**10.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	35.00	**45.00**	60.00	180.00
Post-Service	Total Min**	CPT code / # of visits				
Immed. Post-time:	10.00					
Critical Care time/visit(s):	0.0	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	0.0	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	0.0	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	0.0	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
95966	XXX	3.99

CPT Descriptor Magnetoencephalograpy (MEG), recording and analysis; for evoked magnetic fields, single modality (eg. sensory, motor, language, or visual cortex localization)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
70496	XXX	1.75

CPT Descriptor 1 CT Angiography, head, without contrast material, followed by contrast material(s) and further sections, including image post-processing

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU
70553	XXX	2.36

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material and further sequences

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 36.3 %

TIME ESTIMATES (Median)

	CPT Code: 70555	**Key Reference CPT Code: 95966**
Median Pre-Service Time	10.00	15.00
Median Intra-Service Time	45.00	75.00
Median Immediate Post-service Time	10.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**65.00**	**90.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.82	3.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.91	4.64
Urgency of medical decision making	3.91	3.55

Technical Skill/Physical Effort (Mean)

Technical skill required	4.73	4.73
Physical effort required	3.27	3.36

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.73	3.64
Outcome depends on the skill and judgment of physician	4.82	4.73
Estimated risk of malpractice suit with poor outcome	3.91	3.73

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.58	3.50
Intra-Service intensity/complexity	4.58	4.33
Post-Service intensity/complexity	4.58	4.33

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

PLEASE SEE ATTACHMENT #1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

PLEASE SEE ATTACHMENT #2

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70551

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neuroradiology How often? Rarely

Specialty Neurology How often? Rarely

Specialty Psychology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Neuroradiology Frequency 4500 Percentage 90.00 %

Specialty Neurology Frequency 250 Percentage 5.00 %

Specialty Psychology Frequency 250 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Neuroradiology Frequency 450 Percentage 90.00 %

Specialty Neurology Frequency 25 Percentage 5.00 %

Specialty Psychology Frequency 25 Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 70553 because the risk is closer to this code than the reference code and therefore thought to be a better crosswalk

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

ATTACHMENT #1

70554 and 70555 COMPELLING EVIDENCE RATIONALE (REVISED 2/3/06)

SUMMARY:

CODE	PRE	INTRA	POST	TOTAL	MEDIAN RVU	25TH% RVU	RECOMMENDED RVU
70554 (M1)	15	35	~~20~~ 10	~~70~~ 60	3.50	3.00	~~2.33~~ 2.11
70555 (M2)	~~15~~ 10	45	~~30~~ 10	~~90~~ 65	4.00	3.10	~~3.10~~ 2.54
95966 REFERENCE CODE	15	75	30	120			3.99 REFERENCE RVU

INITIAL RATIONALE:

A consensus panel of the specialty societies reviewed the survey results for 70554 and 70555 and compared the results to the reference code 95966, Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization).

For 70555, the societies initially felt that the 25th percentile value (3.10) most closely matched the physician work based upon the survey results. The intensity and complexity values for 70555 are slightly higher than those of reference code 95966.

70554 also has intensity and complexity values that are similar but slightly higher than those of reference code 95966. It has approximately 3/4 the intra- and total service times of 70555. Therefore the societies initially felt that an RVU of 3/4 the RVU of 70555 or 2.33 most closely matched the physician work of 70554 based upon the survey results.

REVISED RECOMMENDATIONS AFTER PRE-FACILITATION:

There were concerns regarding the pre- and post-service times that were discussed during pre-facilitation at the RUC meeting on 2/3/06. As recommended by the pre-facilitation committee, the societies agreed to reduce the post-service times for 70554 and 70555 to 10 minutes each. In addition, the societies agreed to reduce the pre-service time for 70555 to 10 minutes, to account for the decreased pre-time necessary when fMRI is performed in conjunction with neurofunctional testing (code 96020).

For 70554, after taking these recommended changes in post-service time into account, (0.0224 RVU/min x 10 minutes = 0.22), the societies recommend an RVU of 2.11 (7th percentile value).

For 70555, after taking these recommended changes in pre- and post-service times into account (0.0224 RVU/min x 25 minutes = 0.56), the societies recommend an RVU of 2.54 (16^{th} percentile value).

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:96020 Global Period: XXX Specialty Society RVU: **3.43**

RUC RVU: **3.43**

CPT Descriptor: Neurofunctional testing selection and administration during non-invasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62 year-old man presents with headache secondary to a 5 cm intra-axial solid mass involving the left temporo-parietal junction (superior temporal, supramarginal, and angular gyri) with extension superiorly to approach the left precentral gyrus. The neurosurgeon requests functional MRI (fMRI) for pre-operative mapping of language function and motor function and to determine their anatomic location relative to the tumor. The patient's clinical status requires neurofunctional testing administered by a physician or psychologist (96020 reported separately) during the functional MRI (70555).

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 2%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The testing physician/psychologist reviews the referral to determine if it is appropriate and if so then reviews the medical records of the patient, including previous neuroimaging studies if available. This is followed by pre-planning of the neurological functions to map, including a preliminary selection of the battery of six functional tests based on lesion location, patient's present neurological abilities, the possible aggressive nature of the lesion, and presumed cognitive/neurological function of neighboring regions or regions in that hemisphere.

Description of Intra-Service Work: Once the patient arrives, a brief focused interview and a limited cognitive/neurological examination are performed to determine the patient's ability to perform the pre-selected functional test battery. Depending on results of the interview and examination, the test battery may be modified to accommodate the patient's cognitive and/or neurological impairments. The patient then practices the tests outside of the MRI scanner room. The testing physician/psychologist determines if the correct test equipment and protocols are available in the MRI scanner suite. After the patient is placed in the MRI scanner and initial structural sequences are obtained, the six functional tests are administered during fMRI scanning. Prior to administration of each test, the testing physician/psychologist provides the patient with test instructions, initiates the test, and monitors the patient's performance. If the patient experiences difficulty in performing the test, the physician/psychologist determines if the patient has experienced problems due to an inability to comprehend the test, remember test instructions, perceive the test stimuli, and/or properly use the response controls. The functional test battery may be modified during the actual fMRI study (e.g., substituting tests, adding additional tests, substituting or modifying stimuli) based upon the patient's performance. The testing physician/psychologist ensures that the test results during fMRI scanning are adequate to effectively interpret. Following the fMRI scanning, the testing physician/psychologist reviews and statistically analyzes the patient's performance on each of the six tests. Performance parameters may include accuracy (percent correct), latency (reaction time), or other relevant measures. The testing physician/psychologist determines if the performance parameters are valid for associating neurological/cognitive functions with measures of regional brain activation.

Description of Post-Service Work: The testing physician/psychologist provides a report, which provides an explanation of the neurological/cognitive functions assessed by each of the six tests and summarizes the patient's performance on each test. Consultation with the physician generating the summary of the image analysis and with the referring physician may also occur.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	James Anthony, MD (AAN); John Hart, MD (AAN); James Georgoulakis, PhD (APA); Steve Rao, PhD (APA); Robert Barr, MD (ASNR); Scott Faro, MD (ASNR); Geraldine McGinty, MD (ACR); Jonathan Berlin, MD (ACR)					
Specialty(s):	American Academy of Neurology, American College of Radiology, American Pscyhological Association, American Society of Neuroradiology					
CPT Code:	96020					
Sample Size:	339	**Resp n:** 64		**Response:** 18.8 %		
Sample Type:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.90	3.43	**4.24**	4.81	8.00	
Pre-Service Evaluation Time:			**10.0**			
Pre-Service Positioning Time:			**0.0**			
Pre-Service Scrub, Dress, Wait Time:			**0.0**			
Intra-Service Time:	15.00	43.00	**60.00**	98.00	180.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**10.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
95958	XXX	4.24

CPT Descriptor Wada activation for hemispheric function, including electroencephalogram (EEG) monitoring

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
93508	000	4.09

CPT Descriptor 1 Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization

MPC CPT Code 2	Global	Work RVU
45380	000	4.43

CPT Descriptor 2 Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 43.8 %

TIME ESTIMATES (Median)	CPT Code: 96020	Key Reference CPT Code: 95958
Median Pre-Service Time	10.00	0.00
Median Intra-Service Time	60.00	79.00
Median Immediate Post-service Time	10.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**80.00**	**79.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.11	3.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.39	4.18
Urgency of medical decision making	4.14	4.21

Technical Skill/Physical Effort (Mean)

Technical skill required	4.68	4.61
Physical effort required	2.86	3.07

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.71	4.21
Outcome depends on the skill and judgment of physician	4.57	4.39
Estimated risk of malpractice suit with poor outcome	4.04	4.14

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.68	3.43
Intra-Service intensity/complexity	4.36	4.61
Post-Service intensity/complexity	4.36	3.96

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The societies convened a consensus panel and recommend the median work RVU of 4.24. The complexity and intensity of the service is fairly similar to that of key reference service 95858, which has the same RVU. The reference code has 79 minutes Harvard time, with no pre- and post-time broken out. The IWPUT of 96020 (0.048) is similar to the reference service (0.049).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See attached Table 1.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Not billed

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Rarely

Specialty Psychology How often? Rarely

Specialty Neuroradiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Neurology Frequency 2250 Percentage 45.00 %

Specialty Psychology Frequency 2250 Percentage 45.00 %

Specialty Neuroradiology Frequency 500 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Neurology Frequency 225 Percentage 45.00 %

Specialty Psychology Frequency 225 Percentage 45.00 %

code: 96020

Specialty Neuroradiology Frequency 50 Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 95810 because the risk associated with this code is more comparable to 96020 and therefore a better PLI crosswalk

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

Table 1: Services Reported with Multiple CPT Codes

CPT Code	Global Period	Recommended Work RVU	Pre-service	Intra-service	Post-service	Total Time
96020	XXX	~~4.24~~ 3.43	~~30~~ 10	60	~~30~~ 10	~~120~~ 80
70555	XXX	~~3.10~~ 2.54	~~15~~ 10	45	~~30~~ 10	~~90~~ 65
Total		~~7.34~~ 5.97	~~45~~ 20	105	~~60~~ 20	~~210~~ 145

[Values in strike-through are original recommended RVUs and survey times.]

Typically a psychologist or neurologist will provide 96020 and a neuroradiologist will provide 70555. It is not typical for the same physician to provide both services.

CPT Code:__70554_____

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: **70554**
Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, use 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555

- **70554** Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration

  (Do no report 70554 in conjunction with 96020)

Sample Size:_____ Response Rate: (%):_____ Global Period:__**XXX**___

Geographic Practice Setting %: Rural____ Suburban_____ Urban_____

Type of Practice %:
____ Solo Practice
____ Single Specialty Group
____ Multispecialty Group
____ Medical School Faculty Practice Plan

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

A Practice Expense Panel consisting of individuals from multiple societies and varied settings was convened. Instructions were reviewed; typical case scenario and practice expense items were reviewed. Appropriate supplies and equipment used in a typical non-facility case were identified. For the clinical staff time, the panel obtained input from non-physician staff involved in the fMRI procedures.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve prior appropriate imaging exams and hang for physician review
- Verify orders
- Review the chart
- Verify physician information, including clinical information
- Confirm protocol with interpreting physician

Intra-Service Clinical Labor Activities:

- Prepare room/equipment/supplies
- Greet patient and provide gowning
- Obtain vital signs
- Conduct a metal interview
- Provide pre-service education/instructions of the procedure/tasks/paradigms
- Obtain consent
- Prepare and position patient
- Administer the paradigm
- Image QC with the physician
- Escort patient to the recovery area
- Image/Data processing
- Filming images

Post-Service Clinical Labor Activities:

- Clean room and equipment

CPT Code:___70554_____

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor: **70554**
Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, use 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555

- **70554** Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration

  (Do no report 70554 in conjunction with 96020)

Sample Size:_____ Response Rate: (%):_____ Global Period:__**XXX**___

Geographic Practice Setting %: Rural__ Suburban_____ Urban_____

Type of Practice %:
____ Solo Practice
____ Single Specialty Group
____ Multispecialty Group
____ Medical School Faculty Practice Plan

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

A Practice Expense Panel consisting of individuals from multiple societies and varied settings was convened. Instructions were reviewed; typical case scenario and possible practice expense items were discussed. The decision was reached that there are no physician practice expenses incurred in conjunction with 70554 in a facility setting.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

CPT Code:__70555_____

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor:

Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist, use 70554. When neurofunctional tests are entirely administered by a physician or psychologist, use 70555

- **70555** Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing

(Do not report 70555 unless 9604X1 is performed)

Sample Size:____ Response Rate: (%):_____ Global Period:__**XXX**___

Geographic Practice Setting %: Rural___ Suburban____ Urban____

Type of Practice %: ____Solo Practice
____Single Specialty Group
____ Multispecialty Group
____ Medical School Faculty Practice Plan

.ease provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
A Practice Expense Panel consisting of individuals from multiple societies and varied settings was convened. Instructions were reviewed; typical case scenario and possible practice expense items were discussed. The decision was reached that there are no physician practice expenses incurred in conjunction with 70555 in a facility setting.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A
Intra-Service Clinical Labor Activities: N/A
Post-Service Clinical Labor Activities: N/A

	A	B	C	D	E	F	G
1				CPT Code 70554		CPT Code 70555	
2	**Meeting Date: FEBRUARY 2-5, 2006**						
3		CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
4	**GLOBAL PERIOD**	**XXX**					
5	**TOTAL CLINICAL LABOR TIME**	**L047A**	**MRI Technologist**	**109.0**	**0.0**		**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047A**	**MRI Technologist**	**3.0**	**0.0**		**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047A**	**MRI Technologist**	**106.0**	**0.0**		**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**		**0.0**
9	**PRE-SERVICE**						
10	**Start: Following visit when decision for procedure made**						
11	Complete pre-service diagnostic & referral forms						
12	Coordinate pre-surgery services						
13	Schedule space and equipment in facility						
14	Provide pre-service education/obtain consent						
15	Follow-up phone calls & prescriptions						
16	Other Clinical Activity (please specify) **Retrieve prior appropriate imaging exams and hang for physician review** **Verify orders, review the chart, verify physician order including clinical information, confirm protocol with interpreting physician**	**L047A**	**MRI Technologist**	**3**	**0**		**0**
17	**End:When patient enters office/facility for surgery/procedure**						
18	**SERVICE PERIOD**						
19	**Start: When patient enters office/facility for surgery/procedure**						
20	**Pre-service services**						
21	Review charts						
22	Greet patient and provide gowning	**L047A**	**MRI Technologist**	**3**			
23	Obtain vital signs/***metal interview***	**L047A**	**MRI Technologist**	**2**			
24	Provide pre-service education/obtain consent	**L047A**	**MRI Technologist**	**20**			
25	Prepare room, equipment, supplies	**L047A**	**MRI Technologist**	**3**			
26	Setup scope (non facility setting only)						
27	Prepare and position patient/ monitor patient/ set up IV	**L047A**	**MRI Technologist**	**3**			
28	Sedate/apply anesthesia						
29	**Intra-service**						
30	Assist physician in performing procedure ***(Image acquisition/Image QC check with physician)***	**L047A**	**MRI Technologist**	**45**			
31	**Post-Service**						
32	Monitor pt following service/check tubes, monitors, drains						
33	Clean room/equipment by physician staff	**L047A**	**MRI Technologist**	**3**			
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
	Discharge day management 99238 --12 minutes 99239 --15 minutes						
40	Other Clinical Activity (please specify):						
41	***Escort patient from the exam room***	**L047A**	**MRI Technologist**	**2**			
42	***Image/data processing***	**L047A**	**MRI Technologist**	**20**			

	A	B	C	D	E	F	G
1				CPT Code 70554		CPT Code 70555	
43	**Filming**	**L047A**	**MRI Technologist**	**5**			
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	*Office visits*: Greet patient,escort to room; provide gowning; interval history & vital signs and chart, assemble previous test reports/results;assist physician during exam; assist with dressings, wound care, suture removal, prepare dx test, prescription forms; post service education, instruction, counseling; clean room/equip, check supplies, coordinate home or outpatient care						
48	*List Number and Level of Office Visits*						
49	99211 16 minutes		16				
50	99212 27 minutes		27				
51	99213 36 minutes		36				
52	99214 53 minutes		53				
53	99215 63 minutes		63				
54	Other						
55							
56	*Total Office Visit Time*			**0**	**0**		**0**
57	Other Activity (please specify)						
58	**End: with last office visit before end of global period**						
)	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
60	**GOWN, PATIENT**	**SB026**	**1**	**1**			
61	**PAPER, EXAM TABLE**	**SB036**	**7**	**7**			
62	**COMPUTER MEDIA, DVD**	**SK013**	**1**	**1**			
63	**X-RAY ENVELOPE**	**SK091**	**1**	**1**			
64	**FILM, X-RAY, LASER PRINT**	**SK098**	**4**	**4**			
65	**EARPLUGS**	**SJ018**	**1**	**1**			
66							
67							
68							
69	**Equipment**	**CMS Code**	**Unit**				
70	**STIMULUS/PROCESSING SOFTWARE**	**N/A**	**1**	**1**			
71	**PROJECTION SYSTEM**	**N/A**	**1**	**1**			
72	**WORKSTATION 3D RECONSTRUCTION CT/MR**	**ED014**	**1**	**1**			
73	**MR ROOM**	**EL008**	**1**	**1**			
74	**FILM PROCESSOR; DRY LASER**	**ED024**	**1**	**1**			
75							
76							
77							

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

September 2005

Ultrasound Transplanted Kidney with Doppler

The CPT Editorial Panel deleted one code and created another to accurately reflect current medical practice and the physician work involved. The procedure of ultrasound of a transplanted kidney has changed since the with or without Doppler terminology was created. Ultrasound of a transplanted kidney without Doppler is an uncommon study today, however when performed it can be accurately reported by existing limited retroperitoneum code 76775 *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited* (2005 Work RVU = 0.58). Code 76778 *Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study* (2005 Work RVU = 0.74) was deleted by the Editorial Panel and the new code describes the performance of a complete ultrasound of the transplanted kidney which includes both real time imaging and duplex Doppler evaluation. The CPT Editorial Panel believed that by developing this new code would appropriately describe how ultrasound of the transplanted kidney is now typically performed and bring the coding for this procedure in line with other codes in CPT by deleting the "with and without" phrase.

The RUC reviewed the specialty society's survey results carefully and believed that the physician work for new code 76776 *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation* was similar to existing codes 76778 *Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study* (2005 Work RVU = 0.74), and 78707 *Kidney imaging with vascular flow and function; single study without pharmacological intervention* (2005 Work RVU = 0.96). The RUC understood that the new code did not reflect new technology and therefore was subject to CMS's work neutrality rules, in addition, the specialty believed that the service of deleted code 76778 would be reported by 76775 2-5% of the time and 76776 95-98% of the time.

The RUC also believed that there was some increment of additional physician work for the Doppler study and the more direct supervision of the technician for this procedure. The RUC also reviewed the combination of the physician work of add on code 93325 *Doppler echocardiography color flow velocity mapping* (2005 Work RVU = 0.07) and code 76775. After considering the work of the above mentioned codes, the specialty survey results, and work neutrality, **the RUC recomends a relative work value of 0.76 for new code 76776.**

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Practice Expense
The RUC reviewed the specialty society's practice expense recommendation for new code 76776, and compared the direct practice inputs to code 76778. The specialty society and the RUC made minor changes to the clinical labor and medical supplies typically used in the procedure and recommends the attached inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 76776	B1	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation (For ultrasound of transplanted kidney without duplex Doppler, use 76775) (Do not report 76776 in conjunction with 93975, 93976)	XXX	0.76
D 76778		~~*Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study*~~ (76778 has been deleted. To report, see 76775, 76776)	XXX	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:76776 Tracking Number: B1 Global Period: XXX

Specialty Society RVU: **0.90**

RUC RVU: **0.76**

CPT Descriptor: Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
(For ultrasound of transplanted kidney without duplex Doppler, use 76775)
(Do not report 76776 in conjunction with 93965, 93976)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old patient presents for routine clinical follow-up 6 months after an uneventful renal transplant. The patient's creatinine and blood pressure are elevated and she is sent for an ultrasound of the transplant kidney, including real time, color and spectral Doppler.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical?

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:
- Review the reason for the exam and any pertinent clinical history
- Review patient medications including immunosupressive regimen and antihypertensives
- Review laboratory data including urinalysis and serum creatinine trends
- Review any prior applicable plain film or imaging studies

Description of Intra-Service Work:
- Supervise the sonographer performing the exam
- Analyze two dimensional data for renal anatomy, collecting system dilation, perirenal fluid and cotical echogenicity
- Analyze vascular and Doppler information for renal artery stenosis, pseudoaneurysm, venous obstruction, ATN and rejection
- Compare the exam and correlate the findings to previous studies
- Dictate report for the medical record

Description of Post-Service Work:
- Review and sign final report
- Discuss findings with referring physician

(The detailed work description above was not provided to the survey respondents)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2005					
Presenter(s):	Bibb Allen, Jr., M.D., Jonathan Berlin, M.D., Gary Seabrook, M. D.					
Specialty(s):	American College of Radiology; Society for Vascular Surgery					
CPT Code:	76776					
Sample Size:	250	**Resp n:** 50		**Response:** 20.00 %		
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.60	0.80	**0.90**	1.38	2.00	

CPT Code:76776

Pre-Service Evaluation Time:			**5.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	5.00	10.00	**10.00**	20.00	40.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**5.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit. 99291 (60); 99292 (30); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
76770	XXX	0.74

CPT Descriptor Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
74400	XXX	0.49

CPT Descriptor 1 Urography (pyelography), intravenous, with or without KUB, with or without tomography

MPC CPT Code 2	Global	Work RVU
78707	XXX	0.96

CPT Descriptor 2 Kidney imaging with vascular flow and function; single study without pharmacological intervention

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 30.0 %

TIME ESTIMATES (Median)	**New/Revised CPT Code: 76776**	**Key Reference CPT Code: 76770**
Median Pre-Service Time	5.00	0.00
Median Intra-Service Time	10.00	0.00
Median Immediate Post-service Time	5.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**20.00**	**0.00**
Other time if appropriate		21.00

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.13	3.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.60	2.60
Urgency of medical decision making	4.00	2.33

Technical Skill/Physical Effort (Mean)

Technical skill required	3.60	3.07
Physical effort required	2.33	2.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.27	2.20
Outcome depends on the skill and judgment of physician	3.60	2.82
Estimated risk of malpractice suit with poor outcome	3.33	2.67

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.80	1.87
Intra-Service intensity/complexity	3.60	2.60
Post-Service intensity/complexity	3.27	2.27

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

ACR And SVS developed a joint recommendation for 76776 and believe the survey data support the median survey RVU of 0.90. We used magnitude estimation with comparison to similar codes and a specific comparison to a similar service of the MPC A list.

MAGNITUDE ESTIMATION

Survey respondents chose 76770 as reference service. Although total time is similar, respondents consistently related that intensity measures were higher for 76776 than the reference service. We also compared 76776 to a similar service,

93976 (Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study). This examination includes the elements of both 2-D and Doppler imaging and analysis. It has a work value of 1.21 RVU and a total Harvard time of 30 minutes. This would be the code reported for Duplex examination of a single native kidney.

COMPARISON TO MPC A CODE 78707

We compared 76776 to code 78707. Code 78707 has work RVU of 0.96 RVU and total RUC time of 22 minutes. This compares favorably with our recommendation for 76776, and is the code that would be typically reported if nuclear medicine transplant evaluation was requested.

COMPARISON TO TRANSPLANT ULTRASOUND CODE TO BE DELETED

ACR requested this new code because the existing Category I CPT code for ultrasound evaluation of a transplanted kidney (76778) is defined as "with or without duplex Doppler". ACR believes that duplex Doppler represents a significant work component of this exam, and a single code should not be allowed the option of "with or without Doppler". Thus, the society requested deletion of 76778. Instead, when a transplanted kidney is evaluated WITH duplex Doppler it will now be reported with new code 76776, and when a transplanted kidney is evaluated WITHOUT duplex Doppler it will be reported with existing code 76775 (limited retroperitoneal ultrasound).

Although there is no hard data regarding the percentages of existing code 76778 that are done with vs. without duplex Doppler, our Expert Consensus Panel believes it to be approximately a 50/50 split. Thus, our recommendation essentially represents a budget neutral transition wherein outgoing code 76778 (RVW 0.74) will now be reported either with new code 76776 (with duplex Doppler) at a recommended RVW of 0.90, or with existing code 76775 (without duplex Doppler) at existing RVW of 0.58.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76778 (Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 68000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiology Frequency 67668 Percentage 99.51 %

Specialty Surgery Frequency 332 Percentage 0.48 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Radiology Frequency 33834 Percentage 99.51 %

Specialty Surgery Frequency 166 Percentage 0.48 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

CPT Code: 76776

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
In Office Direct Inputs

CPT Long Descriptor: Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

Sample Size: _____ Response Rate (%): _____ Global Period: XXX

Geographic Practice Setting %: Rural _____ Suburban _____ Urban _____

Type of Practice %: _____ Solo Practice
_____ Single Specialty Group
_____ Multispecialty Group
_____ Medical School Faculty Practice Plan

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

The American College of Radiology and Society for Vascular Surgery developed a joint recommendation for practice expense for code 76776.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The Registered Diagnostic Medical Sonographer (RDMS) pulls and hangs prior ultrasound images and prepares the ultrasound jacket. The RDMS then checks the room for cleanliness and sheets on the bed. The RDMS enters patient data into the machine.

Intra-Service Clinical Labor Activities:

The RDMS greets the patient, discusses what the procedure entails and provides the patient gown. The RDMS assists the patient onto the table, drapes patient and applies ultrasound gel to area of exam. RDMS then performs the scan, taking images as per protocol. The RDMS processes films and then takes the images and the x-ray jacket to the radiologist for review and discussion. The Films are hung. The RDMS accompanies the radiologist while she/he rescans the patient and runs any further images. The RDMS cleans the gel from the patient and then escorts the patient to the waiting area. The RDMS cleans the equipment and the room.

Post-Service Clinical Labor Activities:

		76776
	CMS STAFF TYPE, MEDICAL SUPPLY, OR EQUIPMENT CODE	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
LOCATION		**In Office**
GLOBAL PERIOD		**XXX**
TOTAL CLINICAL LABOR TIME		**53**
TOTAL PRE LABOR TIME		**3**
TOTAL SERVICE LABOR TIME		**50**
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Other Clinical Activity (please specify)		
Retrieve prior images for comparison	L050B	**3**
End:When patient enters office for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office for surgery/procedure		
Pre-service services		
Review charts		
Greet patient and provide gowning	L050B	**3**
Obtain vital signs		
Provide pre-service education/obtain consent		
Prepare room, equipment,supplies	L050B	**2**
re and position patient/ monitor patient/ set up IV	L050B	**3**
e/apply anesthesia		
Intra-service		
Assist physician in performing procedure/ *Acquire images*	L050B	**33**
Post-Service		
Monitor pt. following service/check tubes, monitors, drains		
Clean room/equipment by physician staff	L050B	**3**
Other Clinical Activity (please specify)		
Process images, complete data sheet, present images and data to the interpreting physician	L050B	**6**
POST-SERVICE Period		
MEDICAL SUPPLIES		
Aquasonic gel	SJ062	**60cc**
Disinfectant	SM012	**10 cc**
Laser Film	SK098	**1**
Gloves, non-sterile	SB022	**1**
Patient's wipes	SM021	**2**
Pillow case, disposable	SB037	**1**
Equipment		
Ultrasound room	EL015	1
Film alternator	ER029	1
Laser printer ($45K, Konica)		1

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Sonographic Measurement of Nuchal Translucency

The CPT Editorial Panel created one new code and one add-on code to describe a more efficient and non-invasive risk assessment, which maximizes the detection rate of Down Syndrome and minimizes the screen positive rate at an early gestational age.

76813

The RUC reviewed code 76813 *Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation* and compared the work involved to that of a standard first trimester ultrasound, code 76801 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU=0.99, global=XXX). The specialty society indicated that when performing a standard first trimester ultrasound, code 76801, in the majority of cases all of the elements are obtained without waiting for any anatomy to change or repositioning of the patient. When performing the standard first trimester ultrasound the crown/rump length is measured in virtually any orientation that the fetus is positioned in and at any magnification. Additionally, with code 76801, there is not a great deal of attention to the gain settings on the ultrasound machine. However, when measuring the nuchal translucency, code 76813, the embryo is between 4 to 8 centimeters in length, but the measurement of the nuchal translucency must be down to one-tenth of a millimeter. This precision requires absolutely perfect positioning of the embryo. The embryo must be transverse to the plane of the ultrasound beam, and there must be a perfect midsagittal view. Any movement of the cursors must not be more than a one-tenth millimeter increment and the fetus must be caught in a neutral position. Therefore, code 76813 was believed to be more complex than code 76801. The survey respondents supported the higher complexity by indicating that the mental effort and judgment, technical skill/physical effort and psychological stress intensity measures of 76813 are more complex than the intensity measures for code 76801. **The RUC recommends the survey median work RVU of 1.18 for code 76813.**

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76814

The RUC reviewed code 76814 and the specialty society indicated that the survey median RVU appeared to be high. Therefore, the specialty society proposed the 25th percentile survey work RVU of 0.99 for code 76814. The RUC recognized that the intra-service time of 20 minutes for 76814 would be the same as the intra-service time for 76813, however, since 76814 is an add-on code to capture each additional gestation, there would not be any pre- or post-service time. The RUC also compared code 76814 to add-on codes 76810 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU=0.98, intra-service time = 20 minutes, global=ZZZ) and 76802 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU=0.83, intra-service time = 10 minutes, global=ZZZ) and found the work RVU and intra-service times to be comparable. **The RUC recommends the 25th percentile survey work RVU of 0.99 for code 76814.**

Practice Expense

The RUC assessed and modified the practice expenses for codes 76813 and 76814 to reflect standard direct practice expense inputs for the typical patient encounter.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●76813	N1	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	XXX	1.18
●+76814	N2	each additional gestation (List separately in addition to code for primary procedure) (Use 76814 in conjunction with 76813)	ZZZ	0.99
76801		*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester*	XXX	0.99

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(<14 weeks 0 days), transabdominal approach; single or first gestation (To report first trimester fetal nuchal translucency measurement, use 76813)		(No Change)
✚*76802*		*each additional gestation (List separately in addition to code for primary procedure)* *(Use 76802 in conjunction with 76801)* (To report first trimester fetal nuchal translucency measurement, use 76814)	ZZZ	0.83 (No Change)
76815		*Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses* *(Use 76815 only once per exam and not per element)* (To report first trimester fetal nuchal translucency measurement, see 76813, 76814)	XXX	0.65 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76813 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **1.18**
RUC RVU: **1.18**

CPT Descriptor: Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old woman is referred for genetic risk assessment. She has previously undergone first trimester ultrasound examination in her referring obstetrician's office. She is quoted a 1 in 110 age-related risk of giving birth to an infant with Down syndrome, but when advised of the 0.5% to 1.0% risk of miscarriage with the suggested invasive procedures, she requests a non-invasive alternative.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-Service work includes review of prenatal records; review of laboratory data; and
review or previous ultrasound reports and/or films.

Description of Intra-Service Work: First trimester fetal nuchal translucency sonographic measurement is performed. The transducer is oriented until a mid-sagittal view of the embryo is obtained. The embryo is observed at high magnification until the embryonic neck is in a neutral position and spontaneous embryonic movement allows for differentiation between the outer edge of nuchal skin and the amnion. At least three separate measurements of the shortest distance between the inner edges of the nuchal translucency are performed. The largest measurement from an acceptable image is compared to crown-rump length and gestational age specific medians and a new risk of Down syndrome is calculated.

Description of Post-Service Work: Post-Service work includes informing patient of results; communicating results, recommendations to referring physician; and preparing and signing written report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006				
Presenter(s):	James T. Christmas, MD, George A. Hill, MD				
Specialty(s):	American College of Obstetricians and Gynecologists				
CPT Code:	76813				
Sample Size:	130	**Resp n:** 40		**Response:** 30.7 %	
Sample Type:	Convenience				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	0.58	0.99	**1.18**	1.35	1.75
Pre-Service Evaluation Time:			**5.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		

code: 76813

Intra-Service Time:		5.00	15.00	**20.00**	21 25	45.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**10.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32), 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
/6801	XXX	0.99

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
93307	XXX	0.92

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

MPC CPT Code 2	Global	Work RVU
88173	XXX	1.39

CPT Descriptor 2 Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s); interpretation and report

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 70.0 %

TIME ESTIMATES (Median)	CPT Code: 76813	Key Reference CPT Code: 76801
Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	20.00	15.00
Median Immediate Post-service Time	10.00	7.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0 00
Median Discharge Day Management Time	0 0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**35.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.79	2.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.54	2.46
Urgency of medical decision making	3.71	2 64

Technical Skill/Physical Effort (Mean)

Technical skill required	4.46	2.71
Physical effort required	3.29	2.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.46	1.79
Outcome depends on the skill and judgment of physician	4.14	2.61
Estimated risk of malpractice suit with poor outcome	3.89	2 57

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.75	2.93
Intra-Service intensity/complexity	4.04	2 64
Post-Service intensity/complexity	3.82	2.86

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76801, 76801-22, 76817, 76899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 50000	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 500	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76814 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **0.99**
RUC RVU: **0.99**

CPT Descriptor: Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)

(Use 76814 in conjunction with 76813)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old woman is referred for genetic risk assessment. She has previously undergone first trimester ultrasound examination in her referring obstetrician's office which indicates twin gestation. She is quoted a 1 in 110 age-related risk of giving birth to infants with Down syndrome, but when advised of the 0.5% to 1.0% risk of miscarriage with the suggested invasive procedures, she requests a non-invasive alternative.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After completion of the nuchal translucency measurement on the first fetus, the second embryo of the twin-fetal gestation is identified separate from the original embryo. Nuchal translucency measurement is performed on the second fetus. The transducer is oriented until a mid sagittal view of the second embryo is obtained. The embryo is observed at high magnification until the embryonic neck is in a neutral position and spontaneous embryonic movement allows for differentiation between the outer edge of nuchal skin and the amnion. At least three separate measurements of the shortest distance between the inner edges of the nuchal translucency are performed. The largest measurement from an acceptable image is compared to crown-rump length and gestational age specific medians and a new risk of Down syndrome is calculated. A report is dictated, transcribed and signed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	James T. Christmas, MD, George A. Hill, MD					
Specialty(s):	American College of Obstetricians and Gynecologists					
CPT Code:	76814					
Sample Size:	130	**Resp n:** 30		**Response:** 23.0 %		
Sample Type:	Convenience					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.60	0 99	**1.10**	1.30	1.70	
Pre-Service Evaluation Time:			**0.0**			
Pre-Service Positioning Time:			**0.0**			

code: 76814

Pre-Service Scrub, Dress, Wait Time:				0.0		
Intra-Service Time:		5 00	15.00	**20.00**	20.00	60.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**0.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38), 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
76802	ZZZ	0.83

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
20551	000	0.75

CPT Descriptor 1 Injection(s); single tendon origin/insertion

MPC CPT Code 2	Global	Work RVU
98494	000	1.19

CPT Descriptor 2 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 46.6 %

TIME ESTIMATES (Median)	**CPT Code: 76814**	**Key Reference CPT Code: 76802**
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	20.00	10.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0 0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**20.00**	**10.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.50	2.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.14	2.43
Urgency of medical decision making	3 36	2.43

Technical Skill/Physical Effort (Mean)

Technical skill required	4.29	2.93
Physical effort required	3.14	2.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.14	1.64
Outcome depends on the skill and judgment of physician	4.07	2.86
Estimated risk of malpractice suit with poor outcome	3.86	2 71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**

Time Segments (Mean)

Pre-Service intensity/complexity		
Intra-Service intensity/complexity	3.93	2.79
Post-Service intensity/complexity		

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG Attachment A, Additional Rationale for +76814

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76801, 76801-22, 76817, 76899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/Gyn	How often? Sometimes
Specialty	How often?
Specialty	How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 1500	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ob/Gyn	Frequency 100	Percentage 100.00 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 76810

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

ACOG Attachment A
Additional Rationale for 76814

ACOG, in collaboration with the Society of Maternal-Fetal Medicine(SMFM), disseminated the RUC survey to a targeted mailing list of 130 members of ACOG and SMFM . Thirty surveys were submitted electronically. ACOG staff summarized the data. A panel of physicians from ACOG and SMFM reviewed the results and drafted final recommendations.

The panel recommends acceptance of .99 RVW .

The panel took these steps in reaching their conclusion:

1) Reviewed the results of the survery
2) Compared the recommended RVW and IWPUT to similar services
3)

Review of Survey Results

The panel felt that the survey respondents fairly estimated their work. The intra-service time of 20 minutes corresponds reasonably with the time required to get the embryonic neck in a neutral position and obtain three separate measurements. The joint panel confirmed CPT code +76802 was an acceptable reference code. The panel agreed that because this add-on code does not include pre- and post-service work, the median RVW of 1.10 was too high. The panel recommends the 25% RVW of 0.99.

COMPARISON WITH OTHER CODES THAT HAVE BEEN REVIEWED BY THE RUC

Code #	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time
+76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach, each additional gestation (List separately in addition to code for primary procedure)	ZZZ	99	N/A	20	N/A	20
+76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (< 14 weeks 0 days), transabdominal approach, each additional gestation (List separately in addition to code for primary procedures)	ZZZ	98	N/A	20	N/A	10
+76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach, each additional gestation (List separately in addition to code for primary procedure)	ZZZ	83	N/A	10	N/A	10

CPT Code: 76813

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 76813, Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

Sample Size:____ Response Rate: (%):____ Global Period:__xxx___

Geographic Practice Setting %: Rural___ Suburban____ Urban___

Type of Practice %: _____ Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

ACOG developed practiced expense recommendations for 76813 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Pull and hang previous studies for the physician to review. Greet the patient and provide gowning, provide education and obtain consent. Prepare the room and the ultrasound equipment. Position the patient.

Intra-Service Clinical Labor Activities: Assist the physician during the nuchal translucency study. Acquire the images.

Post-Service Clinical Labor Activities: Clean the room and equipment, process the films and review the results with the interpreting MD before the patient is discharged.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
ZZZ Global Period
Non Facility Direct Inputs

CPT Long Descriptor: 76814 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)

(Use 76814 in conjunction with 76813)

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

ACOG developed practiced expense recommendations for +76814 using a consensus panel format. ACOG's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendations through emails and a conference call.

Please describe the clinical activities of your staff:
Intra-Service Clinical Labor Activities:

During the intra-service period, the clinical staff, an RN/LPN/MTA (CMS Labor Supply code L037D) assists the physician in performing the procedure. Based on the physician intra-service work time of 20 minutes, clinical staff time for assisting the physician with the procedure is set at 75% of the physician intra-service time or 15 minutes.

	A	B	C	D	E	F	G
1	RUC Recommendation						
2				76813		76814	
3	**Meeting Date February 2006**			**Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal**		**Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**			**30.0**	**0.0**	**15.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**2.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**28.0**	**0.0**	**15.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity (please specify) Pull and hang all related prior imaging studies and hang for MD review		L037D	**2**			
18	**End:When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning		L037D	**3**			
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies		L037D	**2**			
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV		L037D	**2**			
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure		L037D	**15**		**15**	
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff		L037D	**3**			
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 --12 minutes 99239 --15 minutes						
41	Other Clinical Activity (please specify)- Process films, hang films and review study with interpreting MD prior to patient discharge		L037D	**3**			
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**0**	**0**	**0**	**0**
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				76813		76814	
3	**Meeting Date: February 2006**			**Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal**		**Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	pack, minimum multi-specialty visit	SA048		**1**			
60	Drape, non-sterile sheet, 40 in X 60 in	SB006		**1**			
61	chux	SB044		**1**			
62	disinfectant	SM013	CC	**10**			
63	sanitizing wipes (patient)	SM021		**2**			
64	aquasonic gel	SJ062	CC	**60**		**30**	
65	Film, 8inX10in (ultrasound, MR)	SK022		**2**		**1**	
66	x-ray evelope	SK091		**1**			
67	**Equipment**	**CMS Code**	**Unit**				
68	Film processor, dry laser	ED024		**1**		**1**	
69	Room, ultrasound, general	EL015		**1**		**1**	
70	Film alternator	ER029		**1**			

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

September 2005

Stereotactic Radiation Treatment Delivery

The CPT Editorial Panel created two new codes for stereotactic-based radiation treatment for cranial lesions delivered in a single fraction as a complete course of treatment. The Panel combined two CMS G-codes; G0173 *Stereotactic radiosugery, complete course of therapy in one session* and G0243 *Multi-source photon stereotactic radiosurgery, delivery, including collimator changes and custom plugging, complete course of treatment, all lesions,* into their own single CPT codes. The treatment is delivered by either a linear accelerator (sometimes called linac radiosurgery) or a multisource cobalt-60 unit (sometimes referred to as the Gammaknife). These new codes were required to define the technical component of single fraction cranial SRS (i.e. stereotactic radiosurgery) complete course of treatment in one session for the two SRS technical modalities which are utilized. There is no physician work associated with these two new codes.

The RUC, the Practice Expense Review Committee, and the specialty society carefully reviewed the direct practice expense inputs for new codes 77371 *Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion(s) consisting of one session); multi-source Cobalt 60 based* and 77372 *Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion(s) consisting of one session); linear accelerator based,* both agreed that the initial specialty recommendation included more clinical labor time than typically would occur for these procedures.
The discussion of the workgroup is listed below and the full revised practice expense inputs are attached.

The RUC and the specialty society representatives reviewed each clinical labor activity line by line and made appropriate changes to reflect the typical patient encounter. In total the clinical labor time for 77371 was reduced from the specialty recommendation of 368 minutes to 266 minutes, and for 77372 was reduced from the specialty recommendation of 278 minutes to 191 minutes. Below are the details of the reductions in clinical labor time that were made to reflect the typical practice and current PERC standards. These reductions were unanimously agreed upon by the RUC and specialty society:

Pre-Service Clinical Labor Time:
The committee reviewed the pre-service activities and reduced the time to the standards and to the typical time reducing the total pre-service time from 13 minutes to 9 minutes. These reductions occurred in coordinating the pre-service activities and providing pre-service education/obtain consent.

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

Intra-Service Clinical Labor Time:
The committee spent significant time understanding the details of the clinical labor activities involved in the two services and reduced the intra-service time from 355 to 254 minutes for 77371 and from 305 to 179 for 77372. Reductions in time in the pre-service of the service period reflected a change to the PERC standards, and reductions in the intra- and post-service time of the service period reflected the typical patient.

Two clinical labor staff members are needed during the intra service period, an RT and a Medical Physicist. The activities of each staff member were broken out by the specialty society so that the committee understood each increment of time being spent during the treatment plan and treatment time periods. With the clinical labor detailed, the committee understood the treatment and the typical time spent performing the procedure. The typical time spent by the RT after a line by line analysis was reduced by 41 minutes to 71 minutes, and the Medical Physicist time was reduced by 38 minutes. The specialty society agreed with these reductions as they again thought through the steps of the treatment plan and delivery procedure. In addition, the committee agreed that the staff monitoring the patient after the procedure needed only 20 minutes rather than 30 minutes as they would be multi-tasking.

Post-Service Clinical Labor Time:
The RUC agreed that a phone call in the post service time period was needed and agreed to 3 minutes for this activity.

Medical Supplies and Equipment:
The RUC reviewed the medical supplies carefully for both new codes and agreed with the specialty recommended medical supplies. No changes to medical supplies were needed and are recommended to the RUC.

Equipment
The RUC reviewed and discussed the necessity and the cost of the very expensive equipment used for this procedure. The specialty society assured the RUC that the new and CMS listed equipment were required for the service.

A detailed direct practice expense spreadsheet with the RUC's recommendation is attached.

New Technology
The RUC identified codes 77371 and 77372 as utilizing new technology. **The RUC recommends that these codes are put on the new technology/services list and return to the RUC for re-review once this technology has become more widespread.**

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 77371	C1	Radiation treatment delivery, stereotactic radiosurgery (SRS) (complete course of treatment of cerebral lesion[s] consisting of 1 session); multi-source Cobalt 60 based	XXX	0.00 (No Physician Work – Practice Expense Inputs only)
● 77372	C2	linear accelerator based (For radiation treatment management, use 77432)	XXX	0.00 (No Physician Work – Practice Expense Inputs only)

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Revised 9/30/2005
TAB 7: Post PERC Facsilitation
AMA Specialty Society Recommendation

	A	B	C	D	E	F	G
1							
2	Time Corrected			CPT Code 77371		77372	
3	Meeting Date: September/October 2005 RUC Recommendations			Code Descriptor: Radiation treatment delivery, stereotactic radiosurgery (SRS); multi-source Cobalt 60 based		Code Descriptor: Radiation treatment delivery, stereotactic radiosurgery (SRS); linear accelerator based	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD						
6	TOTAL CLINICAL LABOR TIME			234.0	15.0	159.0	15.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			9.0	12.0	9.0	12.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			222.0	0.0	147.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			3.0	3.0	3.0	3.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MA	3	3	3	3
13	Coordinate pre-surgery services	L037D	RN/LPN/MA	3	3	3	3
14	Schedule space and equipment in facility	L037D	RN/LPN/MA		3		3
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MA	3	3	3	3
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity (please specify)						
18	End:When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure						
21	Pre-service services						
22	Review charts	L037D	RN/LPN/MA	3		3	
23	Greet patient and provide gowning	L037D	RN/LPN/MA	3		3	
24	Obtain vital signs	L037D	RN/LPN/MA	3		3	
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies	L037D	RN/LPN/MA	2		2	
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MA	2		2	
29	Sedate/apply anesthesia						
30	Intra-service						
31	Assist physician in performing procedure	L050C	RT				
32	Enter treatment plan		RT	4		4	
33	Review and check plan coordinates		RT	4		4	
34	Assist in patient positioning		RT	8		8	
35	Monitor treatment delivery and patient		RT	50		30	
36	Complete treatment and documentation		RT	5		5	
37	TOTAL RT INTRA		RT	71		51	
38							
39	Assist physician in performing procedure	L121A	MEDICAL PHYSICIST				
40	Automatic Positioning System (APS) QA			20		20	
41	Sets up plugs for collimator helmut			5			
42	Verification of physical deliverability			3		3	
43	APS automatic series to rule out collision			5		5	
44	Treatment			70		24	
45	Change angle and collimators			5		5	
46	Disengage patient and reposition			3		3	
47	Reset plugs			4			
48	TOTAL MEDICAL PHYSICIST			115		60	
49							
50							
51	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MA	20		20	
52	Clean room/equipment by physician staff	L037D	RN/LPN/MA	3		3	
53	Clean Scope						
54	Clean Surgical Instrument Package						
55	Complete diagnostic forms, lab & X-ray requisitions						
56	Review/read X-ray, lab, and pathology reports						
57	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
58	Discharge day management 99238 --12 minutes 99239 --15 minutes						

	A	B	C	D	E	F	G
2	**Time Corrected**			**CPT Code 77371**		**77372**	
3	**Meeting Date: September/October 2005** **RUC Recommendations**			**Code Descriptor: Radiation treatment delivery, stereotactic radiosurgery (SRS); multi-source Cobalt 60 based**		**Code Descriptor: Radiation treatment delivery, stereotactic radiosurgery (SRS); linear accelerator based**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
59	Other Clinical Activity (please specify)						
60	**End: Patient leaves office**						
61	**POST-SERVICE Period**						
62	**Start: Patient leaves office/facility**						
63	Conduct phone calls/call in prescriptions	**L037D**	**RN/LPN/MA**	**3**	**3**	**3**	**3**
64	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
65	*List Number and Level of Office Visits*						
66	99211 16 minutes		**16**				
67	99212 27 minutes		**27**				
68	99213 36 minutes		**36**				
69	99214 53 minutes		**53**				
70	99215 63 minutes		**63**				
71	Other						
72							
73	*Total Office Visit Time*			**0**	**0**	**0**	**0**
74	Other Activity (please specify)						
75	**End: with last office visit before end of global period**						
76	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
77	film, x-ray 14in x 17in	**SK034**	**item**	**2**		**2**	
78	x-ray ID card (flashcard)	**SK093**	**item**	**2**		**2**	
79	x-ray developer solution	**SK089**	**oz**	**1**		**1**	
80	x-ray envelope	**SK091**	**item**	**1**		**1**	
81	x-ray marking pencile	**SK094**	**item**	**1**		**1**	
82	tape, surgical paper 1in (Micropore)	**SG079**	**inch**	**10**		**10**	
83	drape, non-sterile, sheet 40in x 60in	**SB006**	**item**	**1**		**1**	
84	underpad 2ft x 3ft (Chux)	**SB044**	**item**	**3**		**3**	
85	gloves, non-sterile	**SB022**	**item**	**4**		**4**	
86	kit, iv starter	**SA019**	**item**	**1**		**1**	
87	iv tubing (extension)	**SC019**	**foot**	**1**		**1**	
88	swab-pad, alcohol	**SJ053**	**item**	**1**		**1**	
89	bandage, strip 0 75in x 3in (Bandaid)	**SG021**	**item**	**1**		**1**	
90							
91	**Equipment**	**CMS Code**	**Unit**				
92	Elekta Gammaknife			**$3,870, 000.00**			
93	Radioactive Source Replenishment - Monthly			**$15,000.00**			
94	Lincac SRS System					**$4,350,000.00**	
95	x-ray view box, 4 panel	**ER067**		**$889.17**		**$889.17**	
96	film processor, x-omat (M6B)	**ED027**		**$34,865.00**		**$34,865.00**	
97	pulse oximeter w-printer	**EQ211**		**$1,207.18**		**$1,207.18**	
98							

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Stereotactic Body Radiation Therapy

The CPT Editorial Panel created two new codes, 77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fractions* and 77435 *Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions* to report treatment of localized tumors or lesions anywhere in the body using minimally-invasive stereotactic body radiation therapy (SBRT) techniques with the use of rigid immobilization and image guidance throughout the treatment.

77373

The RUC reviewed 77373, which has practice expense inputs only for clinical labor time of the SBRT treatment delivery. The RUC assessed and modified the practice expense inputs

77435

The RUC reviewed 77435 based on the vignette that the typical patient receives three fractions of SBRT. The RUC determined that 77435 will have minimal pre-service and immediate post-service time associated with this service. The RUC compared 77435 to reference service code 77432 *Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)* (Work RVU=7.92) which is for one session of SBRT management. The RUC agreed that the the mental effort and judgment, technical skill/physical effort and psychological stress were higher for 77435 than the reference code 77432. The RUC carefully examined the intra-service time and determined that 230 minutes of intra-service time (approximately 75 minutes per fraction, based on the typical three fractions performed) was appropriate. **The RUC recommends pre-service evaluation time of 20 minutes, intra-service time of 230 minutes and immediate post-service time as 20 minutes for 77435.**

The RUC examined the survey median RVU of 13.00 and agreed that it appropriately reflected the physician work involved to perform this procedure. By having higher pre-service, intra-service, and immediate post-service times compared to the reference code 77432, these increases bring the work RVU to approximately 13.00. **The RUC recommends the median survey work RVU of 13.00 for code 77435.**

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Practice Expense
The RUC assessed the approved the practice expense inputs for 77435.

New Technology
The RUC identified codes 77373 and 77435 as utilizing new technology. **The RUC recommends that these codes are put on the new technology/services list and return to the RUC for re-review once this technology has become more widespread.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D 0082T		~~Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day~~ ~~(Do not report 0082T in conjunction with 77401-77416, 77418)~~		N/A
D 0083T		~~Stereotactic body radiation therapy, treatment management, per day~~ (0082T, 0083T have been deleted. To report, see 77373, 77435)		N/A
●77373	RR1	Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fractions (For single fraction cranial lesion(s), use 77371 or 77372) (Do not report 77373 in conjunction with 77401-77416, 77418)	XXX	0.00 (PE Inputs Only)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●77435	RR2	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions (Do not report 77435 in conjunction with 77427, 77432) (When stereotactic radiation therapy is performed jointly by a surgeon and radiation oncologist (eg spinal or cranial), the surgeon reports radiosurgery with 61793)	XXX	13.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77435 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **13.00**
RUC RVU: **13.00**

CPT Descriptor: Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male is diagnosed with a 3.0 cm non-small cell lung cancer in the periphery of the left lower lobe of the lung and his metastatic work is negative. He is medically inoperable secondary to poor pulmonary reserve. Stereotactic body radiation therapy (SBRT) is selected to enhance local control and cure and decrease treatment related morbidity. The prescription is to deliver 20 Gy per fraction X 3 fractions. After simulation and appropriate conformal treatment planning he presents to the department for SBRT.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 7%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The radiation oncologist performs a clinical evaluation of the patient to ascertain that the patient is medically stable to undergo the procedure and obtains the patient consent. He/She then ensures that any ordered pre-SBRT medications have been administered (anti-emetic anti-anxiety or analgesic medications as needed to ensure patient comfort, steroid anti-inflammatory agents in some lung SBRT cases). The radiation oncologist reviews the chart prescription, patient treatment set-up instructions and motion control parameters and confirms with the medical physicist that there will be no collisions of the apparatus with the patient, treatment couch, or other devices and makes appropriate modifications. This may involve supervising a dry run of the treatment delivery. The physician selects and validates the method used to account for respiratory motion or other types of patient motion and correlate these findings with the parameters of the accepted treatment plan.

Description of Intra-Service Work: Under the direct supervision of the radiation oncologist, the patient is set up on the treatment table and all the treatment parameters are verified. Image guidance with respiratory correlation may be achieved through a variety of methods all of which are supervised, corrected and approved in real time by the physician. The radiation oncologist remains available throughout SBRT treatment to manage the execution of the treatment and make real-time adjustments in response to patient motion, target movement, or equipment issues to ensure accuracy and safety.
After positioning, breath coordination equipment or optical tracking (for monitoring the respiration signals) are turned on and time is allowed for the patient to acquaint with the audio or visual instructions. Gated (manually or automatic) setup radiographs (kV or MV) are taken and compared by the physician with digitally reconstructed radiographs (DRR's) to detect patient shifts. The patient position is adjusted if the films show a misalignment greater than a predetermined threshold. An on board image series (orthogonal kv or CT scan) is acquired or a CT simulation can be done if this is not available and the radiation oncologist reviews images with the medical physicist to verify that the internal isocenter in the reconstructed 3D volume is positioned appropriately in reference to the observed tumor location in accordance with the previously designed treatment plan. Once the beam is turned on the respiration signal, patient position and target location are continuously monitored during the delivery of image guided SBRT. Multiple images are taken throughout the course of the treatment to verify target localization and these are contemporaneously approved by the physician before the beam can be turned on again. Each time the patient coughs or shifts the treatment has to be interrupted and re-initiated after re-localization and repeat image guidance and correlation. The beam is turned on when the image guidance confirms that the target lesion is in the treatment zone. The physician assesses and approves all of the ongoing images used for localization, tumor tracking, any gating application, as well any complementary, single (beam's eye) view localization images for any of the fields or arcs that are arranged to deliver a dose. At all points of decision-making with

regard to patient setup, the radiation oncologist will confer with the medical physicist and approve the final setup. The radiation oncologist remains in attendance for the delivery of the radiation treatment (which may last for 1 to 2 hours).

Description of Post-Service Work: After the radiation is given, the patient is taken off the couch taken to an exam room and vital signs are taken and the patient is examined and provided post treatment education. The radiation oncologist will enter a note into the medical record documenting the symptoms and physical findings as well as the successful completion of SBRT at the end of each fraction and a note on the completion of the entire course summarizing the course of treatment, including the dose given, the site(s) treated, and the patient's clinical experience during SBRT. The radiation oncologist communicates this information to the patient's other medical caregivers and ensures that any other planned anti-cancer therapy is arranged to commence as appropriate.

The entire treatment process and treatment management is repeated for each subsequent treatment fraction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Najeeb Mohideen, MD, David Beyer, MD, John Kresl, MD, PhD, and Brian Kavanagh, MD, MPH					
Specialty(s):	Radiation Oncology					
CPT Code:	77435					
Sample Size:	263	**Resp n:** 55		**Response:** 20.9 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		9.93	12.00	**13.00**	17.25	32.00
Pre-Service Evaluation Time:				**20.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		80.00	197.50	**230.00**	380.00	600.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**20.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
77432	XXX	7.92

CPT Descriptor Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
30410	090	12.96

CPT Descriptor 1 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip.

MPC CPT Code 2	Global	Work RVU
33249	090	14.21

CPT Descriptor 2 Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator.

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 49.0 %

TIME ESTIMATES (Median)

	CPT Code: 77435	Key Reference CPT Code: 77432
Median Pre-Service Time	20.00	0.00
Median Intra-Service Time	230.00	156.00
Median Immediate Post-service Time	20.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**270.00**	**156.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.67	3.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.69	4.06
Urgency of medical decision making	4.22	3.72

Technical Skill/Physical Effort (Mean)

Technical skill required	4.85	4.03
Physical effort required	4.09	3.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.93	4.26
Outcome depends on the skill and judgment of physician	4.91	4.10
Estimated risk of malpractice suit with poor outcome	4.47	3.84

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	4.64	3.74
Intra-Service intensity/complexity	4.89	3.94
Post-Service intensity/complexity	3.75	3.19

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The surveyed code is an XXX code. Often our radiation oncology CPT codes, with an XXX do not have pre and post time. When preparing for this survey, it was recommeneded by the AMA that we survey for pre and post time in anticipation of our survey respondents selecting a reference code that might have Pre and Post time. (This is a management code and our other management code that has gone through the RUC does actually have some time in pre and post.)

We received over 50 completed surveys from our membership and it is clear from our survey responses that many people in our sample continue to interpret pre/intra/post differently for XXX codes. Therefore, we are recommending to use the total time as our basis for time recommendations. (We often use this apporach, as recently as with the 5 year review recommendations.) The consensus panel has reviewed the data and feels that the surveyed median total time is appropriate for this new management code, which is for a complete course of SBRT. (Note: the vignette was for 3 fractions). Recognizing that there is some pre and post time, we recommend backing out (from total median time) 20 minutes for PreTime and 20 minutes for Post Time (Specific activities are described in the Description of Work section). The consensus panel recommends the median RVU, which is 13.00, based on time, intensity, IWPUT and a building block.

The IWPUT for this code, with 20 minutes of preevaluation time, 230 minutes of intra time and 20 minutes of post time is 0.053. This IWPUT is right in line with the IWPUT of other radiation oncology cpt codes (i.e. 0.049 for 77427, 0.059 for 19298, 0.051 for 77432 *ref code) and then accounting for the intensity of this procedure.

The consensus panel also used a building block to validate our recommendations. Again, this management code reflects a "complete course" of therapy. The following codes were used used as a "cross check" per se of our recommendation. These codes would not be billed along with this new code.
(1) 77432 - 7.92
(1) 77427 - 3.31
(3) 77421 - 0.39 *3=1.17
Total=12.4, which is right in line with our median of 13.00.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

   77373; Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fraction(s).

   Possibly a simulation CPT code: 77280-77290; Therapeutic radiology simulation-aided field setting; simple, intermediate, or complex.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Category III Code 0083T; Stereotactic body radiation therapy, treatment management, per day

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiation Oncology Frequency 5000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Radiation Oncology Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fraction(s)

Sample Size: 55 **Response Rate: (%):** 32% **Global Period:** XXX

Geographic Practice Setting %: Rural 5% Suburban 56% Urban 39%

Type of Practice %: 61% Solo Practice
0% Single Specialty Group
33% Multispecialty Group
6% Medical School Faculty Practice Plan

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The American Society for Therapeutic Radiology and Oncology (ASTRO) prepared these practice expense reccommendations using the ASTRO RVS committee, and an ad hoc committee of physicians and physicists who perform stereotactic body radiation therapy (SBRT). The group used the submitted practice expense data (survey data) as the basis to start the consensus process. These recommendations reflect the consensus opionion of the ASTRO RVS committee and the physician experts in SBRT.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

n/a

Intra-Service Clinical Labor Activities:
The nurse evaluates the patient in an exam room, takes vitals and administers any pre-SBRT medications (anti-emetic anti-anxiety or analgesic medications or steroid anti-inflammatory agents in some lung SBRT cases). Prior to the first treatment, the therapist and the medical physicist confirm the chart prescription dose, the patient treatment set-up instructions, and respiratory motion control parameters. The medical physicist confirms treatment isocenter verification in accordance with the departmental practice (typically performed daily using the Winston-Lutz test or equivalent method). The medical physicist also analyzes the set up for potential collisions of the apparatus with the patient, treatment couch, or other devices and discusses with the physician if appropriate modifications are required. This process may involve doing a test run of the treatment delivery machinery to reproduce in the treatment room the intended gantry or robotic arm motion path according to the computer-designed plan of treatment. .

Prior to each individual SBRT treatment, the therapist identifies the correct patient chart and loads into the treatment control software the patient-specific treatment plan file on their work station outside the treatment room. The therapist gives specific instructions to the patient prior to positioning. The patient is positioned by the therapist with the assistance of either another therapist or the medical physicist in the previously constructed immobilization device (e.g. alphacradle or body frame) with the help of in-room lasers aligned to external

reference fiducial marks. After positioning the patient on the table, the therapist positions the abdominal compression device, breath coordination equipment, or optical tracking devices. The medical physicist, with the hysician, will confirm the positioning of these devices. The medical physicist and physician confirm effective dampening of abdominal respiration or readiness of the gating or motion tracking system. The therapist confirms patient comfort in the treatment position and confirms that the patient can receive and understand audio or visual instructions.

With the patient secured in the treatment position and respiratory control devices deployed, the therapist and the medical physicist go outside the room to the treatment console. The therapist then activates the image guidance device (kV or MV radiographs or CT scan), and the medical physicist and radiation oncologist review the acquired images for quality and interpretability. If technically unsuitable for interpretation, the images are acquired again. Once suitable images are obtained, the medical physicist and physician compare them with digitally reconstructed radiographs (DRR's) to determine whether the images obtained match the expected appearance; bony landmarks and/or internal fiducial markers are visualized for this purpose. The patient position is then adjusted either automatically or manually to allow for precise match of the obtained guidance images and expected appearance. If the required patient position shift is larger than a pre-determined acceptable limit, the patient is typically assisted up from the treatment table and repositioned, and the process of setting up the respiratory control system and acquisition of guidance images is repeated. For systems using orthogonal kV images, prior to the first SBRT treatment it is routine to confirm internal target location with additional CT simulation images which the radiation oncologist reviews images with the medical physicist to verify that the internal isocenter in the reconstructed 3D volume is positioned appropriately in reference to the observed tumor location in accordance with the previously designed treatment plan.

Only when the medical physicist and radiation oncologist are certain that the correct target position has been equired, can the Radiation Therapist energize the radiation delivery system and commence treatment. The respiration signal, patient position, and target location are continuously monitored during the delivery of image guided SBRT. Multiple images are taken throughout the course of the treatment by the therapist to verify target localization. If the patient is observed to move or requires a break in the treatment for any reason (e.g. discomfort or fatigue from the respiratory control system), the entire patient positioning and image-guided verification process is repeated. The respiratory control system is monitored continuously by the therapist, and the therapist discontinues treatment if there are observed or suspected deviations in its performance; these concerns are brought to the attention of the medical physicist and radiation oncologist, who order patient repositioning or resynchronization of the gating or tracking system if needed prior to resuming treatment. Repeat image guidance might also be required in this circumstance. The medical physicist and physician again must both review and approve acquired guidance images before the beam can be turned on again.

It is necessary for a medical physicist to have direct involvement in the treatment delivery process because of the complexity of combining image guided radiotherapy therapy and respiratory motion control and also the need for a second expert confirmation (in addition to the radiation oncologist) of the setup accuracy. There is a greater need for very high accuracy in view of the very high doses per treatment, the complex arrangement of beams and arcs, and very high dose rate of machine output used given the desire to complete the entire individual SBRT treatment as efficiently as possible. These conditions of operation generates frequent automatic stop and warning responses within the linear accelerator; it is the medical physicist's responsibility to respond appropriately and over-ride warnings when appropriate or correct and re-calibrate alignment or monitor machine ooling and re-institute treatment when appropriate and safe.

Once the dose has been delivered the therapists go into the room, disconnect all respiratory control devices, and assist the patient in the process of rising up from the immobilization device. To ensure patient safety and avoid

damage to the respiratory control device and immobilization equipment, it is necessary for two therapists or a therapist and medical physicist to aid the patient in dismounting from the treatment couch. The therapist then takes sure that the patient has no immediate concerns and is escorted out of the room to the nurse, who then takes the patient to an exam room. The medical physicist tabulates the daily dose and confirms that there has been no shift from the planned dose or if there is an interrupted treatment makes appropriate calculations on dose to report to the physician. Both the therapist and medical physicist complete their paperwork and sign the prescription sheet. After the fraction of SBRT a nurse will check the patient's vitals signs and evaluate the patient in an exam room separate from the treatment room. While the patient is resting, the nurse monitors vital signs, and provides post treatment education (review of potential side effects) and schedules the follow up appointments. In the post-SBRT follow-up visits, the medical physicists aids the radiation oncologist in fusing post-SBRT imaging studies with treatment planning images to facilitate review of tumor response and normal tissue reactions relative to the internal distribution of radiation dose administered for purposes of institutional quality control regarding the treatment outcome.

Post-Service Clinical Labor Activities:

n/a

CPT Code: 77435

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor: Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions.

Sample Size:_____ Response Rate: (%):_____ Global Period:_____

Geographic Practice Setting %: Rural____ Suburban_____ Urban_____

Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

The American Society for Therapeutic Radiology and Oncology (ASTRO) prepared these practice expense reccommendations using the ASTRO RVS committee, and an ad hoc committee of physicians and physicists ho perform stereotactic body radiation therapy (SBRT). The group used the submitted practice expense data survey data) as the basis to start the consensus process. These recommendations reflect the consensus opionion of the ASTRO RVS committee and the physician experts in SBRT.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Prior to SBRT the RN, LPN, or medical assistant completes necessary referral forms, coordinates the planned participation of the personnel involved in treatment delivery, and schedules usage of required treatment machines and accessory equipment. The nurse conducts with the patient an educational session concerning SBRT, reviewing information already given to the patient by the radiation oncologist and confirming the patient's informed consent to proceed.

Intra-Service Clinical Labor Activities:

n/a

Post-Service Clinical Labor Activities:
The nurse makes phone calls to follow up on side effects within 2-3 weeks after SBRT and phones in prescriptions.

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions.

Sample Size:_____ Response Rate: (%):_____ Global Period:_____

Geographic Practice Setting %: Rural____Suburban_____ Urban_____

Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

The American Society for Therapeutic Radiology and Oncology (ASTRO) prepared these practice expense recommendations using the ASTRO RVS committee, and an ad hoc committee of physicians and physicists who perform stereotactic body radiation therapy (SBRT). The group used the submitted practice expense data (survey data) as the basis to start the consensus process. These recommendations reflect the consensus opionion of the ASTRO RVS committee and the physician experts in SBRT.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Prior to SBRT the RN, LPN, or medical assistant completes necessary referral forms and coordinates the planned participation of the personnel involved in treatment delivery. The nurse conducts with the patient an educational session concerning SBRT, reviewing information already given to the patient by the radiation oncologist and confirming the patient's informed consent to proceed.

Intra-Service Clinical Labor Activities:

n/a

Post-Service Clinical Labor Activities:
The nurse makes phone calls to follow up on side effects within 2-3 weeks after SBRT and phones in prescriptions.

	A	B	C	I	J	K	L
2				CPT Code 77373		CPT Code 77435	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Code Descriptor:** Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fraction(s)		**Code Descriptor:** Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD						
6	**TOTAL CLINICAL LABOR TIME**			213		12	15
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	0		9	12
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L121A	MEDICAL PHYSICIST	75			
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L050C	RT	111			
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	27		0	0
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	0		3	3
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA			3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA			3	3
16	Schedule space and equipment in facility						3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3	3
18	Follow-up phone calls & prescriptions						
19	Other Clinical Activity (please specify)						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start When patient enters office/facility for surgery/procedure**						
23	**Pre-service services**						
	Review charts	L037D	RN/LPN/MTA	3			
	t patient and provide gowning	L037D	RN/LPN/MTA	3			
	in vital signs	L037D	RN/LPN/MTA	3			
	ovide pre-service education/obtain consent						
28	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2			
29	Setup scope (non facility setting only)						
30	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2			
31	Sedate/apply anesthesia// oral pre-medication	L037D	RN/LPN/MTA	1			
32	**Intra-service**						
33	Assist physician in performing procedure	L050C	RT				
34	Enter treatment plan	L050C	RT	4			
35	Review and check plan coordinates	L050C	RT	4			
36	Assist in patient positioning	L050C	RT	8			
37	Monitor treatment delivery and patient	L050C	RT	90			
38	Complete treatment and documentation	L050C	RT	5			
39	**TOTAL RT INTRA**	L050C	RT	111			
40							
41	Assist physician in performing procedure	L121A	MEDICAL PHYSICIST				
42	Automatic Positioning System (APS) QA						
43	Setup DRR reference positions	L121A	MEDICAL PHYSICIST	20			
44	Sets up plugs for collimator helmut						
45	Establish Respiratory Cycle (RC) for patient	L121A	MEDICAL PHYSICIST	5			
46	Verification of physical deliverability						
47	Correlate RC with Target (Fiducial) position	L121A	MEDICAL PHYSICIST	5			
48	APS sutomatic series to rule out collision						
49	Compare with reference DRR's and consult with physician	L121A	MEDICAL PHYSICIST	5			
50	Treatment						
51	Treatment	L121A	MEDICAL PHYSICIST	30			
52	Change angle and collimators						
	Re-establish RC/Target position if correlation lost	L121A	MEDICAL PHYSICIST	5			
	engage patient and reposition						
	Comparewith DRR's, consult with physician	L121A	MEDICAL PHYSICIST	5			
56	Reset plugs						
57	**TOTAL MEDICAL PHYSICIST**	L121A	MEDICAL PHYSICIST	75			

	A	B	C	I	J	K	L
2				CPT Code 77373		CPT Code 77435	
3	**Meeting Date: April 2006** **RUC Recommendation**			**Code Descriptor:** Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed 5 fraction(s)		**Code Descriptor:** Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
58							
59	Monitor pt following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	10			
60	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3			
61	Clean Scope						
62	Clean Surgical Instrument Package						
63	Complete diagnostic forms, lab & X-ray requisitions						
64	Review/read X-ray, lab, and pathology reports						
65	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
66	Discharge day management 99238 --12 minutes						
67	Other Clinical Activity (please specify)						
68	**End: Patient leaves office**						
69	**POST-SERVICE Period**						
70	**Start: Patient leaves office/facility**						
71	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA			3	3
72	*Office visits*						
73	*List Number and Level of Office Visits*						
74	99211 16 minutes		16				
75	99212 27 minutes		27				
76	99213 36 minutes		36				
77	99214 53 minutes		53				
	5 63 minutes		63				
81	*Total Office Visit Time*			0	0	0	0
82	Other Activity (please specify)						
83	**End: with last office visit before end of global period**						
84	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
85	film, x-ray 14in x 17in	SK034	item	n/a			
86	x-ray ID card (flashcard)	SK093	item	n/a			
87	x-ray developer solution	SK089	oz	n/a			
88	x-ray envelope	SK091	item	n/a			
89	x-ray marking pencile	SK094	item	n/a			
90	kit, iv starter	SA019	item	n/a			
91	iv tubing (extension)	SC019	foot	n/a			
92	swab-pad, alcohol	SJ053	item	n/a			
93	bandage, strip 0 75in x 3in (Bandaid)	SG021	item	n/a			
94	tape, surgical paper 1in (Micropore)	SG079	inch	10			
95	drape, non-sterile, sheet 40in x 60in	SB006	item	1			
96	underpad 2ft x 3ft (Chux)	SB044	item	3			
97	gloves, non-sterile	SB022	item	4			
98	gas, oxygen	SD084	liter	10			
99	pack, minimum multi-specialty visit	SA048	pack	1			
100							
101							
102	**Equipment**	**CMS Code**	**Unit**				
103	Elekta Gammaknife			n/a			
104	Radioactive Source Replenishment - Monthly			n/a			
105	Lincac SRS System			n/a			
106	x-ray view box, 4 panel	ER067		n/a			
107	film processor, x-omat (M6B)	ED027		n/a			
108							
109	pulse oximeter w-printer	EQ211		$ 1,207.18			
110				***One of the below systems***			
111	Novalis System			$ 3,345,100.00			
	ta Synergy System			$ 5,035,554.00			
	Clinac iX System			$ 4,303,341.00			
	ay CyberKnife System			$ 4,100,000.00			
11	inotherapy System			$ 3,580,950.00			
116	Siemens System			$ 3,641,741.00			

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Urinary Bladder Residual Study

The CPT Editorial Panel revised code 78730 *Urinary bladder residual study* to report it as an add-on code to another procedure. Code 78730 is a nuclear medicine imaging and quantification procedure and is not used as a stand alone study, it is used in conjunction with assessment of ureteral reflux, CPT code 78740 *Ureteral reflux study (radiopharmaceutical voiding cystogram)* (Work RVU=0.57).

The RUC reviewed the vignette for 78730 and determined that the vignette used in the survey was not the final vignette approved by the CPT Editorial Panel. Therefore, the survey respondents based their responses on the typical service for 78730 as including the performance of a nuclear medicine ureteral reflux study. The RUC did not use the survey in the valuation of this service. The correct vignette is as follows:

> A 2 year-old girl with a history of urinary tract infection and documented vesicoureteral reflux is referred for nuclear ureteral reflux study (separately reported). Determination of residual bladder volume was also requested and is then performed.

After extensive review, the RUC determined that the physician work intensity/complexity and physician times for code 78730 were similar to the reference service code 78000 *Thyroid uptake; single determination* (Work RVU=0.19, Intra-service time =14 minutes). The RUC reduced the pre-service and immediate-post service times to zero for code 78730 to reflect the fact that this is now an add-on code and the physician work is included in the base code 78740. The RUC agreed with the specialty society to reduce survey intra-service time from ten to five minutes. **The RUC recommends a work RVU of 0.15 and an intra-service time of 5 minutes for code 78730.**

Practice Expense

The RUC assessed and modified the practice expense inputs for code 78730 and its companion code, 78740 *Ureteral reflux study (radiopharmaceutical voiding cystogram)* (Work RVU=0.57), to reflect the typical patient encounter.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
+▲78730	SS1	Urinary bladder residual study (List separately in addition to code for primary procedure) (Use 78730 in conjunction with 78740) (For measurement of post-void residual urine and/or bladder capacity by ultrasound, nonimaging use 51798) (For ultrasound imaging of the bladder only, with measurement of post-void residual urine when performed, use 76857) ~~(For introduction of radioactive substance in association with cystotomy or cystostomy, use 51020; in association with cystourethroscopy, use 52250)~~	ZZZ	0.15
78740		Ureteral reflux study (radiopharmaceutical voiding cystogram) (Use 78740 in conjunction with 78730 for urinary bladder residual study) (For catheterization, see 51701, 51702, 51703)	XXX	0.57 (No Change)

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78730 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **0.15**
RUC RVU: **0.15**

CPT Descriptor: Urinary bladder residual study
(List separately in addition to code for primary procedure)(Use 78730 in conjunction with 78740)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2 year-old girl with a history of urinary tract infection and documented vesicoureteral reflux is referred for nuclear ureteral reflux study (separately reported). Determination of residual bladder volume was also requested and is then performed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 5%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: (None, as the pre service work included in 78740 study.)

Description of Intra-Service Work: After the ureteral reflux study 78740 is complete and the patient has voided, the physician supervises a certified technologist who instructs the patient on the additional imaging for the procedure and obtains the post void images. The activity in the bladder is measured on pre- and post-void images by placing a region of interest around the bladder, and the difference is determined. The physician supervises the technologist in the acquisition and reconstruction of the data. Additionally, the voided volume of urine is measured directly. This information is used to calculate the residual bladder volume. The physician reviews the study for adequacy and need for additional acquisitions. Alternatively, the reference direct volume measurement used in the calculation can be the volume of saline infused into the bladder during the reflux study. Images are interpreted by the physician with correlation with prior or related imaging studies. The physician dictates report for the medical record.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Gary Dillehay, MD, Geraldine McGinty, MD and Jonathan Berlin, MD					
Specialty(s):	Society of Nuclear Medicine and American College of Radiology					
CPT Code:	78730					
Sample Size:	303	**Resp n:** 20		**Response:** 6.6 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		0.12	0.19	**0.28**	0.56	1.10
Pre-Service Evaluation Time:				**0.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		0.00	3.00	**5.00**	11.00	40.00
Post-Service	**Total Min****	**CPT code / # of visits**				

Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
78000	XXX	0.19

CPT Descriptor Thyroid uptake; single determination

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU
78740	XXX	0.57

CPT Descriptor Ureteral reflux study (radiopharmaceutical voiding cystogram)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 45.0 %

TIME ESTIMATES (Median)

	CPT Code: 78730	Key Reference CPT Code: 78000
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	5.00	14.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**5.00**	**14.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.00	2.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.50	2.33
Urgency of medical decision making	2.05	1.67

Technical Skill/Physical Effort (Mean)

Technical skill required	2.30	1.89
Physical effort required	1.85	1.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.05	1.78
Outcome depends on the skill and judgment of physician	2.45	2.22
Estimated risk of malpractice suit with poor outcome	2.00	1.56

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	1.79	1.50
Intra-Service intensity/complexity	2.20	1.78
Post-Service intensity/complexity	2.16	1.50

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In preparing to survey, the Society of Nuclear Medicine engaged its physician leadership and Pediatric Council members to participate in the survey. From this panel, the SNM sent 153 requests and received 20 completed surveys. Many SNM members were unable to participate as they stated they currently were not performing this procedure in their practice; this was also the case with some pediatric council members. The American College of Radiology sent 150 surveys to its RUC workgroup and was unable to supply data, as all of their surveyed members stated they were not currently performing this add-on procedure.

The survey data results were reviewed by a consensus expert panel. The number of survey respondents is small. The expert panel concluded that the high pre-, intra- and post-procedure times were because some of the participants had difficulty separating the add-on work of this code from the base procedure code CPT 78740.

The most frequent reference code chosen was CPT 78000, "Thyroid Uptake Only", which is consistent with the expert panel choice of a similar nuclear medicine procedural work for the surveyed code 78730. While the next most frequent reference service choice of the respondents was the base code 78740, we believe this choice and other higher RVU codes contributed to the high values in the data. Therefore, the expert panel concluded that the survey pre-, intra- and post-procedure times were not appropriate. The expert panel felt that more appropriate times for these services would be: 0 minutes of pre-service time, as this is an add on code and there would be no further pre-service time above that already included in the 78740 base code, an intra-service time of 5 minutes, the median value from the surveys was 10, and 1 minute of post-service time, reflecting additional time which the interpreting physician would need to discuss the results of the residual study with the referring physician or perhaps the patient, or in the case of a pediatric patient, the child's parents.

We reviewed the Medicare volume listed below. As we discussed with the CPT Editorial Panel, we believe some providers are inadvertanlty coding 78730 when an ultrasound residual study is being performed. CPT 51798 has a RUC-approved value of 0.38 and a CMS value of 0.00. CMS did not accept the RUC's recommendation. While the physician work is different for 78730 than for the ultrasound code, this nuclear medicine procedure does involve physician work in addition to the base code as discussed above.

CPT Code	2002	2003	2004
78730	16,190	16,580	13, 440
78740	221	270	452
51798	N/A	850646	1174387

In summary, it is our recommendation that a work RVU of 0.15 should be assigned to CPT 78730 with 0 pre-service time, 5 minutes intra-sevice and 0 post-service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Surveyed code moving forward will be an add-on code to CPT 78740, at present it is not an add on code. Therefore looking at historical claims would not currently support this statement but in the future it would.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) CPT 78730 as a full procedure code.

Code	2002	2003	2004
78730	16,190	16,580	13, 440
78740	221	270	452

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Specialty Urologists How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Radiology Frequency 2000 Percentage 40.00 %

Specialty Nuclear Medicine Frequency 2500 Percentage 50.00 %

Specialty Other Frequency 500 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Radiology Frequency 200 Percentage 40.00 %

Specialty Nuclear Medicine Frequency 200 Percentage 40.00 %

Specialty Other Frequency 100 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

ındicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
ZZZ Day Global Period
Facility Direct Inputs

CPT Long Descriptor:

Sample Size:75 Response Rate: (%):19% Global Period:ZZZ

Geographic Practice Setting %: Rural.10% Suburban 30% Urban 60%

Type of Practice %: 3% Solo Practice
7% Single Specialty Group
30%_Multispecialty Group
60%_Medical School Faculty Practice Plan

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

The Society of Nuclear Medicine conducted a practice expense survey receiving 14 completed surveys and utilized consensus panel process to develop recommended inputs. Attention was paid to the geographic distribution, practice type (academic, private practice) and practice size of he representatives.

Please describe the clinical activities of your staff:

Pre-Service

(None, as the pre service work included in 78740 study.)

Intra-Service Clinical Labor Activities:

- Reposition patient
- Assist physician in performing procedure; acquire images and review each set of raw data for completeness, include time between acquisition of images (1 min).

Post-Service Clinical Labor Activities:

- Post processing of raw data into final format, development of hard copy, archiving.

	A	B	C	D	E
1					
2	**RUC Recommendation**			**CPT Code 78730**	**CPT Code 78740**
3	**Meeting Date: April 2006**			**Urinary Bladder Retention NEW ADD-ON CODE**	**Ureteral Reflux Study**
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility/Facility**	**Non Facility/Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**		**NMT**	**20.0**	**104.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		**NMT**	**0.0**	**23.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**		**NMT**	**20.0**	**78.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**		**NMT**	**0.0**	**3.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Review X-ray, scan, lab and past tests to confirm appropriateness of procedure with physician, confirm technique to be used and any special views required, obtain physician written directive, determine radiopharmaceutical dose, and order the radiopharmaceutical from the commercial central pharmacy		NMT		**6**
13	QC Planar Equipment to be used in scan		NMT		**4**
14	Prepare radiopharmaceutical delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and recording all Ready dose for potential infusion/injection with in-house labels and records, and later resurvey and arrange disposal of syringe		NMT		**13**
15	**End:When patient enters office/facility for surgery/procedure**				
16	**SERVICE PERIOD**				
17	**Start: When patient enters office/facility for surgery/procedure**				
18	**Pre-service services**		NMT		
19	Greet patient and provide gowning		NMT		**3**
20	Prepare room, equipment, supplies		NMT		**2**
21	Provide pre-service education/obtain consent/radiation protection education		NMT		**3**
22	Prepare and position patient/ monitor patient/ set up IV		NMT		**3**
23	**Intra-service**				
24	Reposition patient		NMT	**3**	
25	Obtain RP dose from radiopharmaceutical receiving and storage area, reassay and record dose data, ensure dose would be appropriate for the patient based on the written directive (correct test and patient weight)		NMT		**5**
26	Take patient to injection area, infuse/inject/void radiopharmaceutical, review radiation risks, escort back to waiting area		NMT		**10**
27	Acquire images and review each set of raw data for completeness, include time between acquisition of images (1 min)		NMT	**12**	**35**
28	**Post-Service**				
29	Clean room/equipment by physician staff		NMT		**3**
30	Specific room clean up of injection area with defacement of labels, and required NRC survey and monitoring tasks		NMT		**4**
31	Complete diagnostic forms, lab & X-ray requisitions		NMT		
32	Post processing of raw data into final format, development of hard copy, archiving		NMT	**5**	**10**
33	**End: Patient leaves office**				
34	**POST-SERVICE Period**				
35	**Start: Patient leaves office/facility**				
36	Regulatory compliance –NRC required wipe tests and surveys of areas used, and documentation		NMT		**3**
37	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
38	**RADIOPHARMACEUTICAL - STORAGE AND RECEIVING AREA**				
39	Minimum Supply Pack/Multi Spec	**SA048**	pack		**1**

	A	B	C	D	E
1					
2	**RUC Recommendation**			**CPT Code 78730**	**CPT Code 78740**
3	**Meeting Date: April 2006**			**Urinary Bladder Retention NEW ADD-ON CODE**	**Ureteral Reflux Study**
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility/Facility**	**Non Facility/Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**XXX**
40	Tape, elastic, 1 in (Elastoplast)(5 yd uou)	**SG075**	Item		**1**
41	11102 Chux	**SB044**	Item	**2**	**3**
42	Sanitizing cloth-wipe (surface, instruments, equipment	**SM022**	Item		**5**
43	**INJECTION/INSTILATION AREA**				
44	shoe covers, surgical	**SB039**	Pair		
45	lidocaine 2% jelly, topical (Xylocaine)	**SH048**	ml		
46	Alcohol Swabs	**SJ053**	Item		
47	povidone soln (Betadine)	**SJ041**	ml		
48	leg or urinary drainage bag	**SJ031**	Item		
49	mask, surgical, with face shield	**SB034**	Item		
50	gown, staff, impervious	**SB027**	Item		
51	gloves, sterile	**SB024**	Pair		
52	cap, surgical	**SB001**	Item		
53	catheter, Foley	**SD024**	Item		
54	IV Tubing (Extension)	**SC019**	foot		**1**
55	sodium chloride 500 uou	**SH069**	Item		**1**
56	Angiocatheter 14g-24g	**SC001**	Item		
57	heparin lock	**SC012**	Item		
58	Stop cock, 3 way	**SC049**	Item		
59	Band aid	**SG021**	Item		
60	Gauze, 2x2	**SG050**	Item		
61	Sodium chloride 0 9% inj Bacteriostatic (30ml uou)	**SH068**	Item		
62	Syringe, 10-12cc	**SC051**	Item		
63	Needles, 18-27 g	**SC029**	Item		
64	**IMAGING AREA**				
65	Drape sheet	**SB006**	Item		**1**
66	Film 8x10	**SK037**	Item		**2**
67	x-ray developer solution	**SK092**	oz		**2**
68	x-ray envelope	**SK091**	Item		**1**
69	**Equipment**	**CMS Code**	**Unit**		
70	**Radiopharmaceutical Receiving Area**				
71	**(This is a fixed room for future codes)**				
72	Dose Calibrator	**ER027**			**1**
73	Dedicated pharmacy computer and printer	**ED020**			**1**
74	Calibration Source Vial Set & Check Sleeves	**ER026**			**1**
75	Autogamma Counter	**ER033**			**1**
76	Survey meter	**ER054**			**1**
77	Safe Storage lead lined	**ER058**			**1**
78	L-Block Table Shield	**ER053**			**1**
79	**Imaging Area**				
80	**(This is a fixed room for future codes)**				
81	Single/dual head camera, system	**ER032**		**1**	**1**
82	Co-57 flood source	**ER001**		**1**	**1**
83	Film processor wet	**ED025**			**1**
84	View Boxes 4 panel	**ER067**		**1**	**1**
85	Physician Analysis & Viewing Station	**ED019**		**1**	**1**
86	Table, Power	**EF031**		**1**	**1**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Esophageal Capsule Endoscopy

The CPT Editorial Panel created a new code to provide additional clarity to the procedures involving gastrointestinal tract imaging. Existing code 91110 *Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy), esophagus through ileum, with physician interpretation and report)* (Work RVU = 3.64) involves more physician work than the new code which involves imaging only through the esophagus, and a new CPT code was needed to capture the lower level of physician work. For this new code a new capsule device is used that images the esophagus at a rate of 14 images per second whereas the capsule swallowed for code 91110 takes images of the esophagus, stomach and small intestine.

The RUC reviewed the specialty society survey results for code 91111 *Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report* and agreed with the specialty that the median physician work RVU of 2.85 from the survey was too high and that the work was more closely aligned with the survey's low value of 1.00. The RUC also believed that the physician time from the survey was also too high (pre-evaluation = 20, intra-service = 20, and immediate post = 15). The RUC reviewed the work of 92615 *Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only* (Work RVU = 0.63) and understood that there was more work in code 91111. The RUC and the specialty agreed that the physician time from the survey was overstated and the pre-service evaluation time was typically 5 minutes instead of 15 minutes, the intra-service time was 15 minutes instead of 20 minutes, and the post service time was 15 minutes as indicated from the survey. **The RUC recommends pre-service time of 5 minutes, intra-service of 15 minutes, and 15 minutes immediate post service time, and a relative work value of 1.00 for code 91111.**

Practice Expense

The PERC and the RUC reviewed the practice expense inputs of code 91111 and agreed to lower the clinical labor time by a total of 6 minutes from the specialty's initial recommendation to reflect the typical patient service.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●91111	TT1	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report (Do not report 91111 in conjunction with 91110)	XXX	1.00

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91111 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **1.00**
RUC RVU: **1.00**

CPT Descriptor: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report

(Do not report 91111 in conjunction with 91110)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old male presents with reflux symptoms. Assessment for the presence of Barrett's esophagus is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 3%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Assess for possible contraindications such as presence of pacemaker, active bowel obstruction or swallowing disorder. Discuss with patient the nature of the procedure, why it is being performed and possible complications. Provide instructions to patient on preparation for the procedure-fasting, clothing to wear, etc. Obtain informed consent.

Description of Intra-Service Work: After a 2 hour fast, patient is given the capsule endoscope to swallow with water, which is observed by the physician. After the study is completed and data downloaded to work station by staff, the physician proceeds to review images. The entire study is scanned and key anatomic landmarks annotated (e.g., esophagogastric junction). Once the landmarks have been determined, all the images are viewed. When an abnormality is identified, a "thumbnail" is created. Key findings or abnormalities are noted and recorded on a localization drawing that may also be used to guide subsequent management.

Description of Post-Service Work: Upon completion of review of all images and formulating an interpretation, a report is prepared and dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Klaus Mergener, MD, PhD Joel V. Brill, MD					
Specialty(s):	American Society for Gastrointestinal Endoscopy American Gastroenterological Association					
CPT Code:	91111					
Sample Size:	120	**Resp n:** 29		**Response:** 24.1 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		1.00	2.40	**2.85**	3.20	4.25
Pre-Service Evaluation Time:				**5.0**		
Pre-Service Positioning Time:				**0.0**		

code: 91111

Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		0.00	15.00	**15.00**	30.00	60.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**15.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19), 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
91110	XXX	3.64

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
71275	XXX	1.92

CPT Descriptor 1 Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing

MPC CPT Code 2	Global	Work RVU
93307	XXX	0.92

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

Other Reference CPT Code	Global	Work RVU
93307	XXX	0.92

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 93.1 %

TIME ESTIMATES (Median)	**CPT Code: 91111**	**Key Reference CPT Code: 91110**
Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	15.00	80 00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0 00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**35.00**	**100.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.15	3.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	4.07
Urgency of medical decision making	3.19	3.67

Technical Skill/Physical Effort (Mean)

Technical skill required	3.67	4.00
Physical effort required	2.85	3 15

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2 70	2.92
Outcome depends on the skill and judgment of physician	3.96	3.93
Estimated risk of malpractice suit with poor outcome	3.41	3.63

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.85	2.96
Intra-Service intensity/complexity	3 07	3.67
Post-Service intensity/complexity	3.19	3.52

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Our societies conducted a survey and received 29 usable responses. We feel that the response rate is adequate given that ie procedure is performed by physicians from around the country.

We carefully evaluated the survey data and concluded that the median physician relative work value (2.85) was inappropriately high and inconsistent with the values of similar procedures, even if adjusted to the 25th percentile RVW (2.40). Therefore, we convened a consensus panel of Gastroenterologists and determined that the appropriate work value

for code 9111X1 is 1.00 with a pre-service time of 5 minutes, intra-service time of 15 minutes, and post-service time of 15 minutes.

The recommended pre and post times were derived by taking the pre and post service RUC valued times for the capsule ndoscopy code, 91110 (which is also the most commonly selected reference service code), and applying it to 91111. Those on the consensus panel who have performed the procedure felt that the median intra-service time (20 minutes) was too high for the esophageal capsule endoscopy service, noting that the intra-service time for code 43200, esophagoscopy is 15 minutes. The consensus panel recommended that the 25th percentile intra-service time of 15 minutes is more appropriate, given that the esophageal capsule examination is limited to the esophagus due to battery life and design of the capsule endoscope. With these adjustments, the societies feel that the physician work times related to the pre, intra and post times for 911111, as recommended by the consensus panel are now in line with codes 91110 and 43200, adequately capture the physician work times, and will not create a rank-order anomaly in the Gastrointestinal diagnostics section.

In addition, the values for 91111 are also consistent in time and RVU with similar codes in the section such as 91034 (Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation) with 31 minutes of total time and 0.97 RVUs, 91035 (Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation) with 20 minutes preservice, 15 minutes intraservice, 16 minutes postservice and 1.59 RVUs, and 91038 (Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)) with 41 minutes of total time and 1.10 RVUs.

For these reasons the expert panel determined that the appropriate work value for code 91111 is 1.00 with a pre-service time of 5 minutes, intra-service time of 15 minutes, and post-service time of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 91110-52, 43200-22, 43234-52, 43235-52, 91299

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
f the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 18000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Gastroenterology Frequency 18000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,600 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Gastroenterology Frequency 6600 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

CPT Code:91111

AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report (Do not report 91111 in conjunction with 91110)

Sample Size: N/A Response Rate: (%): N/A Global Period: XXX

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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

Representatives of the American Society for Gastrointestinal Endoscopy and the American Gastroenterological Association met to discuss the practice expense inputs for Code 91111. Data was obtained from physicians familiar with the performance of the procedure in both a hospital and office setting to identify the typical staff time, supplies and equipment used to perform this service.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions.

AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report (Do not report 91111 in conjunction with 91110)

Sample Size: N/A Response Rate: (%): N/A Global Period: XXX

Geographic Practice Setting %: Rural N/A Suburban N/A Urban N/A

Type of Practice %:
N/A Solo Practice
N/A Single Specialty Group
N/A Multispecialty Group
N/A Medical School Faculty Practice Plan

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

Representatives of the American Society for Gastrointestinal Endoscopy and the American Gastroenterological Association met to discuss the practice expense inputs for Code 91111. Data was obtained from physicians familiar with the performance of the procedure in both a hospital and office setting to identify the typical staff time, supplies and equipment used to perform this service.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Patient is given instructions regarding fasting, clothing to wear, and general education on procedure.

Intra-Service Clinical Labor Activities:
Prior to the patient's arrival, the equipment will be calibrated and the work station initialized for the specific patient. When the patient arrives, the patient is greeted, vital signs are taken, male patients need to have their chests shaved to assure that the sensors make good contact. The patient is given instructions on the procedure. The patient is hooked up with the recording belt and sensor array and is then given the capsule camera to swallow with water. The patient remains at 0 degrees for two minutes. The patient is then elevated to 30 degrees for two minutes and then 60 degrees for one additional minute. The patient ingests additional water, waits 15 seconds then sits upright. After a final sip of water, the patient is observed in the procedure room for a total of 30 minutes. The equipment is disconnected, and the patient is given home care instructions such as when the camera is likely to be eliminated, and problems to be alert to, etc.

Post-Service Clinical Labor Activities:
After the patient leaves, the equipment is disinfected, the data is downloaded into the system and batteries are recharged. Conduct phone calls/call in prescriptions.

	A	B	C	D	E
1	**RUC Recommendation**				
2				**91111**	
3	**Meeting Date: 04/2006**			**Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**70.0**	**3.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**5.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**62.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		
17	Other Clinical Activity (please specify)				
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts				
23	Greet patient and provide gowning	L037D	RN/LPN/MTA	**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**	
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies ***(includes data recorder, sensors, workstation)***	L037D	RN/LPN/MTA	**21**	
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV				
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Assist physician in performing procedure				
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains				
34	Clean room/disinfect equipment by physician staff	L037D	RN/LPN/MTA	**5**	
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions				
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes				
41					
42	**Other Clinical Activity (please specify)**				
43	Shave patient's abdomen, chest	L037D	RN/LPN/MTA	**2**	
44	Apply sensor array, fit belt	L037D	RN/LPN/MTA	**7**	
45	Capsule injestion	L037D	RN/LPN/MTA	**2**	
46	Observe patient	L037D	RN/LPN/MTA	**5**	
47	Patient phone call				
48	Greet and gown on return				
49	Disconnect belt, recorder, and sensor array	L037D	RN/LPN/MTA	**5**	
50	Discuss feeback, patient diary, instructions				
51	**After patient leaves:**				
52	Download data to workstation	L037D	RN/LPN/MTA	**5**	
53	Create image archive	L037D	RN/LPN/MTA	**2**	
54	Recharge batteries	L037D	RN/LPN/MTA	**2**	
55	**End: Patient leaves office**				
56	**POST-SERVICE Period**				
57	**Start. Patient leaves office/facility**				
58	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**

	A	B	C	D	E
2				91111	
3	**Meeting Date: 04/2006**			**Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
59	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
60	*List Number and Level of Office Visits*				
61	99211 16 minutes		16		
62	99212 27 minutes		27		
63	99213 36 minutes		36		
64	99214 53 minutes		53		
65	99215 63 minutes		63		
66	Other				
67					
68	*Total Office Visit Time*			**0**	**0**
69	Other Activity (please specify)				
70	**End: with last office visit before end of global period**				
71	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
72	kit, capsule endoscopy w-application supplies (M2A) - 10 capsules, 10 application kits (10 sensor array sleeves, 2 pads, 10 razors, 1 marker) Each kit costs $4500, therefore, the per patient cost is $450	SA005	1	**1**	
73	**EQUIPMENT**	**CMS Code**	**Unit**		
74	video system, capsule endoscopy kit - Computer workstation with 17" color display, keyboard and mouse, color InkJet printer, RAPID Application software license (1 per workstation), system access (cables, adapters, connection box, documentation) Given Imaging #40440	ES029	1	**62**	
75	Capsule Endoscopy Data Recorder 1 5 kit - 1 data recorder DR 1 5, 1 sensor array, 2 battery packs, 1 battery charger, 1 recorder belt, 1 carrying case, 1 sensor location guide, 1 measuring tape Given Imaging #40144	EQ146	1	**62**	
76	video system, capsule endoscopy, booster drive w-accessories - 1 booster, 4 USB cables, 1 USB 2 card, 1 Booster Given Imaging #FGS-0002	ES030	1	**62**	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Computerized Corneal Topography

The CPT Editorial Panel created a new code to describe computerized corneal topography a test which detects and monitors corneal changes due to disease or trauma. An estimate of corneal disease or trauma may be obtained with retinoscopy, which is part of the single eye exam or general ophthalmological services, however this is not similar to the detection provided with computerized corneal topography.

The RUC felt that the survey median times for code 92025 *Computerized corneal topography, unilateral or bilateral with interpretation and report* were comparable to the reference service code 92135 *Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral* (work RVU=0.35). The RUC also indicated that the specialty society work relative value recommendation and survey median times for code 92025 is comparable to codes 99260 *Ophthalmodynamometry* (work RVU=0.20) and 92370 *Repair and refitting spectacles; except for aphakia* (work RVU=0.32). **The RUC recommends the survey median work RVU of 0.35 for code 92025.**

Practice Expense

The RUC assessed and approved the practice expenses for code 92025, which are attached to this recommendation.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●92025	O1	Computerized corneal topography, unilateral or bilateral with interpretation and report (Do not report 92025 in conjunction with 65710-65755) (92025 is not used for keratoscopy. It is part of a single system E/M or the ophthalmological service.)	XXX	0.35

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92025 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **0.35**
RUC RVU: **0.35**

CPT Descriptor: Corneal topography, unilateral or bilateral with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 29 year old male is seen with a complaint of progressively decreasing vision. Attempts to determine the cause of the decreased vision have found normal ocular structures except for minimal distortion of keratometry. Topography is performed to analyze corneal distortion in both eyes.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Physician reviews the patient chart to determine the need for topography and whether the test should be performed unilaterally or bilaterally. A brief description of the nature of the test is presented to the patient.

Description of Intra-Service Work: The images obtained are evaluated for quality. The test results for each eye are analyzed to determine corneal curvature, surface irregularities, and other pathology in a both a qualitative and quantitative fashion. The information is then compared with previous topography results if available to determine the extent, distribution, and pattern of change that might have occurred. An interpretation and report are generated for the medical record.

Description of Post-Service Work: Test results are placed in medical record and are communicated to appropriate persons as required.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006					
Presenter(s):	Stephen Kamenetzky, MD and Christopher Quinn, OD					
Specialty(s):	Ophthalmology and Optometry					
CPT Code:	92025					
Sample Size:	194	**Resp n:** 62		**Response:** 31.9 %		
Sample Type:	Random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		0.20	0.33	**0.35**	0.45	1.38
Pre-Service Evaluation Time:				**5.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		1.00	3.25	**12.00**	10.00	20.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**0.00**					

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
92135	XXX	0.35

CPT Descriptor Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilaterial.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU

CPT Descriptor 2

Other Reference CPT Code Global Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 57 **% of respondents:** 91.9 %

TIME ESTIMATES (Median)

	CPT Code: 92025	**Key Reference CPT Code: 92135**
Median Pre-Service Time	5.00	10.00
Median Intra-Service Time	12.00	11.00
Median Immediate Post-service Time	0.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**17.00**	**26.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.44	3.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.42	3.65
Urgency of medical decision making	2.71	3.26

Technical Skill/Physical Effort (Mean)

Technical skill required	3.32	3.39
Physical effort required	2.35	2.45

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.68	3.21
Outcome depends on the skill and judgment of physician	3.44	3.65
Estimated risk of malpractice suit with poor outcome	3.27	3.60

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.65	2.79
Intra-Service intensity/complexity	3.03	3.11
Post-Service intensity/complexity	3.08	3.10

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

This code was submitted to the RUC for valuation as a new code after approval by the CPT Editorial Panel. The code is used to describe the detailed topographic mapping of the corneal surface to assist in the diagnosis and treatment of a variety of corneal problems and other ocular conditions.

The survey population was composed of a representative sample of ophthalmologists and optometrists. The response rate was acceptable and the vignette was felt to be typical by the majority of respondents. The 25th percentile in the survey was 0.33 RVU, the median 0.35 RVU and the 75th percentile 0.47. The code chosen as the reference code 92135

(scanning ophthalmic imaging with interpretation and report) has an RVU =.35 and is valued as unilateral code. The new CPT code is described as "unilateral or bilateral" in the CPT descriptor, but the vignette described a case of bilateral use.

The survey results were reviewed in a conference call by an expert panel of optometrists and ophthalmologists familiar with the survey process. Several issues were addressed. The first was that it was felt that the median IST in the survey (7 minutes) was too long, the median postservice time (5 minutes) too short, but the total time (12 minutes) correct. Misallocation has been a chronic problem when diagnostic tests such as this one (which are performed primarily by technicians) have been surveyed by respondents who are not familiar with the specific RUC definitions of physician work for each time period.

During the Five Year Review, when a similar problem occurred, the Workgroup suggested that the total time could be reapportioned to improve accuracy without distorting the validity of the survey. In this instance we have changed the IST to 2 minutes and the PST to 10 minutes to better reflect the typical situation in clinical practice. These edited values have been submitted for consideration.

We also considered the fact that, although 80% of the participants thought that the vignette was typical, 20% did not. The comment from some of those respondents was that the typical patient was unilateral, rather than bilateral and there was a concern that these respondents valued the service with this in mind. The fact that the CPT descriptor lists unilateral or bilateral was felt to be potentially confusing as well. This could have lead to an underestimation of the physician work involved. This later problem had been discussed during the Editorial Panel deliberation in October, but the Panel voted for this "unilateral or bilateral" descriptor rather than one stating unilateral.

After considering these issues, it was the recommendation of the expert panel that the RVU for 92025 be 0.35, which represents the median in the survey but is only .02 RVU above the 25th percentile. This value compares favorably with the many RUC reviewed, XXX global, diagnostic services with similar pre, intra, post and total service times. For example 76065 (DXA scan, one or more sites axial skeleton) has a WRVU = 0.3 with a total time of 15 minutes. CPT 84165 (protein electrophoresis) has a WRVU =0.37 with a total time of 13 minutes. This value also would not produce a rank order anomaly within the other ophthalmologic diagnostic services that have been previously considered by the RUC such as 92135 and 76514.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) local code and/or 92499

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Ophthalmology Frequency 37500 Percentage 75.00 %

Specialty Optometry Frequency 12500 Percentage 25.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Ophthalmology Frequency 18750 Percentage 75.00 %

Specialty Optometry Frequency 6250 Percentage 25.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale. N/A

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

CPT Code: 92025

Specialty Society('s)_____

AMA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Corneal topography, unilateral or bilateral with interpretation and report

Sample Size: 194 Response Rate: (%): 31.9 Global Period XXX

Geographic Practice Setting %: Rural 20% Suburban 43.3% Urban 36.7%

Type of Practice %:
- 25.8% Solo Practice
- 30.6% Single Specialty Group
- 37.1% Multispecialty Group
- 6.5% Medical School Faculty Practice Plan

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

The American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, and the American Optometric Association convened a consensus panel of experts to determine the practice expense values associated with this code.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The clinical staff person completes pre-service diagnostic and required referral forms. The staff then coordinates and gathers all the necessary pre-services or other pertinent information needed before the procedure. The procedure is explained and all questions about the consent are answered. All telephone or other communication takes place by the staff person to allow medications and instructions to be available to the patient after the procedure.

Intra-Service Clinical Labor Activities:

The clinical staff reviews the chart, greets the patient, ushers them into the exam room, and positions them appropriately. Staff performs test and gives results to physician for interpretation.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G
1							
2				CPT Code 92025		CPT Code	
3	Meeting Date: February 2006			Code Descriptor Computerized Corneal Topography, unilateral or bilateral, with interpretation and report		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD	XXX					
6	TOTAL CLINICAL LABOR TIME		L038A	17.0	0.0	0.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			17.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
10	PRE-SERVICE						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity (please specify)						
18	**End:When patient enters office/facility for surgery/procedure**						
19	SERVICE PERIOD						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning			2			
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure			10			
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 –12 minutes 99239 –15 minutes						
41	Other Clinical Activity (print out test results)			5			
42	**End: Patient leaves office**						
43	POST-SERVICE Period						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies; coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			0	0	0	0
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				CPT Code 92025		CPT Code	
3	Meeting Date: February 2006			Code Descriptor Computerized Corneal Topography, unilateral or bilateral, with interpretation and report		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
58	MEDICAL SUPPLIES	CMS Code	Unit				
59							
60							
61							
62							
63							
64							
65							
66	Equipment	CMS Code	Unit				
67	topography unit, Bausch and Lomb OrbScan IIZ (includes printer and monitor)-- $44,000 **See Price Quote**		1				
68	screening lane	EL006	1				
69							

BAUSCH & LOMB ORBSCAN II ORDER FORM

CUST #	DATE 11/30/2005	FOR CREDIT DEPT USE ONLY	
TERR#/REP NAME	John Craig	CREDIT CHECK DATE	BY
CUST CONTACT		CREDIT APPROVAL	BY
CUST. PHONE#	312-949-7297 Fax 312-949-7655	CREDIT AMOUNT	BY

CUSTOMER INFORMATION

BILLING & CREDIT INFO	SHIPPING INFORMATION
CORP _____ PROF CORP. _____ OTHER _____	NAME
LEGAL NAME	ADDRESS
ADDRESS	ADDRESS
ADDRESS	CITY Chicago
CITY, STATE, ZIP	STATE, ZIP IL, 60616

BANK / CREDIT INFORMATION

PRINCIPAL BANK	BANK PHONE NUMBER
ACCOUNT NUMBER	SOCIAL SECURITY #
BANK ADDRESS	TAX I D #
BANK CONTACT	

I (WE) AM/ARE HEREBY APPLYING FOR AN EXTENSION OF CREDIT FROM BAUSCH AND LOMB SURGICAL, HEREINAFTER KNOWN AS "THE FIRM" IN ORDER TO ALLOW THE FIRM TO MAKE A PROPER EVALUATION OF MY/OUR CREDIT, I/WE AUTHORIZE AND HOLD HARMLESS THE FIRM AND ANY CREDIT REPORTING AGENCIES AND OTHERS WHO MAY HAVE KNOWLEDGE AND INFORMATION REGARDING MY/OUR CREDIT HISTORY TO RELEASE SUCH INFORMATION TO THE FIRM IN ANY FORM REQUESTED IN THE UNDERSTANDING THAT SUCH INFORMATION WILL BE EVALUATED BY THE FIRM IN MAKING ITS CREDIT DECISION BASED ON ITS OWN CRITERIA

BY _____ DATE _____

PART #	DESCRIPTION	QTY	US LIST	CONFIRM
ORBIIZ-300-C-2	Orbscan IIZ Custom Workstation	1	$44,000.00	$44,000.00
	PRICE INCLUDES THE FOLLOWING COMPONENTS:			
	1 ORBSCAN IIz Image Acquisition Head			
	1 ORBSCAN Software Version 3 12			
	1 ORBSCAN Image Processing System (Select Voltage):			
	110 VAC. [1] 220 VAC. [ ]			
	Includes:			
	1 Intel Pentium 4 Processor, 2 GHz			
	1 256 MB RAM			
	1 3 1/2" Floppy Disk Drive			
	1 IDE Hard Disk Drive, 20 0 GB or Larger			
	1 CD R/W Drive			
	1 Video Card			
	1 Fax Modem, 56K			
	1 Keyboard and Mouse			
	1 Midsized Tower Case w/Power Supply			
	1 Windows NT 2000			
	1 Frame Grabber			
	1 Surge Protector			
	1 ORBSCAN IIz External Power Supply			
	1 15" Flat Screen Color Monitor			
	1 Color Printer			
	1 Custom Wood Workstation			
	Option:			
	Iomega 250 MB Zip Drive		$250 00	
	LESS DISCOUNT.			
	Freight & Handling:		$550.00	$550.00
	TOTAL (Plus applicable Sales Tax):			$44,550.00

THIS QUOTE IS VALID FOR THIRTY (30) DAYS IF YOU WOULD LIKE TO PLACE AN ORDER COMPLETE THIS FORM, SIGN WHERE APPLICABLE AND RETURN TO Pam Bittner VIA FAX TO 800-822-8918 IF I CAN ASSIST FURTHER, PLEASE DON'T HESITATE CONTACTING ME AT 800-531-2020 EXTENSION 5252 THANK YOU FOR YOUR INTEREST IN BAUSCH & LOMB

A Purchase Order should be issued to Bausch & Lomb Surgical along with a $10,000 deposit at least 30 days prior to shipment. All sales are made pursuant to Bausch & Lomb Surgical's Standard Terms & Conditions of Sale, which include a requirement that all amounts due are net 30 days upon approved credit Return of unused equipment after 30 days will be assessed a 20% restocking fee.

THIS ORDER HAS BEEN SUBMITTED BY._____ DATE _____

PRINT NAME:_____ TITLE:_____

rev. 04-Apr-00

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Ventilator Management

The Centers for Medicare and Medicaid Services (CMS) requested that the RUC review CPT code 94657 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathings; subsequent* days (work RVU = 0.83) in the Five-Year Review of the RBRVS. The specialty society surveyed this service in 2005 and recommended an increase to the RUC. It was noted that an increase in 94657 would create a rank order anomaly with 94656 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathings; subsequent days* (work RVU = 1.22) and the specialty society also recommended an increase for 94656. The RUC reviewed these recommendations in September 2005 and concluded that the CPT Editorial Panel should first review this family of services to differentiate between those patients who received ventilation management services on an acute versus a long-term basis. CPT codes 94656 and 94657 have been replaced with four new codes to differentiate between ventilation management in the acute care setting (initial and subsequent) and long-term care setting (nursing facility and home).

The specialties (pulmonary medicine, critical care, and anesthesiology) surveyed the new code family. The specialties indicated that the survey respondents over-stated the work for performing these services and recommended alternative work relative value recommendations. The RUC reviewed the specialty society recommendations and agreed with their rationale for each, as follows:

94002 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

The RUC agreed that the survey respondents had overstated the physician work for this service (survey median = 2.45). The specialties recommended, and the RUC agreed, that the previous work relativity for 94656/94657 should be applied to new codes 94002/94003. Utilizing the survey data from July 2005 for 94003, the specialty and RUC agreed to a computed value of 1.99 for 94002.. The survey time of pre = 15; intra = 30; and post = 15 is appropriate. This service is similar in work to CPT code 99233 *Subsequent hospital care* (work RVU recommendation = 2.00, time: pre = 10; intra = 30 post = 15).

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

The RUC recommends a work relative value of 1.99 for CPT code 94002.

94003 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, subsequent day

The RUC reviewed the survey data collected in July 2005 for the Five-Year Review and March 2006 for the new codes. In both surveys, the respondents indicated consistent physician time of pre-time = 10 minutes; intra-time = 20 minutes; and post-time = 10 minutes. The RUC agreed that this time was reflective of the typical time for this service. The RUC agreed that the survey median (1.37) from the initial survey conducted in 2005 was more appropriate than the current survey median (1.50). This service is similar in work to CPT code 99232 *Subsequent hospital care* (work RVU recommendation = 1.39, time: pre = 10; intra = 20; post = 10).

The RUC recommends a work relative value of 1.37 for CPT code 94003.

94004 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

The specialty society recommended the 25th percentile for the work relative value of 1.00 and physician time of pre = 10; intra = 15; and post = 10. The RUC agreed that this was reasonable in comparison to 99308 *Subsequent nursing facility care, per day* (work RVU = 1.00, time: pre = 5 ; intra = 15; post = 10).

The RUC recommends a work relative value of 1.00 for CPT code 94004.

940055 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more

The specialty indicated that this service was most similar in work to CPT code 99375 *Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility)* (work RVU = 1.73; pre = 10; intra = 32; post = 15). The specialty survey data indicated typical time for 94005 of pre = 15; intra = 25; and post = 15. However, it should be noted that the CPT code requires an intra-service time of at least 30 minutes. The RUC recommended time, for

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this service, therefore, is pre = 10; intra = 30; and post = 15). Although the total time for these two care plan oversight services is the same, the RUC concluded that the total work of managing the ventilator is less work than managing the overall care of the patient, reported by the primary care doctor at the same time that code 9460X5 would be reported by the pediatric pulmonologist. The 25% of the survey median is 1.50.

The RUC recommends a work relative value of 1.50 for CPT code 94005.

Practice Expense

CPT codes 94002, 94003, and 94004 are all codes that may also be reported if performed in the hospital inpatient/observation or nursing facility and, therefore, there are no practice expense inputs for these services. CPT code 94005 is reported for home ventilator management of a patient in the home, domiciliary or rest home. The RUC recognized that 36 minutes of clinical staff time would be typical within one calendar month. This reflects six, three minute phone calls with the patient's home and six, three minute phone calls with other health care professionals, for a total of 36 minutes.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●94002	WW1	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	XXX	1.99
●94003	WW2	hospital inpatient/observation, each subsequent day	XXX	1.37
●94004	WW3	nursing facility, per day (Do not report 94002-94004 in conjunction with Evaluation and Management Services, 99201 – 99499.)	XXX	1.00

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

●94005	WW4	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more (Do not report 94005 with 99339-99340, 99374-99378) (Ventilator management care plan oversight is reported separately from home or domiciliary, rest home (eg assisted living) services. A physician may report 94005, when performed, including when a different physician reports 99339-99340, 99374-99378 for the same 30 days)	XXX	1.50
D 94656		~~Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day~~	XXX	N/A
D 94657		~~subsequent days~~ (94656, 94657 have been deleted To report, see 94002-94005)	XXX	N/A

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:94002 Global Period: XXX Specialty Society RVU: **2.25**

RUC RVU: **1.99**

CPT Descriptor: Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old man with acute respiratory failure, first day of ventilator management.

Percentage of Survey Respondents who found Vignette to be Typical: 70%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The pre-service period includes services that are not performed on the patient's hospital unit or floor, including: communications with other health care professionals and the patient's family/caregiver; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

Description of Intra-Service Work: The intra-service period includes the services provided while you are present on the patient's hospital unit or floor, including: reviewing the patient's chart; seeing the patient; writing notes; and communicating with other health care professionals and the patient's family/caregiver.

Description of Post-Service Work: The post-service period includes services that are not provided on the patient's hospital unit or floor, including: communicating further with other professionals and the patient's family; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Edward Diamond, MD, ACCP and ATS, and Jim Grant, MD, ASA					
Specialty(s):	American College of Chest Physicians, American Thoracic Society, Society of Critical Care Medicine, American Society of Anesthesiologists					
CPT Code:	94002					
Sample Size:	600	**Resp n:** 40		**Response:** 6.6 %		
Sample Type:	Convenience					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	1.00	2.10	**2.45**	3.00	7.00	
Pre-Service Evaluation Time:			**15.0**			
Pre-Service Positioning Time:			**0.0**			
Pre-Service Scrub, Dress, Wait Time:			**0.0**			
Intra-Service Time:	2.00	20.00	**30.00**	55.00	120.00	
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**15.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				

Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99219	XXX	2.14

CPT Descriptor Initial observation care, per day, for the evaluation and management of a patient, requires these three key components: a comprehensive history and exam; and medical decision making of moderate complexity, usually the problem(s) are of moderate severity.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
94060	XXX	0.31

CPT Descriptor 1 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Pulmonary stress testing; complex (including measurements of C)2 production,)2 uptake, and electrocardiographic recordings)

Other Reference CPT Code	Global	Work RVU
93503	000	2.91

CPT Descriptor Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 57.5 %

TIME ESTIMATES (Median)

	CPT Code: 94002	**Key Reference CPT Code: 99219**
Median Pre-Service Time	15.00	2.00
Median Intra-Service Time	30.00	67.00
Median Immediate Post-service Time	15.00	2.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**60.00**	**71.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.15	3.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.53	4.30
Urgency of medical decision making	3.60	3.44

Technical Skill/Physical Effort (Mean)

Technical skill required	4.52	4.16
Physical effort required	4.36	4.16

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.65	4.10
Outcome depends on the skill and judgment of physician	4.12	3.80
Estimated risk of malpractice suit with poor outcome	2.85	3.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.67	4.00
Intra-Service intensity/complexity	4.60	4.25
Post-Service intensity/complexity	4.12	3.67

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The survey data was collected online with SurveyMonkey, with ACCP and ATS taking the lead. The American College of Chest Physician's Practice Management Committee reviewed the data at their March 27, 2006 meeting. The American Thoracic Society's Clinical Practice Committee reviewed the data on March 31. The Society of Critical Care Medicine and American Society of Anesthesiologists also reviewed their data. Final concensus achieved through email review of the completed Summary of Recommendation Forms. In reviewing the survey results, the specialties noted that the survey times for 94002 appeared accurate but that the reference service points of comparison were problematic.

Furthermore, acceptance of the survey median RVUw would create a rank order anomaly in this family of codes. In contrast, the specialties agreed that the times, intensities and RVUw values for 94003 were fair and reasonable and therefore the specialties believed that using the reasonable survey results from 94003 to develop a value for 94002 is in order.

The survey values obtained for 9400X3 - Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day were:

Pre-Service: 10 minutes
Intra-Service: 20 minutes
Post –Service: 10 minutes
RVUw: 1.50
IWPUT: 0.0526

Assuming the intraservice intensity for 94003 as a good proxy for the intensity of 94002, then an RVUw of 2.25 for 94002 can be validated as follows:

94002 - Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day:

Pre-Service: 15 minutes
Intra-Service: 30 minutes
Post –Service: 15 minutes
RVUw: 2.25
IWPUT: 0.0526

The requested RVUw of 2.25 lies between the 25th percentile and the median, does not create a rank order anomaly, and the higher intensities compared to the selected reference service support this value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94656

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 400000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pulmonary Frequency 300000 Percentage 75.00 %

Specialty Anesthesiology Frequency 60000 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 310,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pulmonary Frequency 236105 Percentage 76.16 %

Specialty Anesthesiology Frequency 15000 Percentage 4.83 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:94003 Global Period: XXX Specialty Society RVU: **1.50**

RUC RVU: **1.37**

CPT Descriptor: Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old man with acute respiratory failure, subsequent day of ventilator management.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The pre-service period includes services that are not performed on the patient's hospital unit or floor, including: communications with other health care professionals and the patient's family/caregiver; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

Description of Intra-Service Work: The intra-service period includes the services provided while you are present on the patient's hospital unit or floor, including: reviewing the patient's chart; seeing the patient; writing notes; and communicating with other health care professionals and the patient's family/caregiver.

Description of Post-Service Work: The post-service period includes services that are not provided on the patient's hospital unit or floor, including: communicating further with other professionals and the patient's family; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Edward Diamond, MD, ACCP and ATS, and Jim Grant, MD, ASA					
Specialty(s):	American College of Chest Physicians, American Thoracic Society, Society of Critical Care Medicine, American Society of Anesthesiologists					
CPT Code:	94003					
Sample Size:	600	**Resp n:** 40		**Response:** 6.6 %		
Sample Type:	Convenience					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.80	1.27	**1.50**	2.02	5.00	
Pre-Service Evaluation Time:			**10.0**			
Pre-Service Positioning Time:			**0.0**			
Pre-Service Scrub, Dress, Wait Time:			**0.0**			
Intra-Service Time:	5.00	11.00	**20.00**	20.00	60.00	

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**10.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**

Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99309	XXX	1.42

CPT Descriptor Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; or exam; and medical decision making of moderate complexity. Usually, the patient has developed a significant complication or a significant new problem.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
94060	XXX	0.31

CPT Descriptor 1 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Pulmonary stress testing; complex (including measurements of C)2 production,)2 uptake, and electrocardiographic recordings)

Other Reference CPT Code	Global	Work RVU
99219	XXX	2.14

CPT Descriptor Initial observation care, per day, for the evaluation and management of a patient, requires these three key components: a comprehensive history and exam; and medical decision making of moderate complexity, usually the problem(s) are of moderate severity.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 25.0 %

TIME ESTIMATES (Median)

	CPT Code: 94003	**Key Reference CPT Code: 99309**
Median Pre-Service Time	10.00	20.00
Median Intra-Service Time	20.00	10.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**40.00**	**40.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.10	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.66	3.41
Urgency of medical decision making	2.89	2.84

Technical Skill/Physical Effort (Mean)

Technical skill required	3.43	3.25
Physical effort required	3.56	3.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.56	3.19
Outcome depends on the skill and judgment of physician	3.57	3.37
Estimated risk of malpractice suit with poor outcome	2.50	2.55

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.95	3.38
Intra-Service intensity/complexity	3.95	3.64
Post-Service intensity/complexity	3.80	3.17

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The survey data was collected online with SurveyMonkey, with ACCP and ATS taking the lead. The American College of Chest Physician's Practice Management Committee reviewed the data at their March 27, 2006 meeting. The American Thoracic Society's Clinical Practice Committee reviewed the data on March 31. The Society of Critical Care Medicine and American Society of Anesthesiologists also reviewed their data. Final concensus achieved through email review of the completed Summary of Recommendation Forms.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94657

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pulmonary Frequency 300000 Percentage 50.00 %

Specialty Anesthesiology Frequency 30000 Percentage 5.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pulmonary Frequency 14873 Percentage 46.47 %

code: 94003

Specialty Anesthesiology Frequency 16544 Percentage 51.70 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94004 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **1.33**

RUC RVU: **1.00**

CPT Descriptor: Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old man chronically ill with a neuromuscular disease is actively being weaned from the ventilator in a nursing facility.

Percentage of Survey Respondents who found Vignette to be Typical: 44%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The pre-service period includes services that are not performed on the patient's hospital unit or floor, including: communications with other health care professionals and the patient's family/caregiver; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

Description of Intra-Service Work: The intra-service period includes the services provided while you are present on the patient's hospital unit or floor, including: reviewing the patient's chart; seeing the patient; writing notes; and communicating with other health care professionals and the patient's family/caregiver.

Description of Post-Service Work: The post-service period includes services that are not provided on the patient's hospital unit or floor, including: communicating further with other professionals and the patient's family; obtaining and/or reviewing the results of diagnostic and other studies; and written and/or telephone reports.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006					
Presenter(s):	Edward Diamond, MD, ACCP and ATS					
Specialty(s):	American College of Chest Physicians, American Thoracic Society, Society of Critical Care Medicine					
CPT Code:	94004					
Sample Size:	600	**Resp n:** 36		**Response:** 6.0 %		
Sample Type:	Convenience					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:		0.30	1.00	**1.33**	1.81	3.50
Pre-Service Evaluation Time:				**10.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		3.00	10.00	**15.00**	20.00	35.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**10.00**					

code: 94004

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99308	XXX	1.00

CPT Descriptor Subsequent nursing facility care, per day, for the evaluation and management of a patient which requires at least two of these three components: an expanded problem focused interval history and exam; and medical decision making of low complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
94060	XXX	0.31

CPT Descriptor 1 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Pulmonary stress testing; complex (including measurements of C)2 production,)2 uptake, and electrocardiographic recordings)

Other Reference CPT Code	Global	Work RVU
99348	XXX	1.26

CPT Descriptor Home visit, established patient, which requires at least two of these three components: an expanded problem focused interval history or exam; and medical decision making of low complexity; presenting problem(s) low to moderate serverity. Physicians typically spend 25 minutes face-to-face time with patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 22.2 %

TIME ESTIMATES (Median)	**CPT Code: 94004**	**Key Reference CPT Code: 99308**
Median Pre-Service Time	10.00	5.00
Median Intra-Service Time	15.00	15.00
Median Immediate Post-service Time	10.00	10.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**35.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.75	2.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.81
Urgency of medical decision making	2.40	2.50

Technical Skill/Physical Effort (Mean)

Technical skill required	2.85	2.72
Physical effort required	2.92	2.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.92	2.79
Outcome depends on the skill and judgment of physician	3.16	2.96
Estimated risk of malpractice suit with poor outcome	2.09	2.21

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.28	2.71
Intra-Service intensity/complexity	3.40	3.00
Post-Service intensity/complexity	3.28	2.75

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The survey data was collected online with SurveyMonkey, with ACCP and ATS taking the lead. The American College of Chest Physician's Practice Management Committee reviewed the data at their March 27, 2006 meeting. The American Thoracic Society's Clinical Practice Committee reviewed the data on March 31. The Society of Critical Care Medicine and also reviewed their data. Final concensus achieved through email confirmation of the completed Summary of Recommendation Form.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94657

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5640
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pulmonary Frequency 4306 Percentage 76.34 %

Specialty Anesthesiology Frequency 273 Percentage 4.84 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? ,371 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pulmonary Frequency 3338 Percentage 76.36 %

Specialty Anesthesiology Frequency 212 Percentage 4.85 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94005 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **1.75**
RUC RVU: **1.50**

CPT Descriptor: Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more
(Do not report 94005 in conjunction with 9933999340, 99374-99378)
(Ventilator management care plan oversight is reported separately from home or domiciliary, rest home (eg, assisted living) services. A physician may report 94005, when performed, including when a different physician reports 99339-99340, 99374-99378 for the same 30 days)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3 year-old patient with spinal muscular atrophy discharged home on a ventilator and subsequently maintained at home, ventilator management, each 30 day period.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The physician prepares to review the ventilator management of the patient which would include obtaining and/or reviewing the written patient medical records, telephone reports, results of diagnostic and other studies and the treatment care plan and communicating with other health professionals.

Description of Intra-Service Work: Physician development and/or revision of care plan, review of subsequent reports of patient status in preparation of the revised care plan, review of related laboratory and other studies, communication with health care professional(s), family member(s), surrogate decision maker(s) and/or key caregiver(s) involved in the patient's care. New information is integrated into the medical record treatment plan and/or adjustment of medical therapy.

Description of Post-Service Work: Services after the intraservice period, which may include arranging for further services, coordination of care, reviewing the results of studies, and communicating further with the patient, family, caregiver and other health care professionals which includes written and telephone reports.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Edward Diamond, MD, ACCP and ATS and Richard Molteni, MD, AAP		
Specialty(s):	American College of Chest Physicians, American Thoracic Society, and the American Academy of Pediatrics		
CPT Code:	94005		
Sample Size:	300	**Resp n:** 29	**Response:** 9.6 %
Sample Type:	Convenience		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	1.00	1.50	**1.75**	2.00	2.40
Pre-Service Evaluation Time:			**15.0**		

code: 94005

Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	5.00	15.00	**25.00**	30.00	45.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**15.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23), 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99375	XXX	1.73

CPT Descriptor Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
94060	XXX	0.31

CPT Descriptor 1 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

MPC CPT Code 2	Global	Work RVU
95810	XXX	3.52

CPT Descriptor 2 Pulmonary stress testing; complex (including measurements of C)2 production,)2 uptake, and electrocardiographic recordings)

Other Reference CPT Code	Global	Work RVU
99325	XXX	1.52

CPT Descriptor Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
an expanded problem focused history;
an expanded problem focused examination; and
medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 58.6 %

TIME ESTIMATES (Median)	**CPT Code: 94005**	**Key Reference CPT Code: 99375**
Median Pre-Service Time	15.00	10.00

Median Intra-Service Time	25.00	32.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**55.00**	**57.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.10	3.03
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.42
Urgency of medical decision making	3.10	3.00

Technical Skill/Physical Effort (Mean)

Technical skill required	3.41	3.00
Physical effort required	3.75	3.44

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.51	3.07
Outcome depends on the skill and judgment of physician	4.10	3.64
Estimated risk of malpractice suit with poor outcome	2.58	2.42

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	4.27	3.53
Intra-Service intensity/complexity	4.06	3.32
Post-Service intensity/complexity	3.62	3.21

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*
The survey data was collected online with SurveyMonkey, with ACCP and ATS taking the lead. The American College of Chest Physician's Practice Management Committee reviewed the data at their March 27, 2006 meeting. The American Thoracic Society's Clinical Practice Committee reviewed the data on March 31. ACCP and ATS staff worked with representatives from the the American Academy of Pediatrics' Section on Perinatal Pediatrics and Section on Pediatric Pulmonology for their review. Final concensus achieved through email review of the completed Summary of Recommendation Form.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) unlisted code

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Sometimes

Specialty Pediatrics How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pulmonary Frequency 5000 Percentage 16.66 %

Specialty Pediatrics Frequency 25000 Percentage 83.33 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pulmonary Frequency 500 Percentage 10.00 %

Specialty Pediatrics Frequency 4500 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/Specialty Society Update Process
PERC Summary of Recommendation
Facility and Non-Facility Direct Inputs
VENT Management Codes, Global Period: XXX

CPT Long Descriptor:

94002 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

94003 hospital inpatient/observation, each subsequent day

94004 nursing facility, per day

94005 Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more

(Do not report 9400X5 in conjunction with 99339-99340, 99374-99378)

(Ventilator management care plan oversight is reported separately from home or domiciliary, rest home (eg, assisted living) services. A physician may report 9400X5, when performed, including when a different physician reports 99339-99340, 99374-99378 for the same 30 days)

94002 Sample Size: 40 Response Rate: (%): 6.6%
94003 Sample Size: 40 Response Rate: (%): 6.6%
94004 Sample Size: 36 Response Rate: (%): 6% some did not perform service in nursing facility
94005 Sample Size: 29 Response Rate: (%): 9.6%

4002 Geographic Practice Setting %: Rural 12.5% Suburban 17.5% Urban 70%
94003 Geographic Practice Setting %: Rural 12.5% Suburban 17.5% Urban 70%
94004 Geographic Practice Setting %: Rural 12.5% Suburban 17.5% Urban 50%
94005 Geographic Practice Setting %: Rural 13.8% Suburban 6.9% Urban 79.3%

Type of Practice %:

Type of Practice %	**94002**	**94003**	**94004**	**9400X5**
Solo Practice	1	1	1	1
Single Specialty Group	10	10	10	5
Multispecialty Group	7	7	7	6
Medical School Faculty Practice Plan	22	22	18	17

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The American College of Chest Physicians' Practice Management committee met on March 27, 2006 to review finalized inputs. Two members of the ATS committee sit on the ACCP committee. The American Thoracic Society's Clinical Practice Committee met on March 31. Both committees are geographically diverse and include academic and private practice physicians, in solo, small and large group practices, as are the ASA and AAP committees. The American Society of Anesthesiologists has 'o committees that have reviewed the data. SCCM reviewed the data. For the 94005 Home Vent code, ACCP and ATS staff worked with representatives from the American Academy of Pediatrics' Section on Perinatal Pediatrics and Section on Pediatric Pulmonology for their review.

Please describe the clinical activities of your staff:

4002-94004 Ventilator Management

Pre-Service Clinical Labor Activities: Review patient chart and prepare room, equipment and supplies.

Intra-Service Clinical Labor Activities: Check parameters on ventilator. Check and/or measure pressures, like peak, plateau, tidal volumes; check oxygen saturation; assess and change tubing; and administer nebulized bronchodilator when needed. The ventilator system is checked to see functioning and appropriate settings.

Post-Service Clinical Labor Activities: Monitors patient following tubing changes and vent setting changes; communicating further with other health care professionals and the patient's family.

9400X5 Home Vent Management

Pre-Service Clinical Labor Activities: Review patient chart and prepare room, equipment and supplies.

Intra-Service Clinical Labor Activities: Check parameters on ventilator. Check and/or measure pressures, like peak, plateau, tidal values; check oxygen saturation; assess and change tubing; and administer nebulized bronchodilator when needed. The ventilator system is checked to see functioning and appropriate settings.

Post-Service Clinical Labor Activities: Monitors patient following tubing changes and vent setting changes; communicating further with other health care professionals and the patient's family

	A	B	C	D	E	F	G	H	I	J
1	**Ventilation Management**									
2	**Meeting Date: April 26, 2006**		**94002**		**94003**		**94004**		**94005**	
3	**RUC Recommendation**		**Ventilation assist and management, initiation of pressure**		**hospital inpatient/observation, each subsequent**		**nursing facility, per day**		**Home ventilator management care plan oversight of a**	
4		**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**									
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**36.0**	**NA**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**18.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**18.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**									
11	**Start: Following visit when decision for surgery or procedure made**									
12	Complete pre-service diagnostic & referral forms									
13	Coordinate pre-surgery services									
14	Schedule space and equipment in facility									
15	Provide pre-service education/obtain consent									
16	Follow-up phone calls & prescriptions	**L037D**							**18**	
17	Other Clinical Activity (please specify)									
18	**End:When patient enters office/facility for surgery/procedure**									
19	**SERVICE PERIOD**									
20	**Start: When patient enters office/facility for surgery/procedure**									
21	**Pre-service services**									
22	Review charts									
23	Greet patient and provide gowning									
24	Obtain vital signs									
25	Provide pre-service education/obtain consent									
26	Prepare room, equipment, supplies									
27	Setup scope (non facility setting only)									
28	Prepare and position patient/ monitor patient/ set up IV									
29	Sedate/apply anesthesia									
30	**Intra-service**									
31	Assist physician in performing procedure									
32	**Post-Service**									
33	Monitor pt following service/check tubes, monitors, drains									
34	Clean room/equipment by physician staff									
35	Clean Scope									
36	Clean Surgical Instrument Package									
37	Complete diagnostic forms, lab & X-ray requisitions									
38	Review/read X-ray, lab, and pathology reports									
39	Corrdination of Care	**L037D**							**18**	
40	Discharge day management 99238 --12 min 99239 --15 min									
41	Other Clinical Activity (please specify)									
42	**End: Patient leaves office**									
43	**POST-SERVICE Period**									
44	**Start: Patient leaves office/facility**									
54	**None**									
55	*Total Office Visit Time*		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
56	Other Activity (please specify)									
57	**End: with last office visit before end of global period**									
58	**MEDICAL SUPPLIES**	**Unit**								
59	None									
60	**Equipment**	**Unit**								
61	None									

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Surfactant Administration

The CPT Editorial Panel acknowledged that surfactant administration, available over the last 10 years, should be separately reported when the physician is not reporting Critical Care Services (99289 – 99296) on the same date. CPT code 94610 *Intrapulmonary surfactant administration by a physician through endotracheal tube* was created to describe this service. It was noted that this service may be reported most often with 99440 *Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output* (work RVU = 2.93).

The RUC reviewed the survey data from pediatrics and determined that the respondents overstated the physician work necessary to perform this service. The RUC understands that this service will always be reported in addition to an Evaluation and Management (E/M) service performed on the same date, most typical 99440. Therefore, all pre and post physician time/work will be performed as part of the E/M service. The surfactant administration is valued as a code that will be -51 modifier exempt and CPT will add this code to the Modifier -51 exempt appendix.

After reviewing the survey results, the RUC agreed that the service most typically requires 20 minutes of intra-service time. As this service is most typically an add-on and continuation of 99440, the RUC valued the work at the same intensity (IWPUT = 0.058) as 99440. The computed work relative value of 1.16 is comparable to the following codes:

1. 64627 *Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (ZZZ Global, Work RVU = 1.16, 30 minutes intra-service time)
2. 13102 *Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)* (ZZZ Global, Work RVU = 1.24, 25 minutes intra-service time)
3. 64472 *Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (ZZZ Global, Work RVU = 1.29, 15 minutes intra-service time)

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

4. 64484 *Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)* (ZZZ Global, Work RVU = 1.33, 20 minutes intra-service time)

The RUC recommends a work relative value of 1.16 for CPT code 94610.

Practice Expense

This service is always performed in a facility on an emergent basis and, therefore, there are no direct practice expense inputs related to this service.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
□●94610	VV1	Intrapulmonary surfactant administration by a physician through endotracheal tube (Do not report 94610 in conjunction with 99289-99296) (For endotracheal intubation, use 31500) (Report 94610 once per dosing episode	XXX	1.16

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94610 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **2.00**
RUC RVU: **1.16**

CPT Descriptor: Intrapulmonary surfactant administration by a physician through endotracheal tube

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A preterm male infant is born at 27 weeks gestation at a community hospital weighing 1kg. He is showing signs of respiratory distress and requires intubation for mechanical ventilation. Communication with the regional referral nursery is obtained in order to obtain consultative stabilization assistance and to arrange for transport of the infant to the regional nursery. The local care team is asked to provide the initial installation of surfactant prior to the transport

.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 9%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

Description of Intra-Service Work: A small feeding tube is inserted into the endotracheal tube. Aliquots of the surfactant preparation are then slowly introduced into the lungs with the patient in different positions as per the manufacturer's instructions.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Steve Krug, MD, FAAP and Rich Molteni, MD, FAAP		
Specialty(s):	American Academy of Pediatrics		
CPT Code:	94610		
Sample Size: 87	**Resp n:** 54	**Response:** 62.0 %	
Sample Type:	Panel		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	0.30	1.76	**2.00**	2.14	3.75
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		

code: 94610

Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	8.50	**20.00**	14.75	40.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**0.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**0.0**	99211x **0.0**	12x **0.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
94060	XXX	0.31

CPT Descriptor Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
99431	XXX	1.17

CPT Descriptor 1 History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records

MPC CPT Code 2	Global	Work RVU
99440	XXX	2.93

CPT Descriptor 2 Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Other Reference CPT Code	Global	Work RVU
94660	XXX	0.76

CPT Descriptor Continuous positive airway pressure ventilation (CPAP), initiation and management

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 35 **% of respondents:** 64.8 %

TIME ESTIMATES (Median)	**CPT Code: 94610**	**Key Reference CPT Code: 94060**
Median Pre-Service Time	0.00	5.00
Median Intra-Service Time	20.00	10.00
Median Immediate Post-service Time	0.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**20.00**	**20.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.87	2.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.54	2.39
Urgency of medical decision making	4.54	2.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.37	2.65
Physical effort required	3.69	2.48
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	2.63
Outcome depends on the skill and judgment of physician	4.28	2.59
Estimated risk of malpractice suit with poor outcome	4.37	2.35

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.63	2.39
Intra-Service intensity/complexity	4.31	2.56
Post-Service intensity/complexity	4.06	2.54

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel consisting of members of the American Academy of Pediatrics (AAP) Section on Perinatal Pediatrics and Committee on Coding and Nomenclature reviewed the survey results. Based on the consistency of the survey data, they recommend the survey median of 2.00 work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This service is performed by the physician in the delivery room or in an outlying hospital prior to transfer.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 99440 (Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output): Work RVUs = 2.93; Global Period = XXX; Pre-Time = 5; Intra-Time = 45; Post-Time = 10 and 31500 (Intubation, endotracheal, emergency procedure): Work RVUs = 2.33; Global Period = 000; Pre-Time = 32; Intra-Time = 10; Post-Time = 7

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Surfactant administration was previously bundled under code 99295 or code 99296

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 125000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pediatrics Frequency 125000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

code: 94610

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

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American Academy of Pediatrics

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April 4, 2006

William Rich, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
Department of Physician Payment Policy and Systems
515 North State Street
Chicago, IL 60610

Re: Direct Practice Expense Inputs for Code 94610 (Tracking Code VV1)

Dear Dr Rich:

Code 94610 (*Intrapulmonary surfactant administration by a physician through endotracheal tube*) is among the codes being considered during the April 2006 RUC meeting.

The American Academy of Pediatrics (AAP) has conducted a physician work survey for code 94610 and developed a work RVU recommendation based on the survey results. However, since the service described by code 94610 is one that typically occurs in the facility setting, the AAP recommends no direct practice expense inputs for code 94610.

If you have any questions, please contact Linda Walsh, AAP staff, at 800/433-9016 ext 7931 or lwalsh@aap.org. Thank you.

Sincerely,

Steve Krug, MD

Steven E. Krug, MD, FAAP
AAP RUC Advisor

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

September 2005

Continuous Bronchodilator Therapy

The CPT Editorial Panel believed that Continuous Bronchodilator Therapy (CBT) is a unique new procedure, which involves specialized equipment and intense monitoring and assessment by non-physician health care professionals. This new service differs from current CPT code 94640 *Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)* (XXX Global, Work RVU 2005 = 0.00) has a duration of approximately 10 minutes, whereas the continuous monitoring and or observation of patients receiving CBT is required. In addition, higher doses of medication and a large volume nebulizer are required for CBT.

The RUC reviewed the non-facility practice expense inputs carefully focusing on the typical patient encounter. The RUC understood that an evaluation and management service is typically billed on the same day as the CBT and that the service would not be performed in the facility setting. The RUC believed, and the specialty agreed, that the clinical labor time initially presented to the RUC was too high for the typical patient encounter. The RUC reduced specific clinical labor activity line items to recommend a total clinical labor time of 29 minutes for code 94644 *Continuous inhalation of aerosol medication for acute airway obstruction; first hour (For services of less than 1 hour, use 94640)* and 22 minutes for add on code 94645 *Continuous inhalation of aerosol medication for acute airway obstruction; first hour: each additional hour (List separately in addition to code for primary procedure).* The RUC established a detailed allocation of the clinical labor time in the non-facility setting and no direct practice expense inputs in the facility setting.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
94640	D1	*Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing*	XXX	0.00 (No Physician Work – Practice Expense Inputs Only)

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(IPPB) device) *(For more than on inhalation treatment performed on the same date, append modifier 76)* (For continuous inhalation treatment of 1 hour or more, see 94644, 94645)		
● 94644	D2	Continuous inhalation with aerosol medication for acute airway obstruction; first hour (For services of less than 1 hour, use 94640)	XXX	0.00 (No Physician Work - Practice Expense Inputs Only)
+ ● 94645	D3	each additional hour (List separately in addition to code for primary procedure) (Use 94645 in conjunction with 94644)	ZZZ	0.00 (No Physician Work - Practice Expense Inputs Only)

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	A	B	C	D	E	F	G
1							
2				94644		94645	
3	**Meeting Date: September 29, 2005 RUC Recommendations**			**Continuous inhalation of aerosol medication for acute airway obstruction; first hour**		**Continuous inhalation of aerosol medication for acute airway obstruction; each additional hour**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L047C**	**RN/RT**	**27.0**	**0.0**	**22.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**5.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**22.0**	**0.0**	**19.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent	L047C	RN/RT	5			
16	Follow-up phone calls & prescriptions						
17	**End:When patient enters office/facility for surgery/procedure**						
18	**SERVICE PERIOD**						
19	**Start: When patient enters office/facility for surgery/procedure**						
20	**Pre-Service.titrates the oxygen to power nebulizer**	**L047C**	RN/RT	**2**			
21	Review charts						
22	Greet patient and provide gowning						
23	Obtain vital signs						
24	Provide pre-service education/obtain consent						
25	Prepare room, equipment, supplies	L047C	RN/RT	**2**			
26	mixes medication and dilutents	L047C	RN/RT	**3**		**3**	
27	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT	**2**			
28	Sedate/apply anesthesia						
29	**Intra-service**						
30	**assessment q 15 minutes for 2 to 8 hours**	**L047C**	RN/RT	**12**		**16**	
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff	L047C	RN/RT	**3**			
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 –12 minutes 99239 –15 minutes						
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions	L047C	RN/RT			3	
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart; assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**0**	**0**	**0**	**0**
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				94644		94645	
3	**Meeting Date: September 29, 2005 RUC Recommendations**			**Continuous inhalation of aerosol medication for acute airway obstruction; first hour**		**Continuous inhalation of aerosol medication for acute airway obstruction; each additional hour**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	drape, non-sterile, sheet 40in x 60 in	SB006	item	1			
60	nonsterile gloves	SB022	1 pair	1		1	
61	gas, air to power the nebulizer	SD077	cu ft	19		19	
62	swab pad alcohol	SJ053	item	1		1	
63	Hope Nebulizer Kit includes tubing and aerosol mask		1	1			
64	Vendor B&B Med Technologies $19 64 (800) 242-8778						
65	or www westmedinc com #101021 IV Heart, 7' oxygen tubing with threaded nut, adult aerosol mask and 8' 22mm corr clear tubing cuffed every 6"						
66	phosphate buffered saline solution mix with 25cc of saline per hour	SL107	cc	2		2	
67	peak flow meter (cost $2-$5 each)		item	1			
68	**Equipment**	**CMS Code**	**Unit**				
69	air compressor, safety	EQ047	1	1		1	
70	pulse oximeter with printer	EQ211	1	1		1	

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Home Apnea Monitoring

The CPT Editorial Panel created a new family of codes to describe home apnea monitoring and the evaluation and interpretation of long term airway and cardiac data in infants. The RUC discussed this family of codes and there was significant confusion regarding the interaction between the physician involvement in home apnea monitoring and that of the home health agency. The RUC requested that CMS and CPT provide additional clarification prior to a RUC review of these services.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●94774	XX1	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30 day period of time; includes monitor attachment, download of data, physician review and interpretation and preparation of a report	XXX	Carrier Price
●94775	XX2	monitor attachment only (includes hook-up, initiation of recording and disconnection	XXX	Carrier Price
●94776	XX3	monitoring, download of information, receipt of transmission(s) and analyses by computer only	XXX	Carrier Price
●94777	XX4	physician review, interpretation and preparation of report only (When oxygen saturation monitoring is used in addition to heart rate and respiratory monitoring, it is not reported separately) (Do not report 94774-94777 in conjunction with 93224-93272) (Do not report apnea recording device separately) (For sleep study, see 95805-95811)	XXX	Carrier Price

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AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Allergy Test Interpretation

95004, 95024, 95027
The specialty society initially came to the RUC 2005 Five Year Review in order to present physician work values for these Allergy codes. At the meeting the specialty presented each code with physician work representing staff supervision and the interpretation of the tests results. The codes are typically billed with an E/M service which according to CPT the "actual performance and/or interpretation of diagnostic tests/studies ordered during a patient encounter are not included in the level of E/M services." The RUC could not value the codes based upon the CPT descriptor and the survey results, and referred the specialty to CPT Editorial Panel for clarification and possible revision of the codes to include physician work. In February 2006, the CPT Editorial Panel made modifications to these allergy testing codes in order to include the test interpretation and report provided by a physician.

Prior to the April 2006 RUC meeting, the specialty society met with AMA staff and asked for advice on how to proceed on valuing the codes based upon the specialty's 2005 Five Year Review survey results. AMA staff and the specialty agreed that a new survey should be conducted using the new CPT descriptors. The specialty then withdrew their initial recommendations for the April 2006 RUC meeting and suggested a deferral of full RUC consideration for the codes until the October 2006 meeting, and the continued assignment of zero work values. Therefore, RUC made a recommendation to the CPT Editorial Panel to postpone their revision of these codes until CPT 2008 pending acquisition of survey data by the society or submission of an alternate request for a single allergy test interpretation and report code.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**Allergy sensitivity tests** describe the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgement. All patients should not necessarily receive the same tests nor the same number of sensitivity tests.~~ ***Immunotherapy (desensitization, hyposensitization)*** *is the parenteral administration . . .* ***Other therapy:*** *for medical conferences on the use of mechanical . . .* **Allergy Testing**				
▲95004	YY1	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, ~~including test interpretation and report by a physician,~~ specify number of tests	XXX	No changes
▲95024	YY2	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, ~~including test interpretation and report by a physician~~, specify number of tests	XXX	No changes
▲95027	YY3	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, ~~including test interpretation and report by a physician~~, specify number of tests	XXX	No changes

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AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Exhaled Nitric Oxide Measurement

The CPT Editorial Panel created a new code to report exhaled nitric oxide measurement, a procedure that non-invasively measures airway inflamation, i.e. the main cause of asthma. Exhaled nitric oxide measurement provides the physician with the means of evaluating an asthma patient's inflammatory status and response to anti-inflammatory therapy.

The RUC reviewed the specialty society's recommended practice expense inputs as this procedure has no physician work associated with it. The RUC learned that this procedure would only be performed in the non-facility setting by a clinical staff blend of RN/RT. All of the inputs were reviewed and were approved as typical for the service provided. **The RUC recommends the practice expense inputs for 95012.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●95012	P1	Nitric oxide expired gas determination (For nitric oxide determination by spectroscopy, use Category III code 0064T)	XXX	0.00 (PE Inputs Only)

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AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: **95012 Nitric oxide expired gas determination**

Survey not completed for practice expense inputs.
Sample Size:_____ Response Rate: (%):_____ Global Period:_____
Geographic Practice Setting %: Rural____ Suburban_____ Urban_____
Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan
Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The practice expense inputs were determined through expert panel of the ACCP Practice Management Committee and the ATS Clinical Practice Committee, and not through survey

Please describe the clinical activities of your staff: The RN/RT measures the exhaled nitric oxide measurements by coaching the patient to expel all air completely, then place his/her mouth on the mouthpiece and to steadily inhale fully through the mouthpiece (Nitric oxide (NO)-free inhalation), then steadily exhales to move an object (such as a hot air balloon) within two lines on the computer screen, over a river (with often five to six trials to get three usable test results) as ordered by the physician, in the diagnosis or expectation of asthma to assess the resulting exhaled NO value give the physician insight into the inflammatory load and predict exacerbations.

Pre-Service Clinical Labor Activities:
- The chart is reviewed for the order and medications taken.
- The patient is greeted and not gowned. Information is typed into the dedicated computer by the RN/RT which includes number, patient name, medications taken, whether they smoke or not, time of their last meal, and up to four other questions decided by the physician.
- The RN/RT provides pre-service education and explains what the patient needs to do (expel all air, and breathe in steady and slow with the mouthpiece in their mouth, then exhale smoothly, wait 30 seconds between trials), and is repeated until three usable test results are achieved.

Intra-Service Clinical Labor Activities:
- The patient is coached to expel all air, and breathe in steady and slow through the mouthpiece, then exhale smoothly.
- They must wait 30 seconds between trials.
- Repeat three times. If any of the trials fails, it is performed again, usually five to six times to get three usable test results.

Post-Service Clinical Labor Activities:
- The tube where the mouthpiece is inserted is disinfected.
- The forms are reviewed and printed for submission to the physician for analysis of the data and inclusion in the patient's medical record.

	A	B	C	D	E
1					
2				95012	
3	**Meeting Date: February 2, 2006** **RUC Recommendation**			**Nitric oxide expired gas determination**	
4		**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L047C**	**RN/RT**	**19.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047C**	**RN/RT**	**19.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms				
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent				
16	Follow-up phone calls & prescriptions				
17	Other Clinical Activity (please specify)				
18	**End:When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure**				
21	**Pre-service services**				
22	Review charts	L047C	RN/RT	**1**	
23	Greet patient and provide gowning	L047C	RN/RT	**1**	
24	Obtain vital signs				
25	Provide pre-service education/obtain consent	L047C	RN/RT	**2**	
26	Prepare room, equipment, supplies	L047C	RN/RT	**1**	
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT	**2**	
29	Sedate/apply anesthesia				
30	**Intra-service**				
31	Perform the test three times	L047C	RN/RT	**10**	
32	**Post-Service**				
33	Monitor pt following service/check tubes, monitors, drains				
34	Clean room/equipment by physician staff	L047C	RN/RT	**1**	
35	Clean Scope				
36	Clean Surgical Instrument Package				
37	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/RT	**1**	
38	Review/read X-ray, lab, and pathology reports				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
40	Discharge day management 99238 --12 minutes 99239 --15 minutes				
41	Other Clinical Activity (please specify)				
42	**End: Patient leaves office**				
43	**POST-SERVICE Period**				
44	**Start: Patient leaves office/facility**				
45	Conduct phone calls/call in prescriptions				
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care				
47	*List Number and Level of Office Visits*				
48	99211 16 minutes		16		
49	99212 27 minutes		27		
50	99213 36 minutes		36		
51	99214 53 minutes		53		
52	99215 63 minutes		63		
53	Other				
54					
55	*Total Office Visit Time*			**0**	**0**
56	Other Activity (please specify)				
57	**End: with last office visit before end of global period**				

	A	B	C	D	E
2				95012	
3	**Meeting Date: February 2, 2006** **RUC Recommendation**			**Nitric oxide expired gas determination**	
4		**CMS Code**	**Staff Type**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
59	NIOXX mouthpiece $5 each		1	1	
60	paper, laser printing (each sheet)	SK057	1	2	
61	disinfectant, surface (enviroricide, sanizide)	SM013	1	1	
62					
63					
64					
65					
66					
67	**Equipment**	**CMS Code**	**Unit**		
68	NIOX Nitric Oxide Monitoring System including a dedicated computer, Aerocrine total cost $43,000 www aerocrine com		1	1	
69	printer, laser, paper	ED032	1	1	
70					

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

September 2005

Genetic Counseling

The CPT Editorial Panel created a new medical genetics and counseling code to be used by non-physician practitioners to adequately describe the clinical labor activities performed. Currently the procedure is performed but is frequently not billed for independently. The service could not be adequately described using existing evaluation and management codes. The CPT Editorial Panel created code 96040 *Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family* so that it would not be codable with initial encounter E&M codes.

The RUC reviewed in detail the direct practice expense recommendations for medical genetic counseling in the non-facility setting with the understanding that there would be no inputs in the facility setting. The RUC understood that the typical patient had cancer, and the RUC and the specialty society agreed on a reduction, from what the specialty originally recommended, in the pre and post service clinical labor time typically needed to perform the service. To reflect the typical patient and to eliminate double counting in staff activities, the RUC recommends a total of 55 minutes to perform this service with 30 minutes of intra service face to face time. 25 minutes of the total time includes pre-service time and post-service on going patient management and follow-up. The RUC recommends a detailed set of all the direct practice expense inputs.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<u>These services are provided by trained genetic counselors and may include obtaining a structured family genetic history, pedigree construction, analysis for genetic risk assessment, and counseling of the patient and family. These activities may be provided over one or more sessions and may include review of medical data and family information and face-to-face interviews and counseling services.</u>				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●96040	E1	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family (For genetic counseling and education provided by a physician to an individual, see the appropriate Evaluation and Management codes) (For genetic counseling and education provided by a physician to a group, use 99078) (For education regarding genetic risks by a non-physician to a group, see 98961, 98962) (For genetic counseling and/or risk factor reduction intervention provided by physicians to patient(s) without symptoms or established disease, use 99401-99412)	XXX	0.00 (No Physician Work – Practice Expense Inputs Only)
(For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155) (For education provided as genetic counseling services ~~to an individual regarding genetic risks~~, use 96040. For education to a group regarding genetic risks, see 98961, 98962)				
98960		Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	XXX	0.00 (No Physician Work – Practice Expense Inputs Only)

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AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family.

[Note: The CPT panel approved this code for services provided by trained genetic counselors. Services may include obtaining a structured family genetic history, pedigree construction, analysis for genetic risk assessment, and counseling of the patient and family. These activities may be provided over one or more sessions and may include review of medical data ands family information and face-to-face interviews and counseling services.]

Sample Size: **26**
Response Rate (%): **65.4%**

Geographic Practice Setting %: Rural **11.5 %** Suburban **24 %** Urban **64.5 %**

Type of Practice %:

7 %	Solo Practice
19 %	Single Specialty Group
10 %	Multi Specialty Group
N/A	Medical School Faculty Practice Plan
28 %	Other: Academic Department - Clinical
36 %	Other: Hospital Department - Clinical

The American College of Medical Genetics (ACMG) and the National Society of Genetic Counselors (NSGC) compiled this PE summary of recommendations, which represents the "typical" clinical labor time, supplies and equipment for genetic counseling services performed by trained genetic counselors.

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

The American College of Medical Genetics (ACMG) and the National Society of Genetic Counselors (NSGC) used a two-tiered approach to determining practice expense for the Genetic Counseling Services code. The final arbiter for the inputs on the submitted forms was an RVS Work Group of the ACMG Economics Committee. The work group used survey information from a convenience sample of 17 genetic counselors that provided time information on more than 100 cases, 36 of which were specifically of the type described in the clinical vignette. The work group used these data to establish and provide documentation of the time required for the various components of the service. The survey respondents were diverse geographically and, to the extent possible in a field in which most providers are academically based, reflect a breadth of practice settings. This included input from providers and practice managers. Respondents included both generalist genetic counselors and counselors specialized in cancer genetic counseling, prenatal genetic counseling and birth defects-related genetic counseling.

Please describe the clinical activities of your staff:

96040 Genetic Counseling Vignette

A 42-year-old Caucasian female is referred for genetic counseling due to a family history of breast cancer.

The genetic counselor:

Pre-Service

- Reviews relevant parts of the patient's and family's medical record*
- Reviews relevant medical literature and electronic resources*
- Reviews the physician referral, and communicates with referring physician and other relevant experts
- Performs preliminary assessment of family history, genetic risk factors and relevant genetics tests*
- Provides patient/family pre-visit education
- Completes paperwork, and begins care coordination*

* = component of case preparation (per spreadsheet)

Service

Pre-service

- Greets patient, establishes expectations for visit and visit agenda

Intra-Service

- Assesses the individual's psychological, social, environmental factors, lifestyle habits, health literacy, and learning styles;
- Elicits family, medical, developmental, environmental and psychosocial histories
- Constructs and analyzes genetic pedigree of at least three generations
- Performs comprehensive risk assessment and inheritance risk counseling
- Discusses natural history and management, or surveillance and prevention strategies, with regard to genetic diagnosis or risk
- Identifies and offers relevant genetic testing
- Counsels patient/family about risks, benefits, limitations and other nuances of genetic testing, as well as implications of possible test results
- Assesses readiness for testing and facilitates decision making
- Explores psychosocial issues and provides support
- Answers patient's/family's questions
- Makes referrals to relevant health professionals, support groups, etc.

Post-Service

- Establishes a plan for follow-up evaluation and management, and ongoing assessment of outcomes

Post-service

- Documents the counseling provided and describes the plan for follow-up
- Reviews further medical records on patient and other family members, and laboratory reports as needed
- Continues coordination of care, facilitation of genetic testing, resource identification
- Receives, interprets and communicates genetic test results to patient/family and referring physician
- Engages in other follow-up communication with patient, family, other health professionals as needed for patient management
- Provides psychosocial support as indicated

	A	B	C	D	E	F	G
1							
2				96040		CPT Code	
3	**Meeting Date: RUC September 2005** **RUC Recommendations**			**Medical genetics and genetic counseling services, each 30 minutes face-to-face with**		**Code Descriptor**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**xxx**			
6	**TOTAL CLINICAL LABOR TIME**		**GC**	**107.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**		**GC**	**21.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**		**GC**	**30.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**		**GC**	**56.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms			**2**			
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent			**1**			
16	Follow-up phone calls & prescriptions						
17	Other Case preparation (see note on summary sheet)			**2**			
18	**End:When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Genetic Counseling (see description on summary sheet)			**30**			
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238-12 minutes 99239 --15 minutes						
41	Other Facilitating informed consent for future genetic testing						
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits*						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			**0**	**0**	**0**	**0**
56	Other On-going patient management and follow-up (see summary sheet for service descriptions)			**20**			
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
59	patient education materials	SK062	item	**1**			
60							
61	**Equipment**	**CMS Code**	**Unit**				
62	pedigree software	new item	1	**1**			

Attachment 1

Genetic Counselor Salaries by Region and Years of Experience
From: Parrott S and Manley S (2004) National Society of Genetic Counselors, Inc Professional Status Survey 2004. Boston: Boston Information Solutions (page 14).

Table 9. Salary by Region and Years in GC Profession**

	Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
Years employed as a GC	CT,MA, ME, NH, RI, VT, Canadian Maritime Provinces		DC, DE, MD, NJ, NY, PA, WA, WV, Quebec, Puerto Rico, Virgin Islands		AL, FL, GA, KY, LA, MS, NC, SC, TN		AR, IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, OK, SD, WI, Ontario		AZ, CO, MT, NM, TX, UT, WY, Alberta, Manitoba, Saskatchewan		AK, CA, HI, ID, NV, OR, WA, British Columbia	
	N	Av	N	Av	N	Av	N	Av	N	Av	N	Av
None	*	*	9	$53,603	*	*	9	$42,932	*	*	*	*
1-4	29	$46,110	76	$48,893	34	$42,069	67	$45,590	38	$49,095	57	$56,165
5-9	8	$57,590	30	$56,763	35	$49,657	43	$55,649	19	$54,081	34	$58,861
10+	10	$65,200	41	$63,069	24	$58,520	39	$63,403	18	$63,883	30	$71,000

**Salary information not reported where n<5.*
*** Canadian dollars converted to US dollars at CAN 1.19/USD 1.*

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October 17, 2005

Mr. Todd Klemp
Senior Policy Associate
American Medical Association
515 N State Street
Chicago, IL 60610

Re: Background and Salary Information for Genetic Counselors

Dear Mr. Klemp:

Thank you for this opportunity to provide further information on the training, certification, professional roles and salaries of genetic counselors.

Genetic counselors are credentialed health professionals with Master's degrees—and increasingly often doctorate degrees—who work at the crossroads of medical genetics and counseling, and demonstrate knowledge of genetics and human diseases combined with skills in communication, critical thinking, counseling and bioethics. As integral members of the health care team, they serve individuals and families by evaluating family, medical and environmental histories, and providing clear, comprehensive, tailored information about the clinical risks of genetic conditions and birth defects. Genetic counselors also identify and discuss with patients and families options for medical care, genetic testing, participation in research/clinical trials, and receiving supportive services. They then facilitate informed decision-making and help people cope with, and adapt to, genetic diagnoses and test results.

Genetic counselors are certified by the American Board of Genetic Counseling. They must pass the same core human genetics certification examination as physician-geneticists certified by the American Board of Medical Genetics, as well as a specialty examination in genetic counseling. All certification examinations are administered by the National Board of Medical Examiners. A rigorous re-certification process ensures that genetic counselors maintain up-to-date skills and knowledge in a field that is advancing very rapidly. Recertification is required every ten years.

The National Society of Genetic Counselors conducts a biennial Professional Status Survey of its membership; the most recent survey was conducted in mid-2004 and reports salary data collected for the calendar year 2003. Yearly gross salary ranged from $33,000 to $99,000, with an average of $53,377. Geographic location, practice setting and professional experience were all influential in determining salary. As such, these data may well be skewed to the low side, as 50% of genetic counselors have been working in the field 5 years or less, and a total of 75% have less than 10 years of experience. As the workforce of this relatively new profession ages, mean

salaries would be expected to increase. When examined by primary clinical setting, the mean gross salaries were as follows:[1]

Primary Clinical Setting	Mean	Salary Range
Health Maintenance Organization	$ 63,120	(Range: $ 48,000-$ 87,000)
University Medical Center	$ 51,111	(Range: $ 33,000-$ 94,000)
Private Hospital/Medial Facility	$ 53,879	(Range: $ 33,311-$ 89,000)
Public Hospital/Medical Facility	$ 50,744	(Range: $ 36,883-$ 93,829)
Diagnostic Laboratory	$ 61,351	(Range: $ 37,500-$ 92,400)
Physician's Private Practice	$ 51,958	(Range: $ 38,110-$ 71,000)

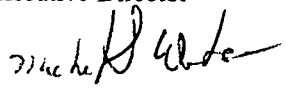
Attachment 1 (see pdf) reports 2003 genetic counselors' salaries based on geographic location and years' experience. When the national mean salaries are compared for counselors with <5 years' experience to those with 5-10 years' experience, the increase in mean salary is 14%; the increase in mean salary between 5-10 years' experience and >10 years' experience is 10%. The importance of considering these data when making projections about salary trends for the genetic counselor workforce is two-fold: 1) These data represent salaries for the calendar year 2003, four complete work years before the CPT code under consideration goes into effect. Therefore, based on expected cost-of-living increases of three percent between now and 2007, and in the absence of any changes to the demographic of the genetic counselor workforce, the projected average salary would increase from $53,377 in 2003 to $60,076 in 2007. 2) The genetic counselor workforce is rapidly increasing, as 1-3 new graduate programs receive accreditation on an annual basis. This ensures a continued pipeline of professionals, as well as larger numbers of individuals moving into higher income categories on an annual basis, adjusting mean salaries upwards, as noted above.

Finally, it should also be noted that a growing number of advanced practice nurses are moving into roles that include providing face-to-face genetic counseling services. Based on yet unpublished data, a recent survey of the International Society of Nurses in Genetics found that in 2003 these individuals had a median pre-tax professional income of $66,000, with a mean of $71,000; approximately 25% of respondents earned between $75,000 and $99,999, and 12% earned >$100,000.

If further information is required, or you have any questions, please let us know.

Sincerely,

Michael S. Watson, PhD
Executive Director



[1]Parrott S and Manley S (2004) National Society of Genetic Counselors, Inc Professional Status Survey 2004. Boston: Boston Information Solutions.

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2006

Whole Body Integumentary Photography

The CPT Editorial Panel created a new code to report whole body integumentary photography as a means to detect skin cancer early.

The RUC reviewed the specialty society recommended practice inputs for this procedure as this procedure has no physician work associated with it. The RUC learned that this procedure would be performed in the non-facility setting by a medical photography technician assisted by an MTA. The RUC noted that most of the specialty recommended inputs were PEAC standards. It was explained by the specialty society that positioning the patient required 15 minutes and performing the test required 15 minutes. It was also noted by the RUC that it required 13 minutes to process the images captured during the test. The RUC agreed with all of these time inputs. When reviewing the medical supplies, it was noted that typically the images are printed out on paper as well as on CD. Therefore, the RUC recommended both inputs. The RUC made various other modifications to the practice expense inputs including staff type and various supplies. **The RUC recommends the amended practice expense inputs as attached.**

Due to the fact that this technology to perform this procedure has not been widely dispersed**, the RUC will flag this code as new technology to be reviewed at an upcoming RUC Meeting**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●96904	Q1	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	XXX	0.00 (PE Inputs Only)
D 0044T		~~*Whole body integumentary photography, at request of a physician, for monitoring of high-risk patients; with dysplastic nevus syndrome or familial melanoma*~~		N/A
D 0045T		~~*with history of dysplastic nevi or personal history of melanoma*~~ (0044T and 0045T have been deleted. To report, use 96904)		N/A

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CPT Code:_96904__

AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:
Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma

Sample Size:_100_____Response Rate: (%):_33_____ Global Period:_XXX__

Geographic Practice Setting %: Rural_20___ Suburban_50____ Urban__30___

Type of Practice %: __50___Solo Practice
__10__Single Specialty Group
_10____Multispecialty Group
__30___Medical School Faculty Practice Plan

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

The American Academy of Dermatology distributed AMA PERC Survey forms to one hundred dermatology practices identified as providing this service. Survey responses were compiled and summarized using the AMA PERC approved spreadsheet. This submission has been reviewed by members of the AAD/Health Care Finance Committee. The composition of the committee is as follows: Geographic Practice Setting %: Rural_5_Suburban_55_Urban_40_. Type of Practice %: 60% Solo Practice, 24% Single Specialty Group, 10% Multispecialty Group, 6% Medical School Faculty Practice Plan

Please describe the clinical activities of your staff:

Patient undergoes whole body integumentary photography under established guidelines and protocols. Images are produced in digital format with an image viewing software program and also produced with an interactive viewing album.

Pre-Service Clinical Labor Activities:
Patient with history of skin cancer and/or dysplastic nevi is referred for whole body photography for establishing a baseline record of current skin lesions and/or moles.

Intra-Service Clinical Labor Activities:
Verification of specific areas requested by referring physician for macro imaging, identification of any physical limitations, and consent. The patient will be briefed on the flow of the procedure and gowned. Patient is directed and assisted in assuming the required number of postural positions to ensure maximum photographic coverage of total skin area, including: anterior, posterior and lateral of head/face/ neck, upper trunk and extremities, lower trunk and extremities including groin. This is followed by macro-imaging of those areas of current specific concern.

Post-Service Clinical Labor Activities:
Detailed digital imaging is provided to referring physician and to patient to facilitate ongoing clinical monitoring.

	A	B	C	D	E	F	G
1							
2				96904			
3	**Meeting Date: February, 2006** **RUC Recommendation**			**Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma**			
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**		
5	**GLOBAL PERIOD**			**XXX**	**XXX**		
6	**TOTAL CLINICAL LABOR TIME**			**57.0**	**0.0**		
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**						
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L026A**	**MTA**	**29.0**	**0.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**		**Medical Photograher Technician**	**15.0**	**0.0**		
10	**TOTAL POST-SERV CLINICAL LABOR TIME**		**Medical Photography Technician**	**13.0**	**0.0**		
11	**PRE-SERVICE**						
12	**Start: Following visit when decision for surgery or procedure made**						
13	Complete pre-service diagnostic & referral forms						
14	Coordinate pre-surgery services						
15	Schedule space and equipment in facility						
16	Provide pre-service education/obtain consent						
17	Follow-up phone calls & prescriptions						
18	Other Clinical Activity (please specify)						
19	**End:When patient enters office/facility for surgery/procedure**						
20	**SERVICE PERIOD**						
21	**Start: When patient enters office/facility for surgery/procedure**						
22	**Pre-service services**						
23	Review charts						
24	Greet patient and provide gowning	**L026A**	MTA	**3**			
25	Obtain vital signs						
26	Provide pre-service education/obtain consent	**L026A**	MTA	**4**			
27	Prepare room, equipment, supplies	**L026A**	MTA	**2**			
28	Setup scope (non facility setting only)						
29	Prepare and position patient (24-48 Images dependent on clinical presentation of nevi and CA history) Note Also serves chaperone function	**L026A**	MTA	**15**			
30	Sedate/apply anesthesia						
31	**Intra-service**						
32	Assist physician in performing procedure						
33	Whole Body Photography (36 Images typical - total number dependent on clinical presentation of nevi and CA history)		**Medical Photography Technician**	**15**			
34	**Post-Service**						
35	Monitor pt following service/check tubes, monitors, drains						
36	Clean room/equipment by physician staff	**L026A**	MTA	**3**			
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	Discharge day management 99238 –12 minutes 99239 –15 minutes						
43	Other Clinical Activity (please specify) Review use of free standing image display program and image album	**L026A**	MTA	**2**			
44	**End: Patient leaves office**						
45	**POST-SERVICE Period**						
46	**Start: Patient leaves office/facility**						
47	Conduct phone calls/call in prescriptions						
48	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						

	A	B	C	D	E	F	G
2				96904			
3	**Meeting Date: February, 2006** **RUC Recommendation**			**Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma**			
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**		
49	*List Number and Level of Office Visits*						
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	Other						
56							
57	*Total Office Visit Time*			**0**	**0**	**0**	**0**
58	Other Activity (please specify) Production of Images/Image processing		**Medical Photography Technician**	13			
59	**End: with last office visit before end of global period**						
60	**MEDICAL SUPPLIES**	**CMS Code**	**Units**				**Pricing**
61	Multi specialtysupply pack	**SA048**		**1**			
62	Disposable underwear	**SBXXX**		**1**			
63	Disinfectant spray	**SM012**		**1**			
64	Disposable bolster covers			**3**			3 00/50
65	Body Mark Stickers	SK075		**6**			
66	Blank CD	SK013		**1**			
67	Photographic Printer paper	SK058		**36**			
68	**Equipment**	**CMS Code**	**Unit**				**Pricing**
69	**Adjustable Exam Table**	EF033		**1**			5000
70	Digital Camera Sony / Nikon / Fuji	ED005		**1**			1500-3000
71	Macro Lens 35-70 mm			**1**			?
72	Dermoscopy Attachments			**1**			650-950
73	Computer	ED009		**1**			3000
74	Dermal Imaging Software			1			4500
75	Camera Mount - Floor			1			2300
76	Cross Slide attachment			1			500
77	Studio Strobe, 400 Watt (2)			1			1500
78	Digital Color Imaging Photo Printer	ED031		1			4500

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Anticoagulant Management Services

In 2001, the Centers for Medicare and Medicaid Services (CMS) stated that the standard of care for anticoagulant services was suboptimal and the current payment policy requires the physician to have the beneficiary make an office visit to discuss prothrombin time tests results and necessary adjustments to receive separate payment. Although it is clinically optimal for a physician to discuss results with a patient and make an adjustment during a face-to-face encounter under some circumstances, physicians often engage in these activities outside of a face-to-face encounter with the patient. The CPT Editorial Panel agreed with the specialty that bundling this post service time into the payment for the visit is unfair when physicians are managing patients on long-term anticoagulants. In addition, the Panel believed that CMS policy provides inadequate avenues for physicians to be paid for managing patients on long term anticoagulant may contribute to the problem of underutilization of anticoagulant drugs that has adverse effects on the health of patients. Failure to receive anticoagulant drugs when indicated can increase patient risk of thrombosis and embolism, and under or over anticoagulation can increase patient risk of bleeding. The CPT Editorial Panel discussed the issue at its February 2006 meeting and created two new codes to allow the reporting of anticoagulant management services. To ensure appropriate utilization of these codes, the Panel added minimum International Normalized Ratio (INR) measurements, eight for the initial anticoagulant management and three for subsequent therapy, and stated that this service cannot also be reported with another Evaluation and Management (E/M) code.

99605
The RUC reviewed the specialty society's survey results for new CPT code 99605 *Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements.* The RUC agreed that INR testing is typically performed 10 times over the initial 90 days of therapy to appropriate control anticoagulation. The typical code that is currently billed for this service is a 99211 *Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services* (Work RVU = 0.17). The current RVU total for ten E/M codes is similar (10 x 0.17 = 1.70) to the specialty survey median and recommended value (1.65) for the new code 99605. The RUC and the specialty agreed that the physician work and time of new code 99605 was similar to the work of ten 99211 E/M services. The RUC and

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specialty also agreed that the intra-service physician time would typically total 50 minutes rather than what the surveyed median time of 100 minutes.

The RUC recommends a relative work value of 1.65 for code 99605 with an intra-service and total time of 50 minutes.

99606

The RUC reviewed the survey data for CPT code 99606 *Anticoagulant management for a patient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of three INR measurements).* The RUC agreed that the typical code that is currently billed for this services is a 99211 *Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services* (Work RVU = 0.17). The RUC agreed that there are typically four INR measurements in each subsequent 90 days of therapy. The current RVU total for four 99211 services is similar (4 x 0.17 = 0.68) to the specialty survey median value (0.63) for the new code 99606. The RUC and the specialty agreed that the physician work and time of new code 99606 was similar to the work of four 99211 E/M services. The RUC and specialty also agreed that the intra-service physician time would typically total 20 minutes rather than the surveyed median time of 40 minutes.

The RUC recommends a relative work value of 0.63 for code 99606 with an intra-service and total time of 20 minutes.

Practice Expense

The RUC reviewed the direct practice expense inputs for these codes and recommended a total of 90 minutes of clinical labor time for 99605 and 24 minutes for 99606, for phone calls and assisting the physician with patient information and chart review.

New Technology/Services

The RUC identified codes 99605 and 99606 as new services to be reviewed again under the RUC's new technology process. **The RUC recommends that these codes are put on the new technology/services list and return to the RUC for re-review considering its utilization patterns once this service has become more widespread.**

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Case Management Services** **Anticoagulant Management** Anticoagulant services are intended to describe the outpatient management of warfarin therapy, including ordering, review, and interpretation of International Normalized Ratio (INR) testing, communication with patient, and dosage adjustments as appropriate. When reporting these services, the work of anticoagulant management may not be used as a basis for reporting an Evaluation and Management service or Care Plan Oversight time during the reporting period. Do not report these services with 99371-99373, 0074T when telephone or on-line services address anticoagulation with warfarin management. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code using modifier 25. These services are outpatient services only. When anticoagulation therapy is initiated or continued in the inpatient or observation setting, a new period begins after discharge and is reported with 99606. Do not report 99605-99606 with 99217-99239, 99291-99300, 99304-99318 or other code(s) for physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s). Any period less than 60 continuous outpatient days is not reported. If less than the specified minimum number of services per period are performed, do not report the anticoagulant management services (99605-99606).				
●99605	ZZ1	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements	XXX	1.65
●99606	ZZ2	each subsequent 90 days of therapy (must include a minimum of three INR measurements)	XXX	0.63

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99605 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **1.65**
RUC RVU: **1.65**

CPT Descriptor: Anticoagulant management for a patient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of eight INR measurements)

(Do not report 99605-99606 for final period of less than 60 days. If treatment is interrupted and resumed, use 9936X2 for the period(s) of re-treatment)

(Do not report Evaluation and Management (E/M) service for these services or include these services when selecting the E/M service. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code.)

(Do not report 99605-99606 with 99371-99373 or 0074T when telephone or on-line services are for anticoagulation with warfarin management)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year old female established patient is found to have atrial fibrillation. A stress echocardiogram done a year previously as part of an evaluation of chest pain did not demonstrate valvular heart disease. Her rate is controlled and her history does not suggest that this has occurred in the past 24 hours. The physician explains the risks and benefits of anticoagulation and initiates therapy. (Diagnosis of atrial fibrillation and face-to-face services at initiation of therapy is reported separately as evaluation and management service.)

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: none

Description of Intra-Service Work: For each prothrombin time test, a physician must: access the patient's medical record, review the results, and determine if any dosage adjustment and/or change in care plan is necessary. The physician may make dosage adjustments and/or care plan changes to account for: acute illness, possible drug interactions, diet changes affecting vitamin K intake; and/or procedures that require withholding or alternative anticoagulation. The physician then must make a notation in the medical record, contact the patient to convey the results/instructions, and arrange repeat testing at the appropriate interval.

Description of Post-Service Work: none

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006
Presenter(s):	Doug Leahy, MD James J. Anthony, MD ACC Representative
Specialty(s):	Internal Medicine, Neurology, Cardiology
CPT Code:	99605

code: 99605

Sample Size: 181	**Resp n:** 38	**Response:** 20.9 %
Sample Type: Panel		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	0.25	0.89	**1.65**	1.95	4.61
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	0.00	72.00	**50.00**	157.50	900.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99375	XXX	1.73

CPT Descriptor Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
77290	XXX	1.56

CPT Descriptor 1 Therapeutic radiology simulation-aided field setting; complex

MPC CPT Code 2	Global	Work RVU
92004	XXX	1.67

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 31.5 %

TIME ESTIMATES (Median)	CPT Code: 99605	Key Reference CPT Code: 99375
Median Pre-Service Time	0.00	10.00
Median Intra-Service Time	50.00	32.00
Median Immediate Post-service Time	0.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**50.00**	**57.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.33	3.42
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.92	3.33
Urgency of medical decision making	3.67	2.83

Technical Skill/Physical Effort (Mean)

Technical skill required	2.67	2.67
Physical effort required	1.92	2.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.25
Outcome depends on the skill and judgment of physician	3.67	3.42
Estimated risk of malpractice suit with poor outcome	4	3.08

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	3.33	3.33
Post-Service intensity/complexity	0.00	0.00

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A panel of representatives from ACP, AAN, and ACC reviewed the survey data, which was provided by internists, neurologists, and cardiologists. 76% of the survey respondents indicated that the vignette is typical. Survey respondents were asked to indicate the number of INRs that a patient typically receives during an initial 90-day period and the amount of time they personally spend furnishing anticoagulant management services described in the CPT code. The survey median number of INRs is 10 and the median physician time is 100 minutes. 32% of the survey respondents

picked 99375 as the key reference service code. The panel noted that the 100 minutes of total physician time for the surveyed code is more than the 57 minutes of total time for 99375. Further, it noted that the mean intensity/complexity measure value for the surveyed code is higher than for 99375 for four indicators; lower four indicators, and equal for one indicator. Considering that the work RVU for 99375 is 1.73, the specialties are comfortable recommending the survey median work RVU of 1.65.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Anticoagulant management service(s) that take place during a face-to-face encounter are currently reported using evaluation and management (E/M) services, typically established patient office visit codes, 99211-99215.

Physicians can bill CPT 99211 when a nurse (or other office personnel) meets with a patient in the office to discuss the prothrombin time test results. To bill using CPT 99211, the physician does not have to see the patient face to face but must be available in the suite if needed.

Physicians can bill a higher E/M service, CPT 99212-99215, if they choose to personally relay the prothrombin time results, evaluate the patient, and/or adjust the anticoagulant drug dosage. Physicians could also relay the results while evaluating and treating a related or unrelated condition. Physicians factor the anticoagulant monitoring activities into their decision regarding the level of E/M service that is appropriate to bill.

Anticoagulant management services that take place outside a face-to-face encounter are not separately reportable.

Medicare pays separately for home prothrombin time monitoring using a home device for beneficiaries with mechanical heart valves. CMS created HCPCS Level II code G0250 to allow reporting of the associated physician service after its 2001 national decision establishing coverage of a home prothrombin time monitor for home anticoagulant management. Code G0250 is defined as:

code: 99605

Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meet other coverage criteria; per four tests (does not require face-to-face service)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Neurology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

We have attempted to estimate the number of times the code would be performed on Medicare patients using the information in the RUC database on the number of INR tests billed. We have assumed our numbers based on estimating the number of INRs that would be part of an initial as compared to a subsequent monitoring, and then dividing that number by the average number of INRs (10) for the first 90 days. We are unable to estimate the number of times the code would be billed on other patients because of a lack of data.

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 659,107 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Internal Medicine Frequency 329553 Percentage 49.99 %

Specialty Neurology Frequency 164776 Percentage 24.99 %

Specialty Cardiology Frequency 164776 Percentage 24.99 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99606 Global Period: XXX

Recommended Work Relative Value
Specialty Society RVU: **0.63**
RUC RVU: **0.63**

CPT Descriptor: each subsequent 90 days of therapy (must include a minimum of three INR measurements

(Do not report 99605-99606 for final period of less than 60 days. If treatment is interrupted and resumed, use 99606 for the period(s) of re-treatment)

(Do not report Evaluation and Management (E/M) service for these services or include these services when selecting the E/M service. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code.)

(Do not report 99605-99606 with 99371-99373 or 0074T when telephone or on-line services are for anticoagulation with warfarin management)ts)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year old female with chronic atrial fibrillation and no valvular heart disease managed for anticoagulant therapy with warfarin

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: none

Description of Intra-Service Work: For each prothrombin time test, a physician must: access the patient's medical record, review the results, and determine if any dosage adjustment and/or change in care plan is necessary. The physician may make dosage adjustments and/or care plan changes to account for: acute illness, possible drug interactions, diet changes affecting vitamin K intake; and/or procedures that require withholding or alternative anticoagulation. The physician then must make a notation in the medical record, contact the patient to convey the results/instructions, and arrange repeat testing at the appropriate interval.

Description of Post-Service Work: none

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006				
Presenter(s):	Doug Leahy, MD James J. Anthony, MD ACC representative				
Specialty(s):	Internal Medicine, Neurology, Cardiology				
CPT Code:	99606				
Sample Size:	181	**Resp n:** 38	**Response:** 20.9 %		
Sample Type:	Panel				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**

code: 99606

Survey RVW:	0.17	0.46	**0.80**	1.12	3.46
Pre-Service Evaluation Time:			**0.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		
Intra-Service Time:	0.00	30.00	**20.00**	71.25	600.00

Post-Service	**Total Min****	**CPT code / # of visits**
Immed. Post-time:	**0.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
99212	XXX	0.45

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
90853	XXX	0.59

CPT Descriptor 1 Group psychotherapy (other than of a multi-family group)

MPC CPT Code 2	Global	Work RVU
92012	XXX	0.67

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 31.5 %

TIME ESTIMATES (Median)	**CPT Code: 99606**	**Key Reference CPT Code: 99212**
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	20.00	10.00
Median Immediate Post-service Time	0.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**20.00**	**15.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.58	2.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.42	2.63
Urgency of medical decision making	3.17	2.55

Technical Skill/Physical Effort (Mean)

Technical skill required	1.67	2.00
Physical effort required	1.58	1.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.92	3.08
Outcome depends on the skill and judgment of physician	3.58	3.50
Estimated risk of malpractice suit with poor outcome	4.42	3.67

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity		
Intra-Service intensity/complexity	2.75	2.75
Post-Service intensity/complexity		

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

A panel of representatives from ACP, AAN, and ACC reviewed the survey data, which was provided by internists, neurologists, and cardiologists. 79% of the survey respondents indicated that the vignette is typical. Survey respondents were asked to indicate the number of INRs that a patient typically receives during a subsequent 30-day period and the amount of time they personally spend furnishing anticoagulant management services described in the CPT code. The survey median number of INRs is 4 and the median physician time is 40 minutes.

32% of the survey respondents picked 99212 as the key reference service code. 99212 has a work RVU of 0.45 and a total physician time of 15 minutes. The panel noted that the surveyed code involves more physician time than for the reference service code. Further, the panel noted that the mean intensity/complexity measure value for the surveyed code is higher than for 99212 for four indicators; lower four indicators, and equal for one indicator. Based on these comparisons, the panel determined that the survey median RVU of 0.80 is too high and that the survey 25th percentile RVU of 0.46 is too low. The panel then looked back at its work RVU recommendation for 99605, the initial 90-day anticoagulant management period, anticoagulation, of 1.65. The typical number of INRs for 99605 is 10 INR, compared to 4--with the amount of total physician time being 10 minutes per INR for both 99605 and 99606. Assuming INR work is identical, 4 INRs would require a work value of 40% of the initial code's 10 INRs, which would lead to 0.66. The committee also looked at the halfway point between the 25th percentile and the median, which would be a value of 0.63. With this information, the committee decided to recommend a work value of 0.63 for the subsequent visits.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Anticoagulant management service(s) that take place during a face-to-face encounter are currently reported using evaluation and management (E/M) services, typically established patient office visit codes, 99211-99215.

Physicians can bill CPT 99211 when a nurse (or other office personnel) meets with a patient in the office to discuss the prothrombin time test results. To bill using CPT 99211, the physician does not have to see the patient face to face but must be available in the suite if needed.

Physicians can bill a higher E/M service, CPT 99212-99215, if they choose to personally relay the prothrombin time results, evaluate the patient, and/or adjust the anticoagulant drug dosage. Physicians could also relay the results while evaluating and treating a related or unrelated condition. Physicians factor the anticoagulant monitoring activities into their decision regarding the level of E/M service that is appropriate to bill.

Anticoagulant management services that take place outside a face-to-face encounter are not separately reportable.

Medicare pays separately for home prothrombin time monitoring using a home device for beneficiaries with mechanical heart valves. CMS created HCPCS Level II code G0250 to allow reporting of the associated physician service after its 2001 national decision establishing coverage of a home prothrombin time monitor for home anticoagulant management. Code G0250 is defined as:
Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meet other coverage criteria; per four tests (does not require face-to-face service).

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Neurology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
We have attempted to estimate the number of times the code would be performed on Medicare patients using the information in the RUC database on the number of INR tests billed. We have assumed our numbers based on estimating the number of INRs that would be part of an initial as compared to a subsequent monitoring, and then dividing that number by the average number of INRs (4) for each subsequent 90 days. We are unable to estimate the number of times the code would be billed on other patients because of a lack of data.
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,295,537 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Internal Medicine Frequency 1647769 Percentage 50.00 %

Specialty Neurology Frequency 823884 Percentage 24.99 %

Specialty Cardiology Frequency 823884 Percentage 24.99 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMTA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

99605
CPT Long Descriptor: Anticoagulant management for a patient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of eight INR measurements)

Sample Size:__N/A – consensus panel____ Response Rate: (%):_____ Global Period:_____

Geographic Practice Setting %: N/A consensus panel Rural____ Suburban_____
Urban_____ N/A -

Type of Practice %: _____Solo Practice N/A consensus panel
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

Members from the three specialties who surveyed work values were asked to consider the direct inputs for the practice expense for the code based on staff recommendations. These members have worked extensively on RUC issues in the past and are familiar with the requirements. Those inputs were discussed at a conference call and finalized at that time.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities: For each INR performed, staff will access the patient's medical record, review the results, and determine if any dosage adjustment and/or change in care plan is necessary. Staff will also communicate results/dosage adjustment/care plan changes back to the patient. In cases in which blood is drawn at the physician's office staff may also discuss patient's status during the draw. This work would require 10 minutes of staff time. There is an average of 10 INR measurements performed in the initial 90 day period, so the recommended staff time for the RN/LPN/MTA is 100 minutes.

Post-Service Clinical Labor Activities:

AMTA/Specialty Society Update Process
PEAC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs
99606

CPT Long Descriptor:
each subsequent 90 days of therapy (must include a minimum of three INR measurements

(Do not report 99605-99606 for final period of less than 60 days. If treatment is interrupted and resumed, use 99606 for the period(s) of re-treatment)

(Do not report Evaluation and Management (E/M) service for these services or include these services when selecting the E/M service. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code.)

(Do not report 99605-99606 with 99371-99373 or 0074T when telephone or on-line services are for anticoagulation with warfarin management)

Global Period:_xxx__

Sample Size:__N/A – consensus panel____ Response Rate: (%):_____

Geographic Practice Setting %: N/A – consensus panel Rural____ Suburban_____
Urban_____

Type of Practice %: _____Solo Practice N/A – consensus panel
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

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

For each INR performed, staff will access the patient's medical record, review the results, and determine if any dosage adjustment and/or change in care plan is necessary. This work would require 10 minutes of staff time. Staff will also communicate results/dosage adjustment/care plan changes back to the patient. In cases in which blood is drawn at the physician's office staff may also discuss patient's status during the draw. There is an average of 4 INR measurements performed in the subsequent 90 day periods, so the recommended staff time for the RN/LPN/MTA is 40 minutes.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities: access the patient's medical record, review the results, and determine if any dosage adjustment and/or change in care plan is necessary

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1							
2				CPT Code: 99605		CPT Code 99606	
3	RUC Recommendation			Code Descriptor		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD -	XXX					
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MT	90.0	0.0	24.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MT	90.0	0.0	24.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
10	PRE-SERVICE						
11	**Start. Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity (please specify)						
18	**End When patient enters office/facility for surgery/procedure**						
19	SERVICE PERIOD						
20	**Start. When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts (3 minutes per INR)	L037D	RN/LPN/MT A	30		12	
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 --12 minutes 99239 --15 minutes						
41	Other Clinical Activity (please specify) communicate results/dosage changes etc to patient	L037D	RN/LPN/MT A	60	2 phone calls per INR	12	1 phone call per INR
42	**End. Patient leaves office**						
43	POST-SERVICE Period						
44	**Start Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam, assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies, coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36				
51	99214 53 minutes		53				
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			0	0	0	0
56	Other Activity (please specify)						
57	**End. with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				CPT Code: 99605		CPT Code 99606	
3	RUC Recommendation			Code Descriptor		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
58	MEDICAL SUPPLIES	CMS Code	Unit				
59	Patient Education Booklet	SK062	1	1		0	0
60							
61							
62							
63							
64							
65							
66	Equipment	CMS Code	Unit				
67	none						
68							
69							

AMA/Specialty Society RVS Update Committee
Summary of Recommendations – Five Year Review

February 2006

Destruction of Lesions

The RUC discussed 17004 *Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, 15 or more lesions* as it is a rank order anomaly issue created by the Five-Year Review. The RUC addressed several issues regarding this procedure including the difference in work between the 17000 family of codes (17000, 17003 and 17004) and the 17110 family of codes (17110 and 17111). It was determined that all procedures performed on pre-malignant lesions would be addressed in the 17000 family of codes while all procedures performed on benign lesions (other than skin tags or cutaneous vascular lesions) would be addressed in the 17110 family of codes. **The RUC recommends that this issue be referred to the CPT Editorial Panel so that this action will be reflected in the corresponding CPT coding descriptors. Furthermore, the RUC recommends to the CPT Editorial Panel that these changes in the descriptors are editorial in nature. The RUC recommends the editorial changes in the following CPT Code descriptors.**

17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), ~~all benign or~~ premalignant lesions (eg, actinic keratoses) ~~other than skin tags or cutaneous vascular proliferative lesions~~; first lesion

+**17003** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), ~~all benign or~~ premalignant lesions (eg, actinic keratoses) ~~other than skin tags or cutaneous vascular proliferative lesions~~; second through 14 lesions, each (List separately in addition to code for first lesion)

(Use 17003 in conjunction with code 17000)

⊘**17004** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), ~~all benign or~~ premalignant lesions (eg, actinic keratoses) ~~other than skin tags or cutaneous vascular proliferative lesions~~, 15 or more lesions

(For destruction of common or plantar warts, see 17110, 17111)

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

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions ~~flat warts, molluscum contagiosum, or milia~~; up to 14 lesions

17111 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions 15 or more lesions

~~(For destruction of common or plantar warts, see 17000, 17003, 17004)~~

The RUC discussed these changes and how they would impact the work associated with 17004. The RUC agreed that these editorial changes would allow for differences within the description of work of these two code families to be greater defined. The RUC charged the specialty society to create changes to the intra-service description of service of 17000-17004 to accurately reflect the additional work of 17000-17004 as compared to 17110-17111. **The RUC recommends the following description of intra-service for 17000-17004:**

Inspect and palpate lesions for size, location, functional risks, depth. Administer local anesthetic, if needed. Destruction of lesions to include multiple freeze/thaw cycles with appropriate lateral margins and depth into papillary dermis, or similar margins via other destructive modalities. Control of bleeding as needed.

Due to the changes in the intra-service work descriptions, the RUC discussed the intra-service time that should be associated with 17004 and compared this time to the intra-service time of 17111. The RUC felt that due to the recommended changes made to the descriptors, that the 75th percentile of intra-service time for 17004, 20 minutes, was appropriate when compared to the intra-service time of 17111, 10 minutes. **The RUC recommends the 75th percentile of intra-service time, 20 minutes, for 17004.**

Due to the clarification of descriptors, description of intra-service time and adjusted intra-service work, the RUC felt that the specialty society recommended 1.80 work RVUs, half way between the 25th and median survey percentile for 17004, was appropriate. In addition, the RUC noted that the surveyed code 17004 requires greater mental effort and judgment, technical skill, intensity and time in compairison to the reference code 17111 (Work RVU=0.92) and felt that the value of 1.80 work RVUs appropriately values the surveyed code in relation to the reference code. Furthermore, the RUC agreed that 17004 indeed had slightly less work associated with it than 11750 *Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;* (Work RVU=1.86) with 10 minutes pre-service time, 15 minutes of intra-service time, 10 minutes of post service time and 2-99213 office visits. **The RUC recommends 1.80 work RVUs for 17004.**

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CPT Code (•New)	CPT Descriptor	Global Period	Current Work RVU	Five Year Review RUC Work RVU Recommendation
	Destruction means the ablation of benign, premalignant or malignant tissues by any method, with or without curettement, including local anesthesia, and not usually requiring closure. *Any method includes electrosurgery, cryosurgery, laser and chemical treatment. Lesions include condylomata, papillomata, molluscum contagiosum, herpetic lesions, warts (ie, common, plantar, flat), milia, or other benign, pre-malignant (eg, actinic keratoses), or malignant lesions.* *(For destruction of lesion(s) in specific anatomic sites, see 40820, 46900-46917, 46924, 54050-54057, 54065, 56501, 56515, 57061, 57065, 67850, 68135)* *(For paring or cutting of benign hyperkeratotic lesions (eg, corns or calluses), see 11055-11057)* *(For sharp removal or electrosurgical destruction of skin tags and fibrocutaneous tags, see codes 11200, 11201)* *(For cryotherapy of acne, see 17340)* *(For shaving of epidermal or dermal lesions, see 11300-11313)* **Destruction, Benign or Premalignant Lesions** *(For initiation or follow-up care of topical chemotherapy (eg, 5-FU or similar agents), see appropriate office visits)*			
▲17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,surgical curettement)~~, all benign or~~ premalignant lesions (eg, actinic keratoses) ~~other than skin tags or cutaneous vascular proliferative lesions~~; first lesion	010	0.60	*Not in Five Year Review

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CPT Code (•New)	CPT Descriptor	Global Period	Current Work RVU	Five Year Review RUC Work RVU Recommendation
17003	second through 14 lesions, each (List separately in addition to code for first lesion) *(Use 17003 in conjunction with code 17000)* (For destruction of common or plantar warts, see 17110, 17111)	ZZZ	0.15	0.07 (Approved October 2005)
⊘▲17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,surgical curettement)~~, all benign or~~ premalignant lesions (eg, actinic keratoses) ~~other than skin tags or cutaneous vascular proliferative lesions~~; 15 or more lesions (Do not report 17004 in conjunction with codes 17000-17003)	010	2.79	1.80
▲17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions ~~flat warts, molluscum contagiosum, or milia~~; up to 14 lesions	010	0.65	*Not in Five Year Review
17111	*15 or more lesions* ~~(For destruction of common or plantar warts, see 17000, 17003, 17004)~~	010	0.92	*Not in Five Year Review

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 17003 Global Period: ZZZ

Recommended Work Relative Value
Specialty Society RVU: **0.55**
RUC RVU: **0.07**

CPT Descriptor: Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old Caucasian female presents with a scaly, 6x5 mm, erythematous papule, adjacent to the lateral canthus, and three additional lesions, one each on the face, cheek and forehead, each being 5x7 mm of 4 months duration. Inspection and palpation of the lesions is compatible with the diagnosis of a hypertrophic actinic keratosis.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical?

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work:

Description of Intra-Service Work: "Inspect and palpate lesion for size, location, functional risks, depth; Administer local anesthetic; Electro surgical destruction of lesion; Application of dermal curette to lesion, two or more times; Control of bleeding with additional destruction to lesion base using electrocautery unit as needed."

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	08/2005					
Presenter(s):	James A. Zalla, MD Bruce Deitchman, MD					
Specialty(s):	Dermatology					
CPT Code:	17003					
Sample Size: 250	**Resp n:** 61	**Response:** 24.4 %				
Sample Type:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Survey RVW:	0.18	0.25	**0.55**	0.60	0.77	
Pre-Service Evaluation Time:			**0.0**			
Pre-Service Positioning Time:			**0.0**			
Pre-Service Scrub, Dress, Wait Time:			**0.0**			
Intra-Service Time:	1.00	2.00	**2.00**	5.00	7.00	
ost-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**0.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				

Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
11201	ZZZ	0.29

CPT Descriptor Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
17000	010	0.60

CPT Descriptor 1 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion

MPC CPT Code 2	Global	Work RVU
11200	010	0.77

CPT Descriptor 2 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 44.2 %

TIME ESTIMATES (Median)

	CPT Code: 17003	**Key Reference CPT Code: 11201**
Median Pre-Service Time	0.00	0.00
Median Intra-Service Time	2.00	5.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Median Total Time	**2.00**	**5.00**
)ther time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.50	2.00
Urgency of medical decision making	3.00	2.00

Technical Skill/Physical Effort (Mean)

Technical skill required	3.00	3.00
Physical effort required	2.00	2.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.00	2.00
Outcome depends on the skill and judgment of physician	3.00	3.00
Estimated risk of malpractice suit with poor outcome	3.00	2.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.00	2.00
Intra-Service intensity/complexity	3.00	3.00
Post-Service intensity/complexity	2.00	2.00

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As required by the Centers for Medicare and Medicaid Services, the American Academy of Dermatology (AAD), has surveyed this code using one or more panels of members within this organization. The data collected has been reviewed by the society's Health Care Finance Committee (RBRVS) committee and is presented here as its recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

Five-Year Review Specific Questions:

Please indicate the number of survey respondent percentages responding to each of the following questions (for example 0.05 = 5%):

Has the work of performing this service changed in the past 5 years? Yes 13% No 87%

(Use the subset of the people who responded "Yes" to answer the following questions)

A. This service represents new technology that has become more familiar (i.e., less work):
   I agree I do not agree 100%
B. Patients requiring this service are now:
   more complex (more work) 100% less complex (less work) no change
C. The usual site-of-service has changed:
   from outpatient to inpatient from inpatient to outpatient no change 100%

Addendum to RUC Summary of Recommendation Form
Five-Year Review of Physician Work
Resulting Practice Expense Direct Input Modifications

CPT Code: 17003

Current Time Data *(2005 Medicare Physician Payment Schedule – Utilize Report Provided by AMA Staff with Survey Packet)*

Complete if Code is priced in the non-facility:			
Physician Intra-Service Time:		2.00	
Clinical Staff #1	Staff Type: RN/LPN/MTA	Intra Assist Physician Time: 2.0	Staff % of Physician time 100%
Clinical Staff #2	Staff Type:	Intra Assist Physician Time:	Staff % of Physician time
Complete if the global period is 010, or 090			
Discharge Day (none, ½, or full)		99238:	
Number and Level of Office Visits:		99211:	
		99212:	
		99213:	
		99214:	
		99215:	

Revised Time Data *(Base physician time data on new survey data and recommendations; use current staff type and ratios from above to compute new clinical staff intra assist physician time. The change in staff intra-assist physician time is the difference between the current and revised intra-assist physician time)*

Complete if Code is priced in the non-facility:				
Physician Intra-Service Time:		2.0		
Clinical Staff #1	Staff Type: RN/LPN/MTA	Intra Assist Physician Time: 2.0	Staff % of Physician time **Time** 100%	**Change: In** 0.0
Clinical Staff #2	Staff Type:	Intra Assist Physician Time:	Staff % of Physician time	**Change: In Time**
Complete if the global period is 010, or 090				
Discharge Day (none, ½, or full)		**99238:**		
Number and Level of Office Visits:		**99211:**		
		99212:		
		99213:		
		99214:		
		99215:		

CPT Code:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:17004 Global Period: 010 Specialty Society RVU: **2.20**

RUC RVU: **1.80**

CPT Descriptor: Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); 15 or more lesions
(Do not report 17004 in conjunction with codes 17000-17003)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old Caucasian male presents with 15 or more rough scaling patches scattered over the face, scalp and ears.

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

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical?

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-operative evaluation, including review of pertinent data in medical records. Discussion of choice of treatment or service options. Review medical risks, such as syncope, bleeding, pain, edema, infection, headache, delayed healing, scarring, pigmentation, recurrence, paresthesias. Informed consent. Necessary instructions to patient and staff. Procedural preparation - equipment, disposable supplies, masks, gloves, appropriate lighting and drape. Procedural preparation (transfer liquid nitrogen to application container. Obtain protective shields and perform clean preparation.

Description of Intra-Service Work: Inspect and palpate lesions for size, location, functional risks, depth. Administer local anesthetic, if needed. Destruction of lesions to include multiple freeze/thaw cycles with appropriate lateral margins and depth into papillary dermis, or similar margins via other destructive modalities. Control of bleeding as needed.

Description of Post-Service Work: Apply antibiotic ointment. Apply dressing, when appropriate. Instruct patient on wound care, functional risks, risk of recurrence, and follow-up. Instruct staff to schedule follow-up post-surgical visit. Communication with patient and family on post-operative care and follow-up. Completion of medical record charting, including dictation of operative report and communication to referring physician, if appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2006				
Presenter(s):	Bruce Deitchman, MD / AAD and Terri L. Mills, MD / AAFP				
Specialty(s):	American Academy of Dermatology and American Academy of Family Physicians				
CPT Code:	17004				
Sample Size: 215	**Resp n:** 47	**Response:** 21.8 %			
Sample Type:	Convenience				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Survey RVW:	1.00	1.40	**2.20**	3.00	5.15
Pre-Service Evaluation Time:			**5.0**		
Pre-Service Positioning Time:			**0.0**		
Pre-Service Scrub, Dress, Wait Time:			**0.0**		

CPT Code:

Intra-Service Time:		8.00	10.00	**20.00**	20.00	40.00
Post-Service	**Total Min****	**CPT code / # of visits**				
Immed. Post-time:	**5.00**					
Critical Care time/visit(s):	**0.0**	99291x **0.0**	99292x **0.0**			
Other Hospital time/visit(s):	**0.0**	99231x **0.0**	99232x **0.0**	99233x **0.0**		
Discharge Day Mgmt:	**0.0**	99238x **0.00**	99239x **0.00**			
Office time/visit(s):	**15.0**	99211x **0.0**	12x **1.0**	13x **0.0**	14x **0.0**	15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
17111	010	0.92

CPT Descriptor Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
17000	010	.60

CPT Descriptor 1 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion

MPC CPT Code 2	Global	Work RVU
12000	010	0.77

CPT Descriptor 2 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 36.1 %

TIME ESTIMATES (Median)

	CPT Code: 17004	**Key Reference CPT Code: 17111**
Median Pre-Service Time	5.00	3.00
Median Intra-Service Time	20.00	10.00
Median Immediate Post-service Time	5.00	2.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	15.0	15.00
Median Total Time	**45.00**	**30.00**
)ther time if appropriate		

CPT Code:

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.53	2.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.47	2.18
Urgency of medical decision making	2.76	2.24

Technical Skill/Physical Effort (Mean)

Technical skill required	3.53	3.18
Physical effort required	2.70	2.65

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.35	2.76
Outcome depends on the skill and judgment of physician	3.65	3.12
Estimated risk of malpractice suit with poor outcome	2.76	2.41

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.88	2.41
Intra-Service intensity/complexity	3.24	2.76
Post-Service intensity/complexity	2.71	2.47

COMPELLING EVIDENCE RATIONALE (Required to be Completed)

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

\s required by the AMA RUC , the American Academy of Dermatology (AAD) and the American Academy of Family hysicians have surveyed this code using committees of members within these organizations. To further clarify the physician work involved in this code, the following additional question was added to the survey form: What would you estimate is the typical number of lesions you treat for a patient matching the clinical vignette. The data collected has been reviewed by the AAD's Health Care Finance Committee (RBRVS) committee and AAFPs Commission on Practice Enhancement and presented here as their recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

Five-Year Review Specific Questions:

Please indicate the number of survey respondent percentages responding to each of the following questions (for example 0.05 = 5%):

Has the work of performing this service changed in the past 5 years? Yes No

(Use the subset of the people who responded "Yes" to answer the following questions)

A. This service represents new technology that has become more familiar (i.e., less work):
   I agree I do not agree
B. Patients requiring this service are now:
   more complex (more work) less complex (less work) no change
C. The usual site-of-service has changed:
   from outpatient to inpatient from inpatient to outpatient no change

Addendum to RUC Summary of Recommendation Form
Five-Year Review of Physician Work
Resulting Practice Expense Direct Input Modifications

CPT Code: 17004

Current Time Data *(2005 Medicare Physician Payment Schedule – Utilize Report Provided by AMA Staff with Survey Packet)*

Complete if Code is priced in the non-facility:			
Physician Intra-Service Time:		12.00	
Clinical Staff #1	Staff Type: RN/LPN/MA	Intra Assist Physician Time: 8.0	Staff % of Physician time 66%
Clinical Staff #2	Staff Type:	Intra Assist Physician Time:	Staff % of Physician time
Complete if the global period is 010, or 090			
Discharge Day (none, ½, or full)		99238:	
Number and Level of Office Visits:		99211:	
		99212:	
		99213: 1.0	
		99214:	
		99215:	

Revised Time Data *(Base physician time data on new survey data and recommendations; use current staff type and ratios from above to compute new clinical staff intra assist physician time. The change in staff intra-assist physician time is the difference between the current and revised intra-assist physician time)*

Complete if Code is priced in the non-facility:				
Physician Intra-Service Time:		20.0		
Clinical Staff #1	Staff Type: RN/LPN/MA	Intra Assist Physician Time: 13.0	Staff % of Physician time 66%	**Change: In Time** 5.0
Clinical Staff #2	Staff Type:	Intra Assist Physician Time:	Staff % of Physician time	**Change: In Time**
Complete if the global period is 010, or 090				
Discharge Day (none, ½, or full)		**99238:**		
Number and Level of Office Visits:		**99211:**		
		99212: 1.0		
		99213:		
		99214:		
		99215:		

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Removal of Pelvis Contents

The RUC reviewed code 58240 *Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof* because of a rank-order anomaly which was created when CPT code 45126 *Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof* (Work RVU=45.09) was revalued at the Second Five-Year Review in August 2000. The RUC rationale for code 45126 noted that code 58240 may need to be reviewed to ensure a rank order anomaly has not been created. The RUC determined that there was a rank order anomaly and therefore there was compelling evidence to review code 58240.

The RUC reviewed code 58240 and determined that although code 58240 and 45126 represent two different types of cancer, the physician work involved to perform these services is similar. The RUC recommended that the physician pre-service time and post-service time as indicated by the survey respondents be reduced to more closely reflect the reference service code 45126. The RUC recommends crosswalking the work RVU of reference code 45126 (Work RVU = 45.09) to code 58240, which is very similar to the survey 25th percentile of 49.00 work RVUs. **The RUC recommends a work RVU of 45.09 for code 58240. The RUC recommends the following physician times:**

Pre-service evaluation = 75 minutes
Pre-service positioning = 30 minutes
Pre-service scrub, dress, wait = 15 minutes
Intra-service = 420 minutes
Immediate Post-Service = 75 minutes
Hospital Visits = Three 99231, Six 99232 and Three 99233
Discharge Day Management = One 99239
Office visits = One 99212, Four 99213, and One 99214

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

Practice Expense
The RUC assessed and modified the facility only practice expense inputs for code 58240. The RUC modified the post-service period practice expense office visits to correctly indicate that there are four 99213 visits. **Additionally, the RUC modified the following medical supplies:**

Minimum multi-specialty visit pack = 6
Pelvic exam pack = 6
Non-sterile drape, sheet 40in X 60in = 6

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
58240	AAA1	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof (For pelvic exenteration for lower urinary tract or male genital malignancy, use 51597)	090	45.09

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

Recommended Work Relative Value

CPT Code:58240 Global Period: 090 Specialty Society RVU: **50.0**

RUC RVU: **45.09**

CPT Descriptor: Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-year-old patient was treated with radiation therapy for a Stage IB squamous cell cervical carcinoma. She has been evaluated for a central recurrence 2 years following therapy. A biopsy of the lesion was consistent with the primary tumor. She undergoes a pelvic exenteration with total abdominal hysterectomy, removal of bladder and ureteral reimplantation and resection of rectum and creation of colostomy. Following hospital discharge, she receives office follow-up care during the 90-day global period.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Pre-service work includes admitting the patient the day prior to surgery. A comprehensive history, physical examination, and laboratory tests are performed to assess the patient's current medical status. Past medical records are reviewed. Indications for the procedure and its appropriateness are reviewed. Informed consent is obtained. A full bowel preparation with IV hydration and repletion of electrolytes are ordered by the attending surgeon. On the day of surgery, the patient is brought to the OR early, and anesthesia is induced. The surgeon is present while the anesthesiologist places a central line and arterial line. The patient is placed in a lithotomy position on the OR table using Allen stirrups. Padding is provided for the arms and hands. The surgeon performs an examination under anesthesia. Colostomy and ileal conduit sites are marked. Equipment for all portions of the procedure is checked, including stents for the ileal conduit. The surgeon then scrubs for the procedure.

Description of Intra-Service Work: An incision is made and carried by layers until the peritoneal cavity is entered. Lysis of adhesions is performed to mobilize the small bowel and colon due to previous radiation treatment. Exploration of the abdominal and pelvic cavities is performed. The bowel is packed into the upper abdomen. If there is no evidence of metastatic disease, the surgeon proceeds with the pelvic exenteration. The perirectal and perivesical spaces are developed. Bilateral ureterolysis is performed to prepare for the urinary conduit. The recurrent central disease is mobilized from the pelvic sidewalls. The uterus, cervix, vagina and parametria, en bloc with the bladder and rectosigmoid colon are mobilized and resected. A perineal phase is carried out to remove the pelvic disease. Hemostasis is obtained. The perineum is closed in layers. An ileal conduit is performed. A segment of ileum is harvested. The ureters are reimplanted into the ileal segment and ureteral stents are placed. An ostomy for the urinary conduit is performed and matured. An end sigmoid colostomy is performed. Drains are placed. The abdomen is closed in layers and dressings applied.

Description of Post-Service Work: Following the procedure, the surgeon accompanies the patient to the intensive care unit where venilatory support and critical care management is provided. The surgeon writes post-operative orders, dictates the operative report, and then talks with the patient's family. The patient is visited in the ICU for the approximately three days. The patient is discharged from the ICU to the general floor after her surgical condition stabilizes. The physician continues to monitor the patient's recovery and manages all post-operative complications. Wound and ostomy care are supervised by the surgeon. The patient is hospitalized for 12 days. On the 13th day, the patient is discharged with instructions in wound and ostomy care. Arrangements are made for home health care to be provided. The patient is seen in the outpatient setting 6 times post-operatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2006		
Presenter(s):	Gary S. Leiserowitz, MD, FACOG, George A. Hill, MD, FACOG		
Specialty(s):	American College of Obstetricians and Gynecologists, Society of Gynecologic Oncologists		
CPT Code:	58240		
Sample Size: 130	**Resp n:** 28	**Response:** 21.5 %	
Sample Type:	Convenience		

	Low	25th pctl	Median*	75th pctl	High
Survey RVW:	42.00	49.00	**50.00**	54.56	60.00
Pre-Service Evaluation Time:			**75.0**		
Pre-Service Positioning Time:			**30.0**		
Pre-Service Scrub, Dress, Wait Time:			**15.0**		
Intra-Service Time:	300.00	360.00	**420.00**	480.00	500.00

Post-Service	Total Min**	CPT code / # of visits
Immed. Post-time:	**75.00**	
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**360.0**	99231x **3.0** 99232x **6.0** 99233x **3.0**
Discharge Day Mgmt:	**45.0**	99238x **0.00** 99239x **1.00**
Office time/visit(s):	**145.0**	99211x **0.0** 12x **1.0** 13x **4.0** 14x **1.0** 15x **0.0**

**Physician standard total minutes per E/M visit: 99291 (63); 99292 (32); 99233 (41); 99232 (30); 99231 (19); 99238 (36); 99215 (59); 99214 (38); 99213 (23); 99212 (15); 99211 (7).

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU
45126	090	45.09

CPT Descriptor Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU
33870	090	43.93

CPT Descriptor 1 Transverse arch graft, with cardiopulmonary bypass

MPC CPT Code 2	Global	Work RVU
47130	090	53.27

CPT Descriptor 2 Hepatectomy, resection of liver; total right lobectomy

Other Reference CPT Code	Global	Work RVU

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 89.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 58240	Key Reference CPT Code: 45126
Median Pre-Service Time	120.00	90.00
Median Intra-Service Time	420.00	300.00
Median Immediate Post-service Time	75.00	40.00
Median Critical Care Time	0.0	126.00
Median Other Hospital Visit Time	360.0	180.00
Median Discharge Day Management Time	45.0	36.00
Median Office Visit Time	145.0	99.00
Median Total Time	**1165.00**	**871.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.92	4.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.96	4.68
Urgency of medical decision making	4.88	4.64

Technical Skill/Physical Effort (Mean)

Technical skill required	4.88	4.48
Physical effort required	5.00	4.60

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.80	4.48
Outcome depends on the skill and judgment of physician	4.96	4.76
Estimated risk of malpractice suit with poor outcome	4.96	4.76

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	5.00	4.60
Intra-Service intensity/complexity	5.00	4.76
Post-Service intensity/complexity	4.12	4.04

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

See ACOG/SGO Attachment A, Additional Rationale for 58240.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58240

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ob/gyn/gynecologic oncology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 323
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale. N/A

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Surgical

AMA/Specialty Society Update Process
PERC Summary of Recommendation
010 or 090 Day Global Periods
Facility Direct Inputs

CPT Long Descriptor:
58240 Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

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

ACOG and SGO developed practice expense recommendation for 58240 using a consensus panel format. ACOG's and SGO's members familiar with practice expense participated in this process through emails. Members of ACOG's Committee on Coding and Nomenclature finalized the recommendation through emails.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No changes were made to the standard pre-service times. A total of 60 minutes has been applied for the pre-service clinical labor activities. During the pre-service period, clinical staff conducts the standard pre-service activities: An RN/LPN/MA (CMS Labor Supply code L037D) completes pre-service diagnostic and referral forms, coordinates pre-surgery services, schedules space and equipment in facility, provides pre-service education/obtains consent, and conducts follow-up phone calls.

Intra-Service Clinical Labor Activities:

The standard 12 minutes are applied for this inpatient procedure for discharge day management services.

Post-Service Clinical Labor Activities:

The procedure has (1) level two office visit , (4) level three office visits, and (1) level 4 office visit. The standard times for a level two and level three office visit were used, 27 minutes, 36 minutes, and 53 minutes respectively. A total of 152 minutes has been applied for post-service clinical labor activities time.

	A	B	C	D	E	F	G
1							
2				58240		CPT Code	
3	Meeting Date: April 2006			Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
5	GLOBAL PERIOD						
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	296.0	0.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	60.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	12.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	224.0	0.0	0.0
10	PRE-SERVICE						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		
17	Other Clinical Activity (please specify)						
18	**End:When patient enters office/facility for surgery/procedure**						
19	SERVICE PERIOD						
20	**Start: When patient enters office/facility for surgery/procedure**						
21	**Pre-service services**						
22	Review charts						
23	Greet patient and provide gowning						
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	**Intra-service**						
31	Assist physician in performing procedure						
32	**Post-Service**						
33	Monitor pt following service/check tubes, monitors, drains						
34	Clean room/equipment by physician staff						
35	Clean Scope						
36	Clean Surgical Instrument Package						
37	Complete diagnostic forms, lab & X-ray requisitions						
38	Review/read X-ray, lab, and pathology reports						
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
40	Discharge day management 99238 –12 minutes 99239 –15 minutes	L037D	RN/LPN/MTA		12		
41	Other Clinical Activity (please specify)						
42	**End: Patient leaves office**						
43	POST-SERVICE Period						
44	**Start: Patient leaves office/facility**						
45	Conduct phone calls/call in prescriptions						
46	*Office visits* Greet patient,escort to room, provide gowning, interval history & vital signs and chart, assemble previous test reports/results,assist physician during exam; assist with dressings, wound care, suture removal, prepare dx test, prescription forms, post service education, instruction, counseling, clean room/equip, check supplies; coordinate home or outpatient care						
47	*List Number and Level of Office Visits*						
48	99211 16 minutes		16				
49	99212 27 minutes	L037D	27		1		
50	99213 36 minutes	L037D	36		4		
51	99214 53 minutes	L037D	53		1		
52	99215 63 minutes		63				
53	Other						
54							
55	*Total Office Visit Time*			0	224	0	0
56	Other Activity (please specify)						
57	**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G
2				58240		CPT Code	
3	Meeting Date: April 2006			Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or		Code Descriptor	
4	LOCATION	CMS Code	Staff Type	Non Facility	Facility	Non Facility	Facility
58	MEDICAL SUPPLIES	CMS Code	Unit				
59	pack, minimum multi-specialty visit	SA048	pack		4		
60	pack, pelvic exam	SA051	pack		4		
61	pack, post-op incision care (staple)	SA052	pack		1		
62	drape, non-sterile, sheet 40inX60in	SB006	item		4		
63							
64							
65	Equipment	CMS Code	Unit				
66	table, power	EF031			1		
67	fiberoptic exam light	EQ170			1		

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2006

Standard Backbench Procedures

At its February 2004 meeting the CPT Editorial Panel created codes for organ transplantation. Initially, the codes related to backbench standard preparation were to be reimbursed through Medicare Part A, therefore the RUC did not review these codes in its process. In 2005, CMS made a decision to move these procedures reimbursement from Medicare Part A to Medicare Part B. Therefore, these procedures are now to be reviewed through the RUC process. It is important to note that CPT Code 47145 *Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))* was assigned a XXX global period by CMS. In the original summary, there was a typo with the incorrect global period assigned.

The RUC reviewed the letter submitted by the American Society of Transplant Surgeons (ASTS) which explains that due to large variations in their survey responses as well as problems with their reference service list, ASTS would like to recommend that these procedures be carrier priced for CPT 2007. During the CPT 2008 cycle, the ASTS plans to meet with the Research Subcommittee to address these issues and present their survey data to the full RUC at a subsequent meeting. The RUC agreed with this timeline and recommends that for CPT 2007 the standard backbench procedures be carrier priced.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
32855	BBB1	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	XXX	Carrier Priced

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
32856	BBB2	bilateral (For repair or resection procedures on the donor lung, see 32491, 32500, 35216 or 35276)	XXX	Carrier Priced
33933	BBB3	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	XXX	Carrier Priced
44715	BBB4	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	XXX	Carrier Priced
47143	BBB5	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	XXX	Carrier Priced
47144	BBB6	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))	XXX	Carrier Priced
47145	BBB7	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))	XXX	Carrier Priced

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
48551	BB8	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	XXX	Carrier Priced
50323	BBB9	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary (Do not report 50323 in conjunction with 60540, 60545)	XXX	Carrier Priced
50325	BBB10	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	XXX	Carrier Priced

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ASTS
American Society of Transplant Surgeons

April 3. 2006

William L. Rich III, MD, FACS
Chair, AMA/Relative Value Update Committee
American Medical Association
515 N. State Street
Chicago, IL 60610

Re: Transplant Standard Backbench Codes

Dear Dr. Rich:

At its February 2004 meeting, the AMA's CPT Editorial Panel approved the American Society of Transplant Surgeons' (ASTS) proposal for organ transplantation coding changes in CPT. Some of these codes were clearly part B, and we subsequently presented our proposal to the RUC to get values assigned for the reconstruction codes. In contrast, for the standard backbench codes, it was unclear as to whether CMS would allow us to keep those codes in Medicare Part A, therefore obviating the need to propose values to the RUC.

CMS took almost a year to let us know, somewhat indirectly, that they would not allow these codes to remain in Medicare Part A. Therefore, a couple of months ago, we requested that the standard backbench codes be placed on the April RUC agenda.

We have sent surveys to the memberships of ASTS as well as the International Society of Heart and Lung Transplantation (ISHLT). Unfortunately, the responses are very difficult to interpret. There are huge variations in the responses, mostly in pre- and post-service times, but also in the intra-service times, indicating that some of the respondents interpreted the survey as one for the whole transplant procedure including the backbench codes. Another problem we encountered involved the list of reference codes, which included some 90-day global codes. If the respondents chose one of these codes, it was obvious that they did not understand how to subtract work rendered in the 90-day period from that rendered in the operating room. There were other problems as well which were more minor. Nonetheless, we are clearly not ready to make recommendations to the RUC since the survey results do not lend themselves to calculating medians or any other threshold.

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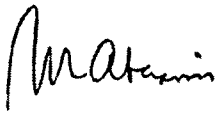
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WORLD TRANSPLANT CONGRESS
July 22-27, 2006
Boston, MA

We would like to postpone our presentation to the next RUC meeting. We feel that by then, we will be able to provide the RUC with meaningful survey data. In conjunction with this request, we would also like to ask to meet with some RUC members to discuss the survey process for these codes – or maybe to discuss this with a RUC Subcommittee responsible for review of the survey process. We found it very difficult, as surgeons, to develop an XXX-global survey, using XXX references, because there are no codes with this global period that span the range of work for the backbench codes. Prior to attempting to survey, we had an email correspondence with AMA staff and Dr. Cohen regarding our reference list, where it was finally suggested that we include codes with all global periods, including low value codes. As presented above, this did not work well. We are wondering if another method of surveying (e.g., valuing by increment, using the reconstructive backbench codes) would be possible – or any other ideas. These codes do not fit the norm of the RUC survey process, so we need more assistance before proceeding with another survey.

I have discussed this with both Drs John Gage and Peter Smith (ACS and STS indicated LOI=1 for these codes), and they both concur. Please let me know how we may best proceed. If you have any questions prior to the RUC meeting, please contact me at 312-695-0254 or Ms. Katrina Crist, ASTS Executive Director, at 703-684-5990.

Sincerely,



Michael M. Abecassis, MD, FACS
RUC Advisor, ASTS

cc: A. Benedict Cosimi, MD, FACS
President, ASTS